Bundle Finance and Performance OPEN 21 March 2023

Agenda attachments

ITEM 0 Open F and P Agenda - 21 March 2023 (2).docx

0	09:30 - OPENING ITEMS
1	Chair's welcome, apologies, and confirmation of quorum
2	Declarations of Interest
3	Minutes of last meeting and Matters Arising (NB No open entries on Action Log)

ITEM 3 OPEN F and P Minutes - 16 January 2023 v2.docx

4	09:35 - Operations Quarterly Report - VERBAL
4.1	ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
5	09:45 - Financial Position for Month 11 - PRESENTATION
6	10:05 - Risk Management and Corporate Risk Register

ITEM 6 Risk Management Report Finance and Performance Committee March 2023.docx

7	10:15 - Integrated Medium Term Plan (IMTP) 2022-2025 Progress Report

ITEM 7 Executive Summary - Q4 Interim - IMTP Assurance Report - IMTP Programme Delivery v2 FINAL FILE REPLACED.docx

ITEM 7.1 Appendix 1 - 2302 - IMTP Assurance Report - IMTP & Programme Delivery (2).pdf

8	10:30 - IMTP 2023-2026 and Financial Plan 2023/24

ITEM 8 FandP IMTP Exec Summary 210323 v0.2.docx

ITEM 8.1 IMTP Plan on a page 23.26_.pptx

ITEM 8.2 WAST IMTP 2023-26 DRAFT v0.3 for FandP.docx

8.1	11:10 - COMFORT BREAK
9	11:25 - Monthly Integrated Quality and Performance Report

ITEM 9 MIQPR SBAR FPC February 2023 .docx final.docx

ITEM 9.1 Annex 1 MIQPR FPC February 2023.pptx final.pdf

10	11:55 - Committee Annual Effectiveness Review and Annual Report

ITEM 10 FPC Effectiveness Review SBAR 22-23.docx

ITEM 10.1 FPC 2022-23 - Results.pptx

ITEM 10.2 FPC Draft Annual Report 2022-23.docx

ITEM 10.3 Finance and Performance Committee TORs Draft 23-24 v.01.docx

11	12:05 - Internal Audit Tracker Report and following internal audit reviews:
	12.1 Immediate release requests
	12.2 IMTP delivery

ITEM 11 Executive Summary FPC audit tracker March.docx

ITEM 11.1 WAST_2223-008_Immediate Release Directions_Final Internal Audit Report_Trust issue.pdf

ITEM 11.2 WAST_2223-14_IMTP delivery_Final Internal Audit Report_ for Trust issue.pdf

12	12:20 - NEPTS Performance Standards

ITEM 12 SBAR - Ambulance Care Performance Parameters F&P Committee March 2023.docx

12.1	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.

13	12:25 - January Committee AAA report

ITEM 13 Finance and Performance Committee Highlight Report January 2023.docx

13.1	12:30 - CLOSING ITEMS
14	Summary of actions and decisions made and key messages for Board
15	Reflections
16	Any other business
17	Date and time of next meeting;

MEETING OF THE OPEN FINANCE AND PERFORMANCE COMMITTEE
Held on 21 March 2023 from 09:30 to 12:40
Meeting held virtually via Microsoft Teams

AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Joga Singh	Verbal	5 Mins
2.	Declarations of Interest	Information	Joga Singh	Verbal	
3.	Minutes of last meeting and Matters Arising (NB No open entries on Action Log)	Approval	Joga Singh	Paper	
4.	Operations Quarterly Report	Information	Lee Brooks	Verbal	10 Mins
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
5.	Financial Position for Month 11	Assurance	Navin Kalia	Presentation	20 Mins
6.	Risk Management and Corporate Risk Register	Assurance	Trish Mills	Paper	10 Mins
7.	Integrated Medium Term Plan (IMTP) 2022-2025 Progress Report	Assurance	Rachel Marsh	Paper	15 Mins
8.	IMTP 2023-2026 and Financial Plan 2023/24	Endorse	Rachel Marsh Navin Kalia	Paper	40 Mins
COMFORT BREAK – 15 Mins					
9.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	30 Mins
10.	Committee Annual Effectiveness Review and Annual Report	Approval	Trish Mills	Paper	10 Mins
11.	Internal Audit Tracker Report and the following internal audit reviews: - Immediate release requests - IMTP delivery	Assurance	Tish Mills	Paper	15 Mins
12.	NEPTS Performance Standards	Discussion	Lee Brooks	Paper	5 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.					
13.	January Committee AAA report	Information	Trish Mills	Paper	5 Mins
CLOSING ITEMS					
14.	Summary of actions and decisions made and key messages for Board	Discussion	Joga Singh	Verbal	10 Mins
15.	Reflections	Discussion	Joga Singh	Verbal	
16.	Any other business	Discussion	Joga Singh	Verbal	

| 17. | Date and time of next meeting; 15 May 2023 09:30 | Information | Joga Singh | Verbal | |

Lead Presenters

Name	Position
Lee Brooks	Executive Director of Operations
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Joga Singh	Chair and Non Executive Director

UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 16 January 2023 VIA TEAMS

PRESENT:

Joga Singh	Non-Executive Director and Chair of Committee
Bethan Evans	Non-Executive Director
Ceri Jackson	Non-Executive Director

IN ATTENDANCE:

Hugh Bennett	Assistant Director, Commissioning and Performance (Attended items 5/23 and 6/23 only)
Julie Boalch	Head of Risk and Deputy Board Secretary
Mark Harris	Assistant Director of Ambulance Care, formerly Non-Emergency Patient Transfer Service (NEPTS) (Attended item 6/23 only)
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rhian Lewis	Internal Audit
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Liz Rogers	Deputy Director of Workforce and Organisational Development
Leanne Smith	Interim Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

APOLOGIES:

Lee Brooks	Executive Director of Operations
Kevin Davies	Non-Executive Director
Damon Turner	Trade Union Representative

01/23   PROCEDURAL MATTERS

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

Minutes

The minutes of the open session held on 14 November 2022 were considered by the Committee and confirmed as a correct record.

Action Log

The action log was considered: Action Number 59/22, 'A deep dive to be conducted into the Non-Emergency Patient Transfer Service (NEPTS)', the scope of which is to be determined by Rachel Marsh and Lee Brooks and take into account eligibility, inequities, new indicators and transformation of the service. The action was marked closed as the deep dive featured later in the Agenda under Minute 06/23.

RESOLVED: The minutes of the meeting held on 14 November 2022 were confirmed as a correct record; and the action log was reviewed with the following action closed; Action Number 59/22.

02/23   OPERATIONS QUARTERLY REPORT

Rachel Marsh updated the Committee on the following points:

1. Industrial Action. Three days of industrial action had taken place in December 2022, two by RCN and one by GMB Union, with two further scheduled for 19 and 23 January (UNITE). Handover delays were observed to have reduced on days where there was industrial action, however there could be various reasons for this trend, not least the mitigations applied by the various Health Boards. The Trust would be seeking further information to understand the trend.

2. Civil Contingency Act Obligations - A new corporate risk had been raised to highlight the Trust's inability to provide a civil contingencies response in the event of a major incident or mass casualty incident, and maintain business continuity, with potentially catastrophic consequences.

Comments:

1. On behalf of the Committee the Chair recorded a note of thanks to all staff during this extremely challenging time recognising there were some positive aspects in the update.

2. It was queried whether the civil contingencies obligations was an ongoing risk due to the winter pressures or whether it was related to strike days. Rachel confirmed it was an ongoing requirement and not specifically related to strike days.

3. It was asked whether the Trust was still using the Intelligent Routing Platform (IRP), the system used to improve network performance. Rachel Marsh explained that the Trust was intending to conduct a further 24-hour pilot to consider other characteristics of the IRP.

RESOLVED: That the Committee noted the report.

03/23   FINANCIAL POSITION MONTH 9

The Committee received a presentation from Chris Turley on the financial position for Month 9, 2022/23.

1.   The year-to-date month 9 position was a small underspend of £5K.

2.   Gross savings of £3.346m had been achieved against a current year to date target of £3.228m with a continued break-even position was forecast for 2022/23.

3. Financial performance by each Directorate continued to be on target, with the exception of the Trust Reserves, which included some known and planned variances ahead of the financial year end.

4. In terms of financial risks for the current financial year, the amount had reduced significantly from recent months.

5. With respect to Capital, the Trust had spent £10.331m against the capital budget of £26.862m.

6. The 2022/23 audit plan from Audit Wales was still awaited and it was expected that an interim audit of the accounts would be carried out towards the end of quarter four.

7. The Committee noted that a detailed paper on the financial position will be presented to the Board at the 26 January meeting.

RESOLVED: The Committee noted the update.

04/23   **RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

1. Julie Boalch presented the report which outlined the current position in terms of the risks on the Corporate Risk Register (CRR) that were assigned to the Committee.

2. There had been no changes to the 10 risks on the CRR assigned to this Committee and since the November meeting due to this meeting falling between the agreed cycle of risk review.

3. In terms of any risk changes going forward it was anticipated that risk 244 (estates accommodation capacity limitations impacting on EMS CCC's ability to provide a safe and effective service) will be closed, as it has reached its target through the mitigating actions.

4. Risk 311 (inability of the estate to cope with the increase in FTEs) has largely been discharged and was closed at the November Trust Board meeting.

5. A new corporate risk has been raised to highlight the Trust's inability to provide a civil contingencies response in the event of a major incident or mass casualty incident, and maintain business continuity, with potentially catastrophic consequences. This risk is being articulated in the climate of ongoing external pressures across NHS Wales; primarily handover delays, which precludes the Trust's ability to fulfil the pre-determined attendance requirements for major incidents as detailed within the Incident Response Plan.   The Trust Board will receive further detail on this risk at its January meeting.

6. There were two risks in development which were going through the risk governance processes.   They were risk 538 related to Salus and risk 542, which related to decarbonisation.

Comments:

Members recognised that whilst risk 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) was assigned to the Quality, Safety and Patient Experience Committee (Quest), it was asked whether there was an update on the assigned actions.   Rachel Marsh informed the Committee that the Board will be updated at its January meeting on the measures in place; adding that further meetings were due with

the Emergency Ambulance Services Committee (EASC) to consider and mitigate the current situation.

RESOLVED: The Committee accepted the status of the 10 corporate risks which it has been assigned to oversee the management of. The Committee received the relevant sections of the Board Assurance Framework and noted the ongoing mitigating controls. The Committee noted the closure of risk 311.

05/23   **MONTHLY INTEGRATED QUALITY AND PERFORMANCE DASHBOARD**

Hugh Bennett presented the Monthly Integrated Quality and Performance Report (MIQPR) for November 2022 and drew the Committee's attention to the following highlights:

1. 999 answering times have been challenging through significant increases in call demand. The 95th percentile call answering time was 1 minute 11 seconds, the Trust was striving to improve this position. Hugh Bennett provided an overview of the ongoing work to improve these times.

2. In terms of 111 call answering performance, this was below that expected. Several actions. Including recruitment. Were underway to improve these response times.

3. In respect of 111 Clinical response, whilst these continued to achieve the required target especially for the highest priority calls; further improvement could still be made. To that effect, urgent work was underway to recruit more clinicians.

4. On Ambulance response times, red response remained below 50% with amber response also declining in performance. Amber 1 waiting times were far longer than the Trust would like; the 95th percentile was 15 hours and 45 minutes. Ideally this should be around 45 minutes.

5. An additional non-recurring £3m in funding had been received which will enable the trust to recruit 100 Full Time Equivalents (FTE) over and above the existing establishment.

6. The Ambulance Response roster review completed its go live in November 2022. This has been a complex large-scale project involving 1,800 staff, 146 rosters, and 60 working parties. This will have had the equivalent performance impact of +72 FTEs.

7. There had been an improvement in sickness absence, with the aim of reducing absence to 8% by March 2023.

8. In December 2022, 32,049 hours of capacity were lost to hospital handover delays; this represented 37% of the total number of conveyancing resources for that month. There had been a noticeable improvement for handover delays in the Cardiff and Vale Health Board area, with lessons expected to be learned from these observations.

9. Ambulance Care (formerly Non-Emergency Patient Transfer Service [NEPTS]) performance remained above target, albeit with overall demand for the service increasing.

10. The Trust reported two National Reportable Incidents (NRI) to the Delivery Unit in November compared to eight in October.

11. The emergency ambulance response unit hours production (UHP) was 91% in December.

12. The Trust's overall sickness absence in November was 8.77% which was an

improvement from previous months.

13. Staff Personal Annual Development Reviews (PADR) completion compliance rates had again improved and had achieved the 85% target.

Hugh Bennet concluded by reiterating the extreme pressure on EMS services and despite all the Trust efforts, levels of handover delays continued to worsen.

Comments:

1. The Committee expressed grave concern with the handover delays and looked forward to hearing the feedback from the EASC meeting referred to.

2. In terms of the response times to concerns and response compliance falling to 24% compliance, Members queried whether this was after further resources had been added to the Team. Liam Williams explained that the response times for the acknowledgement of concerns had improved, however the investigation time into concerns was protracted. This was due to the lack of investigatory resource within the Clinical Contact Centre to carry out investigations. Currently, the Team was focussing on NRI and joint investigations, and this has had a detrimental effect on the Trust's ability to carry out investigative work into concerns received.

The Chair, Joga Singh, temporarily left meeting at 10.25. Bethan Evans took over as Chair.

3. The Committee commended those staff responsible for the completion of the roster review and the improving trend of PADRs completion, but expressed concern about the large number of Amber 1 Immediate Release Directions (IRD) that have been refused.

4. Liam Williams reminded the Committee of the growing impact and pressure on call handlers; noting the considerable level of distress being expressed by individuals. He outlined the work being undertaken to assist and support staff adding it would be monitored through the People and Culture Committee.

The Chair Joga Singh, re-joined meeting at 10:30.

5. In respect of the IRD of ambulances outside ED's not being supported, significantly there having been 329 for Amber 1, it was queried when the Trust would see the overall impact of this position on service delivery. Liam Williams explained there was a backlog of amber 1 IRDs that had not been supported, and there was insufficient capacity in the system to deal with the high volume. Going forward the Trust will deal with these on a thematic basis and trends will be monitored, should a harm be reported. In respect of all Red calls declined, these would receive a full review. He further informed the Committee of the current situation in hospitals and his concerns with overcrowding and corridor waits, which increased the clinical risk at E.Ds.

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

06/23   NON-EMERGENCY PATIENT TRANSFER SERVICE - DEEP DIVE

1. Hugh Bennett and Mark Harris gave a comprehensive Power point presentation which informed the Committee on the current situation with Ambulance Care which combined the Non-Emergency Patient Transport Service (NEPTS) and Unscheduled Care Service (UCS).

2. NEPTS performance was generally stable and above target for enhanced renal patients arriving prior to their appointment and improved for patients requiring discharge.

3. Non Emergency Transport Centre (call taking) performance was on an upward trend however a more stable workforce and re-rostering was required. Oncology required an Oncology Hub and change of performance standards.

4. An overview of the completed journeys was provided which showed the demand patterns of journeys and the types of patient mobility.

5. The Committee were updated on the Key Performance Indicators and the performance parameters used for modelling purposes, which set agreed measures in terms of meeting appointment times.

6. Members were shown a summary of the regular report presented at EMT on a fortnightly basis which looked at achieving a more balanced scorecard approach, focusing on quality and managing patient satisfaction.

Comments:

1. It was queried whether there was any data on patients that drop out of the services, for example due to waiting at hospitals for return journeys. Mark Harris advised this was analysed through patient surveys and other communication with patients; the Trust does not know the number of patients who have made their own arrangements following a long wait.

2. Following a question regarding the clarification of the purpose of UCS, Mark Harris explained that several scenarios had been carried out for ORH consultancy to analyse and provide modelling. These outcomes will be tested to understand the core role of UCS.

   RESOLVED: The Deep Dive was noted.

07/23   INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-2025 INTERIM QUARTER 3 PROGRESS REPORT

1. Rachel Marsh presented the Integrated Medium-Term Plan (IMTP) Quarter 3, which was a new style of reporting.

2. The Committee were advised that the new way of reporting set out an easier read format to track and monitor actions through each quarter.

3. The Committee were updated on the progress against the conditions set by Welsh Government relating to the Six Goals for Urgent and Emergency Care; value-based healthcare, minimum data set, improvement of sickness and absence rates, and delivery of workforce efficiencies.

Comments:

1. The Committee welcomed the new style of reporting especially its easy read format.

2. Following a query whether Welsh Government (WG) would challenge some of the priorities in the IMTP, Rachel Marsh explained that any issues with priorities were raised at meetings with WG and EASC.

RESOLVED: The Committee noted;

(1)   the update against WAST's IMTP Accountability Conditions; and

(2)   the overall delivery of the IMTP detailed in this paper

08/23   INTEGRATED MEDIUM TERM PLAN (IMTP) 2023 -2026 UPDATE

1. The Committee were shown a presentation by Rachel Marsh which detailed the planning for the 2023/26 IMTP. It was progressing well, with extensive engagement taking place through internal structures, the CEO roadshows, and development sessions with the Board in October and November.

2. The IMTP focused on three pillars of Our Patients, Our People and Value and Sustainability, which was underpinned by Partnership and Wider System Working, and demonstrated where feedback from staff has been incorporated. The Committee were provided with further details on each of the three pillars.

3. As part of Our Patients pillar, and in particular from an EMS perspective, a stakeholder plan was being developed to support 'Inverting the Triangle' (ITT). ITT was a key programme of work being led by the Trust to review and re-design the EMS service model to deliver sustainable improvement in patient care, clinical outcomes, and maximising value to the wider Urgent & Emergency Care System. Also, as part of this pillar, the Committee were informed of the importance on making progress on Transfer and Discharge service strategy around ambulance care.

4. In respect of Our People, the Committee were advised of the emerging plans being developed which will improve the overall culture, capacity, capability and the workforce experience.

5. In terms of the Value and Sustainability aspect, Members were advised of the progress being made, with a detailed update on the developing financial plan for 2023/24 to be provided to members separately.

6. The Committee were further updated on areas of work which were either completed or in progress. The Committee also noted the next steps and timeframes to IMTP submission and were advised that a further Board Development session would take place on 25 January ahead of final approval in March 2023.

Comments:

1. Members queried - given the funding challenges ahead - whether it was worthwhile considering funds being provided by charitable organisations. Rachel Marsh advised this could be a consideration going forward.

2. Rachel Marsh, following a query on clarity of external leadership within the IMTP, explained that areas will be looked at collectively – with the six goals programme being a good starting point. There was an opportunity through discussions at EASC to try and

articulate to see who could take the lead in areas or where other stakeholders would lead.

3. In respect of linking and sharing of data with external partners, it was asked how this was progressing. Leanne Smith explained that where Health Boards had different systems this was challenging; however, work was in progress to align and standardise the information flow.

RESOLVED: The update was noted.

09/23   **INTERNAL AUDIT TRACKER REPORT AND RELATED AUDITS**

Julie Boalch presented the report to the Committee and drew their attention to the following key points:

1. There were no recommendations showing as complete due to the current pressures and the reporting cycle. Recommendations that were due for completion in November and December 2022 have not been updated on the tracker due to current operational pressures.

2. There were 11 high priority recommendations being shown as overdue; work was currently being carried out to update these.

3. An update was given by Julie Boalch with progress on the Internal Audit plan.

Comments:

In response to a query regarding delayed/overdue recommendations, it was asked whether the completion dates were known. Julie Boalch advised the Committee that a clearer picture would be available in the next few weeks following further review by the EMT and Audit Committee.

Liz Rogers left meeting at 12:00

RESOLVED: The Committee noted the update provided on the Internal Audit tracker.

10/23   **ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE – DECEMBER 2022**

1. Chris Turley presented the Environment, Decarbonisation and Sustainability update for December for the Committee to note adding that the related audit report would be presented to the Audit Committee in March.

2. There had been excellent progress with the plan, noting a change from the overall assessment of red/amber to amber, reflecting the shift in progress and reduction of a number of red action items during the reporting period. Any progression of further work would be challenging over the next quarter.

Rachel Marsh left meeting at 12:05.

Comments:

Members queried whether the Trust had experienced any issues or concerns with its Electric Vehicles during the recent cold weather. Chris Turley explained the majority

vehicles were hybrid, and the main impact would have been on fuel efficiency rather than response.

- **RESOLVED: The Committee noted the update, specifically in relation to the Decarbonisation Action Plan reporting and establishment of programme management arrangements**

11/23   COMMITTEE PRIORITIES UPDATE

The report was submitted for noting.

RESOLVED: The report was noted.

Liz Rogers and Rachel Marsh returned at 12:10

12/23   KEY MESSAGES

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

13/23   ANY OTHER BUSINESS

Date of Next Meeting: 20 March 2023

AGENDA ITEM No	6
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	4

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Finance and Performance Committee
DATE	21 March 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The principal risks for this Committee are set out in Annex 1.

2. A more detailed description is contained within the Board Assurance Framework (BAF) in Annex 4 which provides the Committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those control where applicable.

3. The principal risks in the Annexes were presented to the Trust Board on 26 January 2023 and are updated as at 17 January 2023. The risk review schedule and governance routes agreed by the Audit Committee have been delayed due to current operational pressures including industrial action, as well as absence in the team.

4. Whilst updates have been received on actions for some of these principal risks there has not been an opportunity to complete the confirm and challenge exercised by the Corporate Governance Team. All endeavours will be made to formally review the risks prior to the March 2023 Board

RECOMMENDATION:

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

KEY ISSUES/IMPLICATIONS

As set out above.

REPORT APPROVAL ROUTE

6. The BAF was considered by:

- ADLT – 12th December 2023
- ADLT – 9th January 2023
- EMT – 18th January 2023
- Trust Board – 26th January 2023
- Audit Committee – 2 March 2023

REPORT ANNEXES

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

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	**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	Director of Operations	**25 (5x5)** →
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	**IF** patients are significantly delayed in ambulances outside A&E departments **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 **RESULTING IN** patients potentially coming to harm and a poor patient experience	Director of Quality & Nursing	**25 (5x5)** →
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation	**IF** the Trust does: • not achieve financial breakeven and/or • does not meet the planning framework requirements and/or • does not work within the EFL and/or • fails to meet the 95% PSPP target and/or • does not receive an agreement with commissioners on funding (linked to 458) **THEN** there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs) **RESULTING IN** potential interventions by the regulators,	Director of Finance & Corporate Resources	**16 (4x4)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		qualified accounts and impact on delivery of services and reputational damage		
245 FPC	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations	**IF** CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident **THEN** there is a risk that EMS CCCs cannot utilise other CCC's space, accommodation and facilities **RESULTING IN** potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)	Director of Operations	16 (4x4) ➡
458 FPC	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning	**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	Director of Finance & Corporate Resources	16 (4x4) ➡

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	**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	Director of Digital Services	**15 (3x5)** →
543 FPC	Major disruptive incident resulting in a loss of critical IT systems	**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 effective ability to deliver essential services	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	**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 and staff and key outcomes within the IMTP not being delivered	Director of Strategy Planning & Performance	**12 (3x4)** →

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
283 FPC	Failure to implement the EMS Operational Transformation Programme	**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	Director of Strategy Planning & Performance	12 (3x4) ➡
424 FPC	Prioritisation or Availability of Resources to Deliver the Trust's IMTP	**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	Director of Strategy Planning and Performance	12 (3x4) ➡

Annex 2 - Risk Scoring Matrix

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	5 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**	**5 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

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation		Date of Review:	12/01/2023		TREND	16 (4x4)
			Date of Next Review:	12/02/2023		➡	

IF the Trust does:	THEN there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage		Likelihood	Consequence	Score
- 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)			Inherent	3	4	12
			Current	4	4	16
			Target	2	4	8

IMTP Deliverable Numbers: 10, 18, 28, 30, 34. 35, 37,38

EXECUTIVE OWNER	Executive Director of Finance and Corporate Resources	ASSURANCE COMMITTEE	Finance and Performance Committee

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Financial governance and reporting structures in place	1. Risk is reviewed quarterly at F&P and a report is submitted bi-monthly to Trust Board
2. Financial policies and procedures in place	2.
3. Budget management meetings	3. Diarised dates for budget management meetings
4. Regular financial reporting to ADLT, EFG, EMT, FPC and Trust Board in place	4. Diarised dates for EFG and FPC and monthly reports
5. Welsh government reporting	5.
6. Monthly review of savings targets	6. ADLT monthly review
7. Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.	7.
8. Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.	8. Diarised dates for ICMB meetings with regular monthly report
9. PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications	9. Regular PSPP communications (Trust wide) on Siren
10. Forecasting of revenue and capital budgets	10. (a) Monthly monitoring returns to ADLT, EFG, EMT and FPC (b) Reliance on available intelligence to inform future forecasting.
11. Business cases and benefits realisation (both revenue and capital)	11. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, EMT, FPC prior to Trust Board for approval as appropriate according to value.
	External Assurances **Management (1st 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

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation		Date of Review:	12/01/2023	TREND	16 (4x4)
			Date of Next Review:	12/02/2023	→	

IF the Trust does:	THEN there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage		Likelihood	Consequence	Score
• 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)			Inherent	3	4	12
			Current	4	4	16
			Target	2	4	8

	9. Regular P2P meetings diarised (bi-monthly)
	10. Monthly monitoring returns into Welsh Government
	Independent Assurances **(3rd Line of Assurance)**
	1-10 Internal audit reviews covering
	1-10 External audit reviews

GAPS IN CONTROLS	GAPS IN ASSURANCE
• Lack of formalised service contracts between Commissioner and WAST as a commissioned body	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	31/03/23 – Checkpoint Date	
2. Embed a transformative savings plan and ensure organisational buy in	ADLT and Savings subgroup	31/03/23 – Checkpoint Date	
3. Embed value-based healthcare working through the organisation	Executive Management Team and Value Based Healthcare Group	31/03/23 – Checkpoint Date	
4. WIIN support for procurement, savings and efficiencies	WAST Improvement and Innovation Network group	31/03/23 – Checkpoint Date	
5. Foundational economy, Decommissioning and procurement to mitigate social and economic wellbeing of Wales	Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership	31/03/23 – Checkpoint Date	

Risk ID 245	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations	Date of Review:	14/11/2022		TREND	16 (4x4)
		Date of Next Review:	14/12/2022		➡	

IF CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident	THEN there is a risk that EMS CCCs cannot utilise other CCC's space, accommodation and facilities	RESULTING IN potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)		Likelihood	Consequence	Score
			Inherent	3	5	15
			Current	4	4	16
			Target	2	4	8

IMTP Deliverable Numbers: 1, 5, 9

EXECUTIVE OWNER	Executive Director of Finance & Corporate Resources	ASSURANCE COMMITTEE	Finance and Performance Committee

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Trust Business Continuity Procedure and Incident Response Plan	1. Debrief from significant business continuity incidents which are put into organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. This is currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing
2. National EMS CCC Business Continuity Plan (reviewed in March 2021)	2. Business Continuity Plan is up to date and has been reviewed and is currently waiting sign off. Business continuity exercise undertaken on 9.03.22.
3. Clinical remote working arrangements	3. SOP in place with respect to Clinical Remote Working – this is being reviewed at present moment
4. Single instance CAD allowing virtualisation which enables staff to work anywhere	4. CAD alerts if there are systems issues
5. ITK (Interoperability Toolkit) technology in place which provides connectivity with other UK ambulance Trusts. This is used on a daily basis	5. Monitoring undertaken locally at least weekly
	External Not applicable

GAPS IN CONTROLS	GAPS IN ASSURANCE
• If CAD is not functional then any impact of current controls would be negated by need to move physical staff	• Business continuity plan requires increased duties for existing staff as a result of lack of physical accommodation (link to risk 244)

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
TBC			

Risk ID 458	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services	Date of Review:	12/01/2023	TREND	16 (4x4)
		Date of Next Review:	12/02/2023	➡	

IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis.	THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.	RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage		Likelihood	Consequence	Score
			Inherent	3	4	12
			Current	4	4	16
			Target	2	4	8

IMTP Deliverable Numbers: 2, 12, 16, 18, 23, 24, 25, 26, 28,30, 34, 37, 38

EXECUTIVE OWNER	Director of Finance and Corporate Resources	ASSURANCE COMMITTEE	Finance and Performance Committee

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Financial governance and reporting structures in place	1. Risk is reviewed quarterly at F&P and a report is submitted bimonthly to Trust Board
2. Financial policies and procedures in place	2.
3. Setting and agreement of recurrent resources	3.
4. Budget management meetings	4. Diarised dates for budget management meetings. If an area is in financial deficit, the meeting would be at least once a month. If the area is in balance or surplus, the meeting would be quarterly.
5. Budget holder training	5. Diarised dates for budget holder training
6. Annual Financial Plan	6. Submission to Trust Board in March annually
7. Regular financial reporting to EFG & FPC in place	7. Diarised dates for EFG and FPC with full financial reports
8. Regular engagement with commissioners of Trust's services	**External** **Management (1st Line of Assurance)** 1. Accountability Officer letter to Welsh Government e.g. November 2021 3 and 8 EASC management meetings. Monthly meetings with EASC and DAG meetings for NEPTS. Meetings are diarised 9. Monthly monitoring returns
9. Welsh Government reporting on a monthly basis	**Independent Assurance (3rd 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.	Deputy Director of Finance	31.12.22	
1. Develop a Value Based Healthcare system approach with commissioners. This would mean that funding would flow more seamlessly between organisations and would go some way to mitigating the risk of not receiving recurrent funding.	Deputy Director of Finance	31.12.22	

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems		Date of Review:	06/12/2022	TREND	15 (3x5)
			Date of Next Review:	06/01/2023	➡	

IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10

IMTP Deliverable Numbers: 7,8,9,10,12, 16,18,21,23, 24,25, 26, 38

EXECUTIVE OWNER	Director of Digital Services	ASSURANCE COMMITTEE	Finance and Performance Committee

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Appropriate policy and procedures in place for Information/Cyber Security	1. Information Security Policy reviewed every 3 years (currently due for renewal). Incident Policy and Procedure put in place in February 2022 – renewed annually.
2. Trust Business Continuity Procedure and Incident Response Plan	2. Debrief from significant business continuity incidents captured within organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years - currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing
3. IT Disaster Recovery Plan	3. Organisation-wide tabletop exercise undertaken in March 2022 with all BC leads and Digital teams.
4. Relevant expertise in Trust with respect to information security	4. Staff undertake relevant training courses e.g. CISSP to increase knowledge and expertise
5. Data Protection Officer in post	5. In job description of Head of ICT
6. Cyber and information security training and awareness	6. Training statistics are available on ESR and from Phish threat module
7. Mandatory Information Governance training which includes GDPR	7. Training statistics reported on by Information Governance department
8. ICT tests and monitoring on networks & servers	8. Any issues would be identified and flagged and actioned
9. Information Governance framework	9. WAST self-assesses its Information Governance Framework against the Welsh Information Governance toolkit.
10. Internal and NHS Wales governance reporting structures in place	10. Internal WAST Information Governance Steering Group & All Wales Information Governance Management Advisory Group (IGMAG) meets quarterly, National Ambulance Information Governance Group (NIAG) meets every 2 weeks, Operational Security and Service Management Board (OSSMB) (national) – daily/weekly meetings and minuted meetings every 2 months. Minutes and actions logs available for meetings.
11. Checks undertaken on inactive user accounts	11. Software in place to run check on inactive accounts as and when
12. Business Continuity exercises	12. Annual schedule of testing
13. Operational ICT controls e.g. penetration testing, firewalls, patching	13. Monthly scans on infrastructure. Penetration testing has occurred for different systems. 2 physical firewalls on networks to monitor traffic. Monthly patching occurs or as and when.
14. Security alerts	14. Daily alerts are received. Anti-virus alerts received as and when threat discovered
	External **Independent Assurance** NHS Wales Cyber Response Unit independent view of Network and Information Systems (NIS) Directive compliance within last 4 – 5 months (covering controls 1 -,3 – 11, 13 – 14
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Not all information security procedures are documented	1. No regular Cyber/Info Security KPIs are reported to senior management committees
2. Lack of understanding and compliance with policy and procedures by all staff members	2. Cyber awareness campaigns could be undertaken more regularly e.g. bi-monthly

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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:	06/12/2022		TREND	15 (3x5)
			Date of Next Review:	06/01/2023		➡	

IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10

3. No organisational information security management system in place	
4. IT Disaster Recovery Plan does not include a cyber response	
5. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects and procurement and this has a cyber security, information governance and resource impact	

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	31.12.22	Draft KPIs have been agreed and produced for quarterly reporting. Q1 and Q2 are currently being reviewed within ICT prior to wider circulation.
2.Discuss how cyber risk is reviewed and frequency of review	Director of Digital Services	28/10/22 Close – now Business as Usual	a. The ongoing cyber threat to the organisation is continually monitored using daily comms feeds and automated alerts from various external sources. b. The corporate cyber risk assessment will be reviewed monthly at the Digital Leadership Group informed by the threat and intelligence monitoring and national strategic trends.
3.Suite of business continuity exercises that departments can undertake to test their plans to be provided.	North Resilience Manager	28/10/22 Complete	The Trust has run two exercise Joshua & Joshua 2 to test departments readiness
4.Exercise template report which shows recommendations to be created	North Resilience Manager	31.12.22 - Ongoing	Exercise reports being drafted
5.Formalise Cyber Incident Response Plan	Head of ICT	31.12.22 – Checkpoint Date	Ongoing
6.Implement Meta Compliance Policy Solution	Senior ICT Security Specialist	31.12.22 – Checkpoint Date	Ongoing

Risk ID 543	Major disruptive incident resulting in a loss of critical IT systems		Date of Review:	06/01/2022	TREND	15 (3x5)
			Date of Next Review:	06/01/2023	➡	

IF there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems	THEN there is a risk of a loss of critical IT systems	RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10

IMTP Deliverable Numbers:

EXECUTIVE OWNER	Director of Digital Services	ASSURANCE COMMITTEE	Finance and Performance Committee
CONTROLS		**ASSURANCES**	

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Trust Incident Response Plan and Department Business Continuity Plans	1. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. Annual schedule of testing of BCPs.
2. IT Disaster Recovery Plan	2. Recent ICT tabletop exercise undertaken
3. Recovery/contingency plans for critical systems	3. Reports from tabletop exercises
4. Service management processes in place	4. Documented and approved service management processes in place
5. Incident Management Policy, Procedure and Process	5. Incident Policy and Procedure put in place in February 2022. This would be required annually and if there is a system change, the review would be earlier
6. Regular data back ups	6. Daily report on status of backup and fully automated process. Log kept of where restores are undertaken
7. Resilient and high availability ICT infrastructure in place	7.
8. Robust security architecture and protocols	8.
9. Diverse IT network (both data and voice) delivery at key operational sites	9.
10. Regular routine maintenance and patching	10.
11. Environmental controls	11.
12. Intelligence gathered from suppliers with respect to future tool sets and enhancements	12. Via email and webinars
	External **Independent Assurance** • 2021_16 Internal Audit review of IM&T Control Assessment – baseline exercise • 2021_19 Internal Audit review of ICT Disaster Recovery – Limited Assurance • NIS 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 Checkpoint date	
2. Exercise template report which shows recommendations to be created	North Resilience Manager	31.12.22 Checkpoint date	
3. Cyber Essentials assessment to be completed	Head of ICT	31.12.22 Checkpoint date	

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:	12/01/2023	TREND	12 (3x4)
		Date of Next Review:	10/03/2023	➡	

IF WAST fails to persuade EASC/Health Boards about WAST ambitions	THEN there is a risk of a delay or failure to receive funding and support	RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	3	4	12
			Target	2	4	8

IMTP Deliverable Numbers: 2, 3, 4, 6, 11, 14, 29, 34

EXECUTIVE OWNER	Director of Strategy Planning & Performance	ASSURANCE COMMITTEE	Finance and Performance Committee
CONTROLS		**ASSURANCES**	

CONTROLS	ASSURANCES
	Internal & External **Management (1st Line of Assurance)**
1. EASC/WAST Forward Plan for EMS and NEPTS in place and monitored at EASC meetings	1. Minutes of meetings and a standard agenda item
2. EASC and its 2 sub-committees established as a forum to discuss WAST's strategy	2. Minutes of meetings and a standard agenda item
3. Weekly catch up between CASC/CEO	3. Meetings are diarised every week
4. Collaboration between EASC and WAST on specific projects e.g. Amber Review, EMS Operational Transformation Programme, Ambulance Care Programme	4. Representatives are co-opted onto meetings and frequency is between 3–6 weeks. Set agendas with NCCU reps co-opted.
5. Monthly CASC Quality and Delivery Meeting established	5. Formal meeting with agendas, minutes and action logs available.
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced	6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholders fortnightly
7. Programme structure has been established for 'inverting the triangles' including EASC	7. It exists and has had its first meeting
	External **Management (1st 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. Health Boards are not sending Patient Safety Incidents that are National Reportable Incidents to the Delivery Unit (identified within a Delivery Unit audit)
2. Governance coordination between NCCU and WAST to be improved.	2. Identified need for a governance meeting between NCCU and WAST to manage the overall commissioner/provider interface
3.	7. This is a new structure that has been established and is yet to be embedded and tested for assurance
Xx WAST's ability to influence hospital handover delays (this is outside of the Trust's control and a Health Board responsibility)	
Xx Funding does not flow in a manner to balance demand with capacity (this is outside of WAST's control)	

	Action Owner	By When/Milestone	Progress Notes:
1. Agree and influence EASC/Health Boards that sufficient funding to be provided to WAST	CEO WAST	31.12.22 – Checkpoint Date	30.09.22 Additional £3m provided for +100 FTEs into Response by 23/01/23. 12/01/23 Recurrent funding for the +100 not secure.
2. Agree and influence EASC/Health Board of the need for significant reduction in hospital handover hours	CEO WAST	31.12.22 – Checkpoint Date	30.09.22 4 hour handover backstop agreed and -25% reduction in handover from October 2021 baseline. 12/01/23 There has been a significant worsening picture
3. Increased understanding of NEPTS by EASC	Director of Strategy Planning and Performance	31.12.22 – Checkpoint Date	30.09.22 "Focus on" session at May 2022 EASC and NCCU represented on Ambulance Care Programme Board. 12/01/23 F&P Deep Dive made available to NCCU.
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface	Assistant Director Commissioning & Performance	31.12.22 – Checkpoint Date	30.09.22 Meeting in place and meeting regularly. 12/01/23 Meetings continue.
5. Utilising the engagement framework to engage with the stakeholders	Director of Partnerships & Engagement AD Planning & Transformation	31.12.22 Checkpoint date	30.09.22 Significant engagement through roster review briefings.

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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:	12/01/2023	TREND	12 (3x4)
		Date of Next Review:	10/03/2023	➡	

IF WAST fails to persuade EASC/Health Boards about WAST ambitions	THEN there is a risk of a delay or failure to receive funding and support	RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	3	4	12
			Target	2	4	8

			12/01/23 Engagement on roster review largely concluded, with some political interest continuing in a few areas.

Risk ID 283	Failure to implement the EMS Operational Transformation Programme		Date of Review:	12/01/2023	TREND	12 (3x4)
			Date of Next Review:	10/03/2023	➡️	

IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme	THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	3	4	12
			Target	2	4	8

IMTP Deliverable Numbers: 3, 7, 17, 18, 19, 20, 27

EXECUTIVE OWNER	Director of Strategy Planning & Performance	ASSURANCE COMMITTEE	Finance and Performance Committee

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Implementation Programme Board in place – meetings held every 3 weeks with the DASC and TU reps on the membership	1. Minutes and papers of Implementation Programme Board
2. Executive sponsor and Senior Responsible Owner (SRO) for programme in place	2. Project Initiation Document (PID) detailing structure and minutes of Implementation Programme Board
3. Programme Manager and Programme support office in place (for delivery of the programme)	3. Same as 2
4. Programme risk register	4. Highlight reports showing key risks reported to STB every 6 weeks
5. Assurance meetings held with Strategic Transformation Board (STB) every 6 weeks and with CEO every 3 weeks	5. Highlight reports presented to STB every 6 weeks
6. Programme budget in place (including additional £3m funding for 22/23)	6. Programme budget monitoring report is provided to the Implementation Programme Board – every 6 weeks and letter received from CASC on £3m funding for 22/23
7. Programme documentation and reporting is in place to Programme Board every 3 weeks and STB receives highlight report	7. PID and Programme Plan Summary kept up to date. PID is presented to the STB if there is a significant change in the programme deliverables. Programme Plan Summary reported to the Implementation Programme Board every 3 weeks.
8. Regular engagement with the Commissioner and Trade Unions and representation	8. Commissioner and TU participation at the Implementation Programme Board
9. Management of external stakeholder and political concerns	9. Communications and Engagement Plan sets out WAST's arrangements for engagement with stakeholders
10. Secured specialist consultancy to support decision making	10. Reports and contractual compliance
11.	**External** **Management (1st 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
2. System pressures – patient handover delays at hospitals (link to risks 223 & 224)	2. No prompts from STB for programme PID or risk register updates

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Increase in engagement on the specifics of change through facilitation mechanisms	Assistant Director – Commissioning & Performance	31.12.22 – Checkpoint Date	30.09.22 Significant engagement through roster review project. 12/01/23 Largely complete.
2. More capacity requested (transition plan)	Assistant Director of Planning & Transformation	31.12.22 – Checkpoint Date	30.09.22 Transition plan not funded, but +100 FTE agreed. 12/01/23 Recurrent funding not secure.

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:	12/01/2023	TREND	12 (3x4)
				Date of Next Review:	10/03/2023	→	

IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme	THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	3	4	12
			Target	2	4	8

3. Engage with key stakeholders to reduce handover delays	CASC	31.12.22 – Checkpoint Date	30.09.22 Reduction commitments agreed, but trend is still upwards. 12/01/23 Extreme and upward trend.
4. Reduce abstractions in particular sickness absence	Deputy Director of Workforce & OD	31.12.22 – Checkpoint Date	30.09.22 Sickness absence reducing, but abstractions high linked to sickness, but also training abstraction linked to the +100. 12/01/23 Abstractions have reduced, but still very high. Sickness is reducing and on trend to achieving the 8% Mar-23 target. High abstractions linked to internal movements caused by internal recruitment.
5. Engage with Assistant Director of Planning and Transformation on process for PID updates	Assistant Director – Commissioning & Performance	31.12.22 Checkpoint Date	30.09.22 HoT recruited and now started. Initial contact made with HoT. PID is up to date. 12/01/23 PID has been further updated but requires sign off by the SRO and STB.

Risk ID 424	Resource availability (capital) to deliver the organisation's Integrated Medium-Term Plan (IMTP)		Date of Review:	13/01/2023	TREND	12 (3x4)
			Date of Next Review:	01/04/2023	→	

IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	3	4	12
			Target	1	4	4

IMTP Deliverable Numbers: 5,9,10, 17, 28

EXECUTIVE OWNER	Director of Strategy Planning & Performance	ASSURANCE COMMITTEE	Strategic Transformation Board and Finance and Performance Committee

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Prioritisation of IMTP deliverables	1. Prioritisation detailed in IMTP and reviewed and agreed at Strategic Transformation Board
2. Financial policy and procedures	2.
3. Governance and reporting structures e.g. Strategic Transformation Board (STB)	3. IMTP sets out delivery structures and meeting minutes are available
4. Assurance meetings with Welsh Government and Commissioners	4. Agendas, minutes and slide decks available
5. Transformation Support Office (TSO) which supports the major delivery programmes	5. Paper on TSO to Strategic Transformation Board
6. Project and programme management framework	6. PowerPoint pack detailing PPM
7. Regular engagement with key stakeholders	7. Stakeholder Engagement Framework
	Independent Assurance (3rd Line of Assurance) 2. Subject to Internal Audit

GAPS IN CONTROLS	GAPS IN ASSURANCE
1. Project and programme management (PPM) framework to be reviewed	1. PPM needs to be reviewed and approved through STB
2. Head of Transformation vacancy	2. Benefits have not been fully linked to benefits realisation
3. Lack of a commercial contractual relationship with Commissioners (link to risk 458)	

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Recruit a Head of Transformation	Assistant Director of Planning	30.09.22 complete	Recruited 02.08.22 in post on 01.11.22
2. Review the PPM	Head of Transformation	Extended from 31.03.23 – To 31.03.23 Checkpoint Date	Currently (January 2023) working through delivery structures for 2023-26 which will inform the PPM review – changed checkpoint date to 31.06.23
2. Develop Benefits Realisation plans in line with Quality and Performance Management framework	Assistant Director of Planning/Assistant Director, Commissioning & Performance	Extended from 30.09.22 – To 31.03.23	Reviewed action and extended checkpoint date further as approach being developed for next iteration of IMTP. Work ongoing.

Risk ID 424	Resource availability (capital) to deliver the organisation's Integrated Medium-Term Plan (IMTP)		Date of Review:	13/01/2023		TREND	12 (3x4)
			Date of Next Review:	01/04/2023		→	

IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	**THEN** there is a risk that there is insufficient capacity to deliver the IMTP	**RESULTING IN** delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	3	4	12
			Target	1	4	4

		Checkpoint Date – T0 31.06.23 checkpoint date	
3. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)	Deputy Director of Finance	31.12.22 – checkpoint date 31.03.23	Extend checkpoint date to 31.03.2023 on basis of new financial allocations for 2023 to be worked through with Commissioner

IMTP Deliverable Key

No.	IMTP Deliverable
1	We will recover our systems of working and implement new ways of working developed during the pandemic as we learn to live with COVID-19
2	We will engage with a range of stakeholders, developing genuine Pan-Wales representation on partnership structures and delivering strong political and media relationships across the spectrum
3	We will develop and deliver a collaborative programme of work to design and implement new models within EMS (Inverting the Triangles)
4	We will work with partners to promote and expand use of 111 across Wales
5	We will increase the capacity and capability of the clinical teams for 111 and 999 callers, increasing clinical information available to them and we will create one integrated national team
6	We will work with partners to increase the number of seamless 24/7 pathways from the 111 clinical team to appropriate face to face consultations
7	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
8	We will increase accessibility, content and user experience of the 111 Digital front end, which can offer increasingly personalised advice
9	We will increase and balance response capacity and capability across urban and rural area of Wales
10	We will increase skill levels and resources (information, equipment and technology) available to clinicians on scene to allow them to most effectively assess and treat patients
11	We will work with partners to increase number of seamless 24/7 referral pathways as alternatives to ED conveyance and improve hospital handover
12	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
13	We will develop and deliver an improvement plan for NEPTS and increase capacity where required to meet demand
14	We will develop and implement with partners an-All Wales transfer and discharge service
15	We will continue to deliver against our Transport Solutions Programme to embed as a business-as-usual approach to service delivery
16	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
17	We will improve resource availability, tackling absence and recruitment challenges to deliver improved performance
18	We will effectively manage risk, governance and compliance to promote and protect colleague and patient safety, and ensure a safe, productive and fair work environment
19	We will purposefully shape our future People and Culture Strategy to equip our people to thrive in a changing environment
20	We will foster a culture of belonging and wellbeing where our people can engage, feel supported and represented
21	We will improve access to, and availability of services via the 111 Wales website and other digital channels (NHS Wales app)
22	Improved signposting to the most appropriate service
23	Improved digital tools and services to empower our teams to do their best
24	We will use modern technology to reduce repeat tasks and improve processes
25	Standardised information architecture and common approach to data and analytics across the organisation
26	We will deliver greater insights to WAST and NHS Wales, through improved data sharing, analytics and visualisation
27	Improved resilience, flexibility and interoperability for the 999-call platform
28	We will provide an improved financial plan to support our ambitions
29	Finalise our organisational position on achieving University Trust Status (UTS) in collaboration with WG, embracing a culture of learning, research and innovation
30	We will deliver the Estates Strategic Outline Plan
31	We will implement the Environmental and Sustainability Strategy
32	Deliver the Fleet SOP
33	We will secure and implement Quality Management and control systems
No.	IMTP Deliverable
34	We will transform the way we work and engage with people
35	We will revisit and implement the Public Health Plan
36	We will implement the Clinical Strategy to support developments across our service ambitions
37	We will deliver a values-based approach
38	We will deliver strong risk management processes and embed a Trust-wide risk culture that embeds the principles of good governance

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

Integrated Medium Term Plan (IMTP) 2022-2025
Quarter 4 Progress Report

MEETING	Finance & Performance Committee
DATE	21 March 2023
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation Heather Holden – Head of Transformation
CONTACT	Heather.holden@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this paper is to update the Committee on the progress and delivery of actions in the IMTP 2022-25 to date in Q4 2022/23 including the Accountability Conditions set by Welsh Government.

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

KEY ISSUES/IMPLICATIONS

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

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

Progress against these specific conditions are as follows:

Six Goals	WAST now has a presence on goals 2, 5 & 6 at delivery board level and on the clinical advisory board, with further ongoing discussion about

	engagement/representation on goals 1, 3 and 4 with the national team. The Integrated Commissioning Action Plan (ICAP) process, established by NCCU as a joint planning process with health boards, is starting to take shape and WAST is developing a set of service offers for each health board based on successful implementation in other areas of Wales. The ICAPs will align to six goals policy and some actions will directly support the policy targets (e.g. SDEC development) whilst others will indirectly impact on the six goals programme in support of delivery targets.
Value Based Healthcare	The Value Based Healthcare Working Group in WAST continues to develop its work programme alongside the Financial Sustainability Programme. There has been some slippage in implementation of PLICs, this is not anticipated to have any adverse impact on next year's IMTP. The work to trial Patient Reported Experience Measures (PREMS) with Aneurin Bevan University Health Board has gone live.
Minimum Data Set	This is now being refreshed quarterly with the required data applied. A new MDS is being prepared as part of the IMTP development for 2023/26.
Improvement in sickness absence	The Managing Attendance Programme is working through the actions required to address absences with regular reporting and assurance provided at People and Culture Committee.
Delivery of workforce efficiencies	A range of efficiencies in EMS have been delivered and resulted in the increase of around 1,200 additional shifts. This includes the EMS re-rostering, sickness absence reduction, additional WTEs and increase in consult and close rates.

Appendix 1 is a full assurance report which provides detailed highlight reports for each of the transformation programmes.

An IMTP delivery tracker is also in place which maps back all 2022-23 priorities into the agreed transformation and enabling programmes established within the IMTP delivery structure. The following sets out the early Q4 position of IMTP delivery priorities and any slippage or status changes that should be noted by STB. *(Key: Red -urgent attention required; Amber – in progress, off track; Green – on track; Blue – complete; Purple – paused; Grey – stopped).*

It should be noted that, due to operational pressures following a difficult winter in Q3 combined with our planning and organisational response to ongoing industrial action throughout Q4, the Chief Executive in agreement with Executive Management Team set out five specific priorities for Q4 which impacted on delivery of the IMTP:

1. Reducing waiting times, avoidable harm and death
2. Focusing on our Gateway to Care programme
3. Safely managing industrial action
4. Looking after our people's wellbeing and maintaining recruitment
5. Focusing on the longer term, including our financial sustainability

Despite the need to refocus our efforts in Q4, there has undoubtedly been good progress against our overall IMTP ambitions in 2022/23 as we look forward to the next iteration of our IMTP for 2023-26.

| **Transformation Programmes** |
|---|
| **EMS Operational Transformation – Q4 Interim Position** |
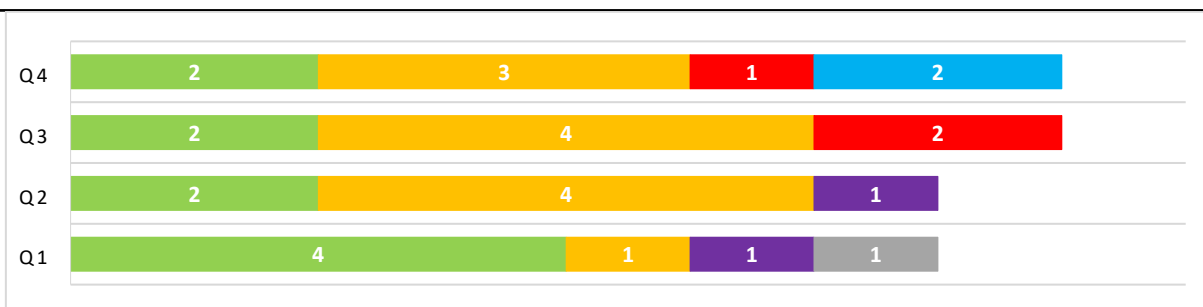
6 ongoing actions; 2 Green, 3 Amber, 1 Red: Recruitment and training plan remains off track however has improved with a current forecast of -16.98 at 31/03 with +4FTE at offer stage. Work to reduce handover delays continues through Health Board Handover Improvement meetings, which will now become Integrated Commissioning Action Plan (ICAP) meetings, and there was some reduction in handover delays in Jan-23. However the RAG status remains Red. EMS roster changes have been fully implemented and a closure report will now be completed. In response to operational pressures, it was agreed that CHARU would be rapidly expanded to the full 153FTE planned at the start of the year. This was reduced to 71FTE due to a funding gap. Plans are in place and progressing at pace to transition 93WTE from EAs to CHARU to meet the full established position.

Ambulance Care Transformation – Q4 Interim Position
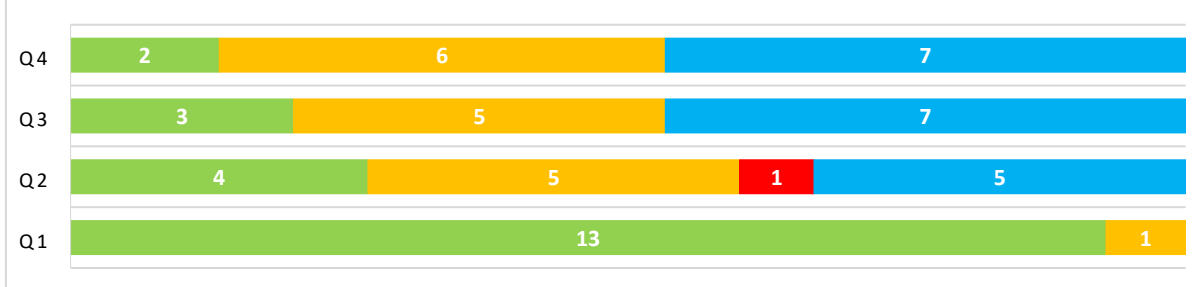
8 ongoing actions; 2 Green, 6 Amber: The Project Initiation Document (PID) for the NEPTS Roster Review is in development. The Non-Emergency Transport (NET) centre re-roster continues to progress but has increased from Green to Amber and is unlikely to be fully delivered by the end of Q4 due to operational pressures and reprioritisation of activity across the Trust in Q4. NET Centre roster keys have been modelled and agreed and a meeting will now be arranged with Resource to take forward NET centre modelling. Modelling is due to be completed for the Transfer & Discharge service by the end of Q4 which will impact on the development of the model by quarter end. The status has changed from Green to Amber as progress during Q4 is likely to reduce pace due to operational pressures and re-prioritisation.

Gateway to Care Transformation – Q4 Interim Position
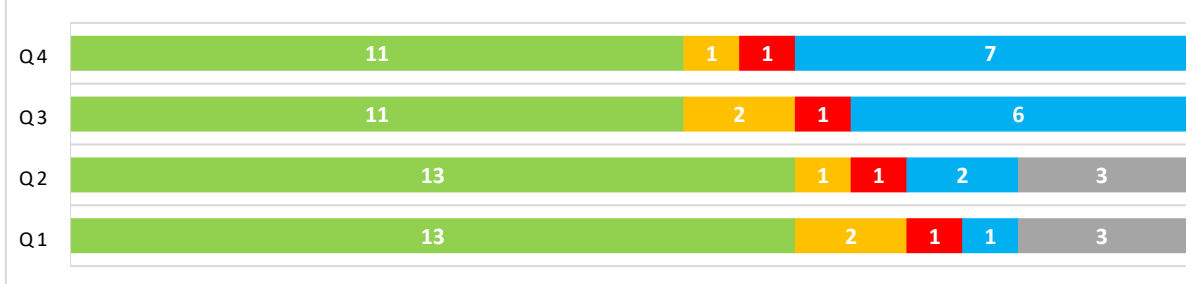
13 ongoing actions; 11 Green, 1 Amber, 1 Red: Work continues to implement Physician Triage & Streaming (PTaS) across remaining Health Boards (Cardiff and Vale, Cwm Taf and Powys) but is likely to continue into the next financial year. SALUS implementation remains Red. The final Capita Delivery Plan

was received in Jan-23 and is undergoing scrutiny and assessment by the National 111 Programme, WG and WAST governance processes. A follow up meeting between WAST CEO, ABUHB CEO (programme SRO) and Capita CEO is to be arranged.

Clinical Transformation – Q4 Interim Position

Q4	11	6	4	1
Q3	16	3	1 1	1
Q2	11	4	4	3
Q1	12	7		3
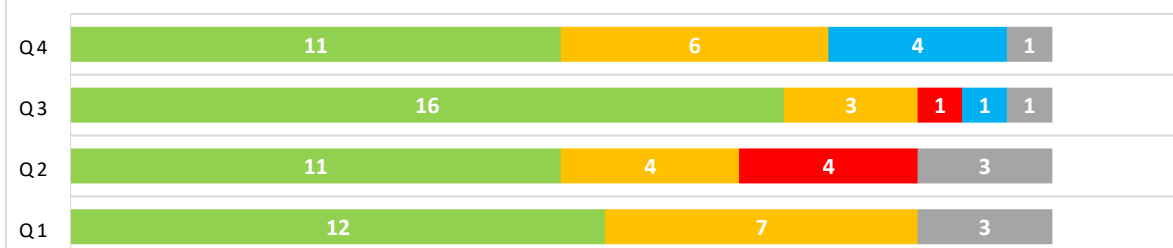
17 ongoing actions; 11 Green, 6 Amber: Development of a Faculty of Emergency Mental Health practice has progressed, and the RAG reduced from Red to Amber. Whilst a funding decision remains outstanding, there has been agreement to progress on a smaller scale making funding more feasible. WAST has been approached by BCUHB to pilot mental health practitioners in response cars. A PID has been developed and weekly project meetings established. Testing of an eReferral System failed and was unable to go live in Dec-22. However, developers will now build direct links between ePCR and Health Board providers. There have been challenges securing funding for the Level 2 Falls Response in CVUHB and HDUHB meaning that the model will not be available across all of Wales.

Enabling Programmes

Our People – Q4 Interim Position

|				
Q4	6	5	3	5
Q3	10	5	1	3
Q2	10	8	1	
Q1	12	5	2	
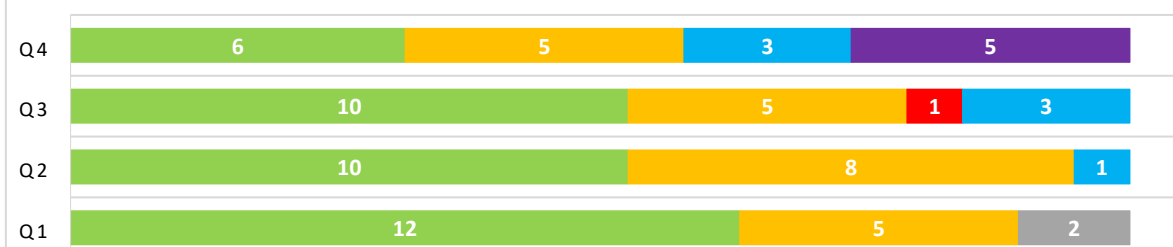
16 ongoing actions; 6 Green, 5 Amber: 5 initiatives have been paused due to operational pressures and the difficulty to ensure engagement with TUs in the context of industrial action. An approach to succession planning has been drafted, however implementation of this will be postponed (proposed April 2023) due to operational pressures. Development of the strategic workforce plan remains Amber, as cross-organisational engagement has been limited due to operational pressures and vacancies within the team. However, there has been good progress and engagement on education commissioning. An EMT session has been provisionally booked for the end of March to discuss the strategic approach to workforce planning and this will be supported by a specific workstream in the 'Inverting the Triangles' case for change work being undertaken around workforce planning for EMS in particular. A supplier for cross-organisational Change Management training has been identified and initial training cohort planned for w/c 27th March.

Innovation & Technology – Q4 Interim Position

|				
Q4	8	4	2	2
Q3	9	5		2
Q2	8	7		1
Q1	7	3	6	
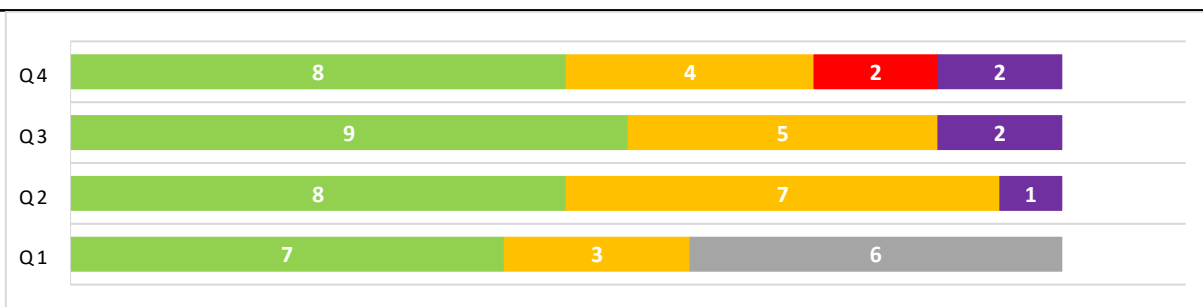
14 ongoing actions; 8 Green, 4 Amber, 2 Red: Implementation of the new control room solution (CRS) has been delayed and the status increased to Amber. Further application issues have been identified during testing, as a result the proposed go-live of w/c 20 March is no longer viable. Currently awaiting issue resolution to confirm revised go-live dates. Roll-out of the Mobile Vehicle Data Solution MVDS) has been delayed as additional work is required on placement of tablets in some fleet vehicle types and several other activities to be completed prior to commencement. The target to commence roll-out has slipped into FY23/24 due to issues with identification of estate and logistics which could take up to 12 months to complete. The statement of work has been agreed for the 999 platform upgrade, and supplier will commence work in Q4 with completion in Q1 FY23/24.

Infrastructure – Q4 Interim Position

Q4	13	3	3	2	2
Q3	15	3	1	2	2
Q2	11	5		3	4
Q1	15	4			4
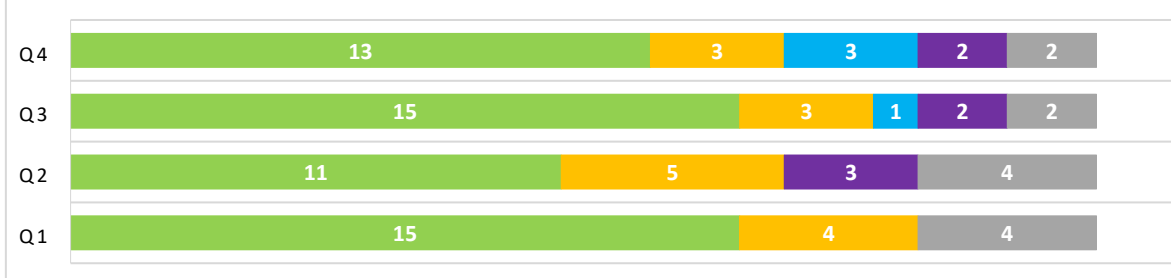
16 ongoing actions; 13 Green, 3 Amber: A long-term solution for EMS CCC at Llangunnor remains Amber and is now part of a wider CCC Task & Finish Group established to consider the CCC strategy and associated estates implications. An initial meeting has been held and will now be scoped and options written up. To be set up as a formal project when resource becomes available within Capital Development Team in Q4. A permanent solution for Ruthin and for EMS/NEPTS in Dolgellau continue to be delayed due to planning permission with escalation and oversight via the Capital Management Board. Redevelopment of VPH as an Operational Hub is now on track with Phase 3 work complete, and Phase 4 work on target for completion by mid-March.

Fundamentals (including Risk Management) – Q4 Interim Position

Q4	4	4	1	5	3	
Q3	9	4	1	2	1	
Q2	9	4		2	2	
Q1	9	3		2	3	
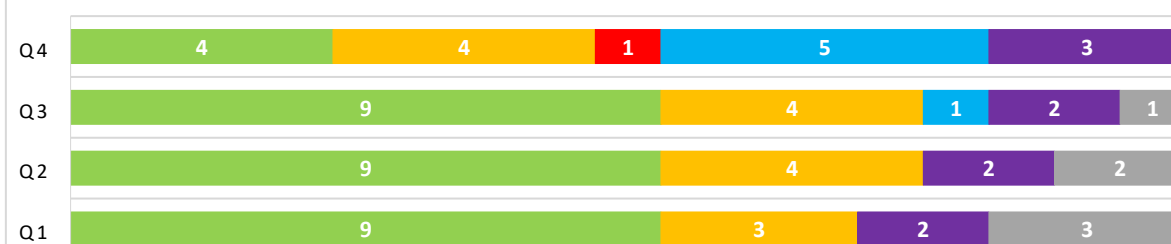
Quality: Work to embed the Trust Quality Management System (QMS) continues but requires a multidisciplinary approach from across the Trust. A Health and Care Standard Compliance Review was undertaken in December 2022, highlighting further actions to develop quality outcome measures and digital systems. The QA function is undertaking a design and development exercise of Trust metrics for the Quality Requirements, this will inform the basis of the 'always on' metric as required by the act.

Value Based Healthcare: Ongoing challenges around information governance are being worked through DHCW with plans for a workshop towards the end of April. Work to enable identification of unwarranted variation in service delivery is off-track due to data quality issues but the project lead is working with the supplier and Health Informatics to rectify by manually inputting data. Once errors are reconciled, next step will be dashboard creation. A workshop is planned with Value in Health Centre in April to consider how WAST could develop meaningful Patient Reported Outcome Measures (PREMs) for pre-hospital care, alongside ongoing work to develop Patient Reported Experience Measures (PREMs) across our services, including an ongoing pilot of PREMs for the Grange Transfer Service in Aneurin Bevan University Health Board.

Corporate Governance: Implementation date for migration to the new Once for Wales Datix Risk Module has been extended to 31st March 2024. NWSSP will run a pilot with the new Datix system and the current DatixWeb Risk System will remain live to all organisations who are currently using it 31st March 2024. The risk management policy has been drafted however progression through the policy process has been slowed due to current pressures. It is due for approval by the Audit Committee at the July 2023 meeting and will continue into FY23/24. 4 further actions have been closed as they have been superseded by revised IMTP actions for FY23/24.

REPORT APPROVAL ROUTE
Strategic Transformation Board interim Q4 update on 27 February 2023

REPORT APPENDICES
IMTP Assurance report

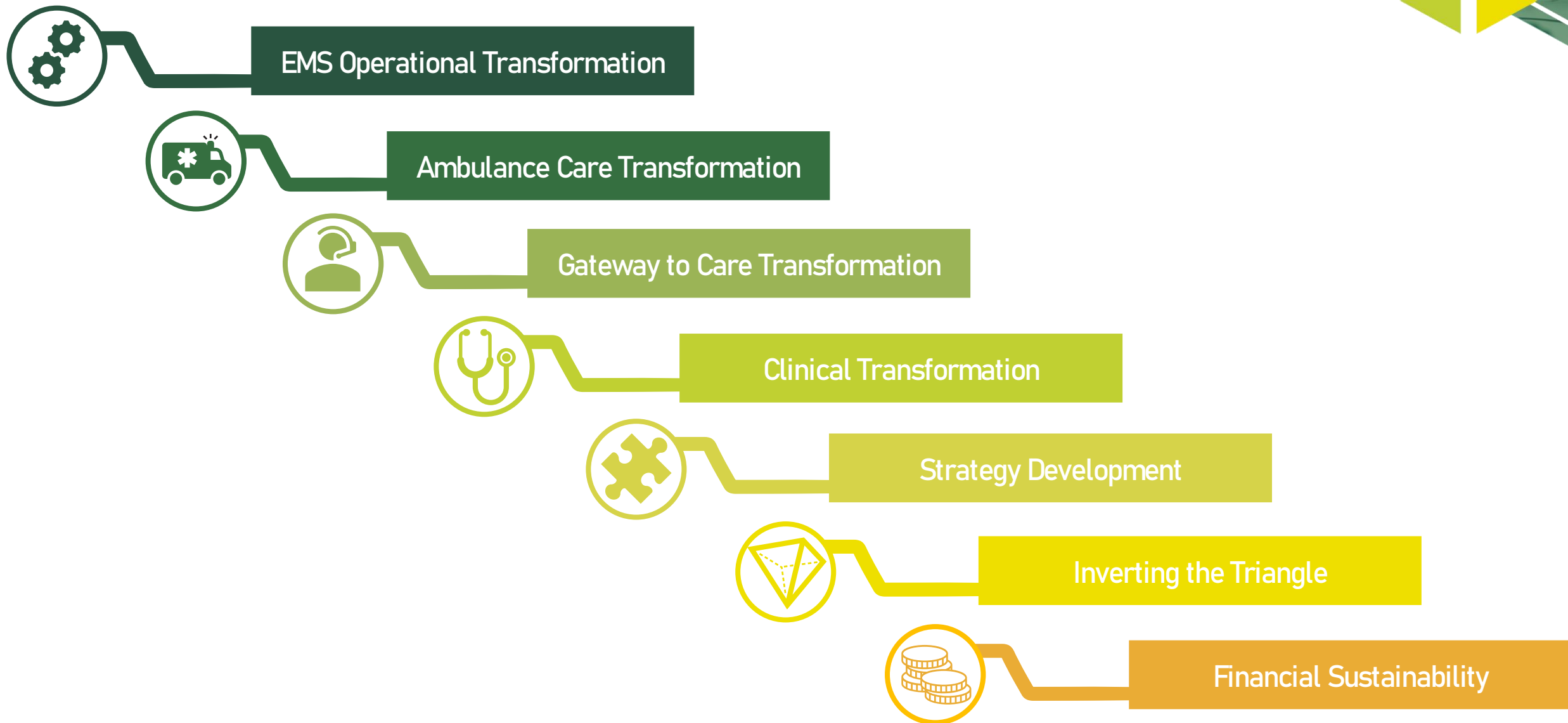| REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		**Confirm that the issues below have been considered and addressed**	
EQIA (Inc. Welsh language)	✓	Financial Implications	✓
Environmental/Sustainability	✓	Legal Implications	N/A
Estate	✓	Patient Safety/Safeguarding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

Assurance Report:
IMTP Delivery Programmes
Strategic Transformation Board (STB)
27th February 2023

Highlight Reports
Transformation Programmes – Navigation Panel

EMS Operational Transformation

Ambulance Care Transformation

Gateway to Care Transformation

Clinical Transformation

Strategy Development

Inverting the Triangle

Financial Sustainability

Programme Highlight Report – EMS Operational

Report Month:	Current RAG	Previous RAG	STB Action Required
February-23	🟧	🟩	For noting only.

SRO:	Hugh Bennett
Business Partner:	Kelsey Rees-Dykes
Project Manager:	Lydia Hutton (Interim)

Description	Status	Current Position	Forward View
Recruitment and Training To recruit to 1,761FTE target	Off Track	• Current forecast of -16.98 at 31/03, however +4FTE at offer stage reduces gap to -12.81FTE by 31/03 on the basis of 60% fill of EMT course. 100% fill on EMT course could reduce the gap to -2.81FTE. Reduced fill rate likely as course is for trainees for rural areas which are below the establishment.	• Continue to monitor progress via Programme Board and Weekly Workforce Project Meeting
EMS Rosters To align EMS response rosters to the demand pattern (146 rosters)	Off Track	• Roster changes fully implemented	• Project closure to be completed including benefits realisation and lessons learnt; delays due to limited capacity
CCC Reconfiguration Re-rostering of call takers; Realignment of CCC divisional desks and station areas in line with demand; Reviewing the standardisation of practices across the three CCC sites	On Track	• **CCC Re-rostering:** comms confirming successful rota selections and go-live w/c 27/02. • **Boundary Changes:** subgroup meetings in January were cancelled due to IA and business case development is on hold due to capacity • **Broader Ways of Working:** workstream on hold due to operational pressures.	• Continue to monitor progress via Programme Board and Project Team Board • **Boundary Changes:** meetings to reconvene w/c 06/03.
CHARU Replacement of RRV's with new CHARU resourcing	On Track	• CHARU expanding into the full modelled position of 153FTE across 32 locations. Currently 50 staff in post at 14 locations with another 9 staff on a CHARU course this week. Advert for recruitment into vacant positions closed on 26/02 and applications are under review.	• review applications before the next stage of MCQ's w/c 06/03.
Integrated Technical Planning To ensure that fleet, estate, workforce, and budgets are integrated	On Track	• Workforce plan has gone to EMT, final iteration due end-Feb. Proposed structure for recruitment to address the rural imbalance. Next EMT course is for rural areas only.	

Risks and Issues

Title	Description	Score	Mitigation / Actions
Levels of Handover Delays	Levels of handover delays continue to increase which is now impacting on the overall improvements achieved to date within WAST.	25	CEO level discussions with key stakeholders taking place Some reduction in Jan-23, but levels remain extreme. ICAPS is main mechanism for partnership working.

Programme Highlight Report – Ambulance Care

Report Month:	Current RAG	Previous RAG	STB Action Required
February-23	(amber)	(green)	Change in RAG status as a result of Q4 reprioritisation and the reduced pace of some workstreams. For noting only.

SRO:	Mark Harris
Business Partner:	Deb Kingsbury
Project Manager:	Annabel Harrhy

Description	Status	Current Position	Forward View
Demand and Capacity Project			
Rosters (NEPTS Ambulance Staff) Workstream	Off Track	• Initial work on NEPTS Transport ORH keys testing on Cleric Training Software started. This will be complete within the next period, if capacity allows.	• Testing to be complete within the next period, if capacity allows.
Oncology (Performance Standard) Workstream (Not a specific IMTP action – part of D&C)	On Track	• Principle of the Oncology performance parameter and hub agreed with NEPTS DAG.	• Progress oncology approach after report to EMT on 08/02.
Outbound Ready Times (PDSA) Workstream (Not a specific IMTP action – part of D&C)	On Track	• Over 300 clinics have amended Cleric times to improve alignment of patient and ambulance. • Closure report and SOP approved.	• Handover to business as usual.
NET Centre, Planning and Day Control Workstream	Off Track	• NET Centre roster keys modelled and agreed.	• Meet with Resource to take forward NET Centre modelling
T1 Walkers Demand Reduction Workstream	Off Track	• Position paper on eligibility has been discussed with NCCU with a view to sharing with WG.	• Dependent on response from WG.
NEPTS Operational Improvement Project			
Discharge Lounge Trial Workstream	Off Track	• Discharge lounge trial in BCU halted due to operational pressures in BCU.	• Engaging again with BCU or consideration of a different HB to trial.
Standardised Guidance and Risk Assessments Workstream	Off Track	• No update – note reduced pace agreed	• SOPs without risk assessments to be risk assessed.
Oncology Workstream (not an IMTP action)	Off Track	• No update – note reduced pace agreed	• PDSA to be reviewed on a monthly basis.

Risks and Issues

Title	Description	Score	Mitigation / Actions
None for escalation	None for escalation		None for escalation

Programme Highlight Report – Ambulance Care

Description	Status	Current Position	Forward View
Transfer and Discharge Project			
Performance, HI and Demand Modelling Sub Group	Off Track	• One year data analysis completed • ORH commenced Transfer & Discharge modelling • Deep dive commenced on the GUH Transfer service to support learning from the service. • Progress being made on system Task and Finish Groups	• ORH Modelling to progress – expected to be completed by end of March • Review of outputs of system Task & Finish Groups
Model Development Sub Group	Off Track	• Initial discussions on need & response through Model Development Group	• Linked Urgent Transfer & HCP process mapping workshop being planned
Transport Solutions			
Implementation of Eligibility Criteria	On Track	• A paper is to be produced and discussed with the NCCU.	• Paper to be shared with the NCCU and WG.
SOP for online bookings	Complete	• Online booking training with the Health Boards completed in December.	
PNA and signposting document	On Track	• Project closure documentation initiated.	• Completion of project closure and move to BAU
Plurality Model			
Procurement Process	Complete	• Project Closure Documentation initiated • Lessons Learned document drafted	• Completion of project closure and move to BAU
Quality Management Framework	Complete		
Ambulance Car Services	Complete		
NEPTS CAD			
Upgrade of existing CAD	Complete	• Cleric PINK has gone live • Few initial teething problems, particularly around performance • Project Closure document initiated • Lessons Learned log drafted	• Completion of project closure and move to BAU

Programme Highlight Report – Gateway to Care

Report Month:	Current RAG	Previous RAG	STB Action Required
February–23			SALUS delivery delays for noting; however beyond WAST control. Capita Delivery Plan submitted mid-Jan 2023 is being risk and viability assessed by the Authority. Pre-UAT activities have commenced in the test environment which contains the latest release of the product.

SRO:	Rachel Marsh
Business Partner:	Kelsey Rees-Dykes
Project Manager:	Lydia Hutton

Description	Status	Current Position	Forward View
Promote and expand the use of 111	On Track	**111 Comms:** Phase 1 of the National 111 Comms campaign, Digital & Stakeholders assets, went live 14/11. **111 Strategy:** 111 Strategy workshop held 12/11 with commissioners. **111 Recruitment:** Jan cohort are now live, next cohort due to start training on 28/02.	**111 Comms:** Phase 2 delayed due to operational/winter pressures - new go-live date agreed by WAST and 'Help us, Help You' Welsh Government project team for 28/02. **111 Strategy:** 111 Commissioning Board and 111 Commissioning Framework T&F group set up for 2023/24. **111 Recruitment:** Adverts for May cohort being prepared for sign off.
Increase the capacity and capability of the clinical teams for 111 and 999 callers, increasing clinical information available to them and we will create one integrated national team	On Track	**Integrated Care IMTP Workshop:** convened 01/02 with representatives across 111, CSD and the TSO. Consolidation of all existing plans and priorities into a single Integrated Care IMTP action plan including commissioning intentions, peer review outcomes, stabilisation plans, local development and service improvement plans. **RCDM:** Paper tabled for progression at the next HEIW Strategic review project Board meeting on the 23/02. Recommendations will be fed into this plan. **111 Re-Roster:** options paper in development proposing implementation- funding required, being progressed via G2C programme board. Will be commenced in Q1 2023. Funding cannot be released this financial year. **111 Peer Review Response:** draft response socialised via G2C programme board. Full action plan being finalised to accompany the response.	**CCC Recommendations:** Closure report to be completed and will include an evaluation of the work completed as part of this project and the impact including C&C. **CSD Stabilisation:** Continue to scope and develop current work packages and 2023 IMTP deliverables **RCDM:** Awaiting outcome of HEIW Board decision on RCDM. **111 Re-Roster:** options paper to progress through governance process. **111 Peer Review Response:** 03/03 deadline for completion of peer review response with accompanying action plan.
Work with partners to increase the number of seamless 24/7 pathways from the 111 clinical team to appropriate face to face consultations	Delayed	**SALUS:** Capita Delivery Plan submitted mid-Jan 2023 is being risk and viability assessed by the Authority. Pre-UAT activities have commenced in the test environment which contains the latest release of the product.	A follow up meeting between WAST CEO, ABUHB CEO (who is the programme SRO) and Capita CEO is to be arranged. This is to understand the assurances being presented around the final delivery plan, agree a go-live date that is acceptable to all parties, and ensure any adjustments to the contractual arrangements still offer value for money for NHS Wales.
111 Programme Board Workstreams	On Track	Establishment of 111 programme board, 111 commissioning board, 111 delivery and assurance group. Task & Finish Groups established; Quality Delivery Framework (QDF), Dental, and Workforce & Finance.	QDF Task & Finish group progressing development of commissioning framework for 111 service to commence from 01/04.

Programme Highlight Report – Clinical Transformation

Report Month:	Workstream	Current RAG	Previous RAG	STB Action Required
February-23	CC2H			For noting only.

SRO:	Brendan Lloyd
Business Partner:	Deb Kingsbury
Project Manager:	Sarah Parry

Description	Status	Current Position	Forward View
		Care Closer to Home	
APP Workstream • Education • Independent Prescribing	On Track	• **Education:** Education funding received for 18 people on MSc; Advert live for remaining 8 to start in South Wales (Mar-23). Paper submitted to EMT identifying the number of APPs coming out of placements over the next 3 years without funded positions. • **Independent Prescribing:** Funding received for 10 FTEs, 5 commenced in Sep-22.	• **Education:** Undertake selection process for remaining 8 people • **Independent Prescribing:** Remaining 5 to commence in Mar-23. Benefits Realisation Paper to be developed.
APP Navigator	Off Track	• **Off Track:** Resource capacity to complete evaluation/PDSAs • **Pilots:** SBUHB continuing to Pilot (Phase 1 & 2) and HDUHB continue to Pilot (Phase 1) • **Six Goals led Project (CPAS):** Chest Pain Project to be incorporated into the APP Nav roles	• **SBUHB:** Complete Phase 1 Evaluation and commence Phase 2 PDSA • **HDUHB:** Commence Phase 1 PDSA and agree Phase 2 scope & objectives • **Six Goals led Project (CPAS):** PID to be approved
Optimising Conveyance / ED avoidance referral pathways	On Track	• **COPD Pathway:** Live in SBUHB 12/12/22 • **UPCC & SDEC:** Letter from Welsh Government to Health Board CEOs and COOs asking HBs to accelerate plans to use this service to support winter resilience • **SDEC:** Live in SBUHB and CVUHB 12/12/22. Completed Clinical Review & Modeling exercise. • **Optimising Conveyance Document:** Agreement to close as this will be developed in line with the "Inverting the Triangle" Programme evidence base	• **SDEC:** Undertake modelling exercise with Optima, as requested by Welsh Government, to model the impact on SDEC on the whole 999 service if utilised
Embed preferred technical platform to access senior clinical support	Complete	• Contract awarded to Consultant Connect (Nov-22)	• Complete
Opportunities of eReferral mechanisms for frontline (Non-Injury Falls / Resolved Hypoglycaemia / Resolved Epilepsy)	Off Track	• **Off Track:** Testing of the eReferral System Failed, therefore unable to go live Dec-22. • Agreement for ePCR Programme Board to approach developers and build direct links between ePCR and Health Board providers	• TerraPACE to build direct links between ePCR and Health Board providers
Technology to facilitate supported remote consultation	On Track	• Discussions commenced with Consultant Connect regarding Data Protection of Photos and Images. Confirmation from Information Governance that DPIA would be required for the transfer of images • Looking to piloting the Open Limb Fracture Pathway (Morriston) through Trauma Desks	• Continue discussions with Consultant Connect on feasibility of photos and images • SBAR to CC2HG for approval of the Open Limb Fracture Pathway (Morriston)

Risks and Issues

Title	Description	Score	Mitigation / Actions
Failure to secure appropriate APP Placements due to other AHPs/Nurses that come with placement funding	Within the whole healthcare system there are many AHP groups/nursing colleagues on a similar training journey, some of these come with remuneration in respect of placement (e.g. Pharmacists providing circa £5k of funding). APPs however don't have this funding.	16	Exploring options again with HEIW and the national AHP group as to the potential of some help towards this, but previous efforts have yielded no monies.

Programme Highlight Report – Clinical Transformation

Report Month:	Workstream	Current RAG	Previous RAG	STB Action Required
February-23	CIAG			For noting only.
	Older Persons & Falls			

SRO:	Brendan Lloyd
Business Partner:	Deb Kingsbury
Project Manager:	Sarah Parry

Description	Status	Current Position	Forward View
Clinical Intelligence Assurance Group			
Di-commissioning of DigiPen	On Track	• **Validation & Backlog:** Complete. SBAR accepted at EMT 19/12/22 • **Assurance:** Benchmarking testing for retrieval of PCRs undertaken by CIAT. • **Storage & Accessibility:** Agreed Action Plan to move all PCR data and images	• **Assurance:** Testing has indicated a small % gap in identifying stored records. CIAT and HI working together to resolve by end of Q4. • **Storage & Accessibility:** All PCR data and images to be moved to WAST servers by end Q4.

Clinical Indicator Plan	On Track	• ROSC Deep Dive presented at Nov-22 CIAG and complete
		• #NOF, Stroke, STEMI, Hypoglycaemia and ROSC ePCR CI data audits approved at CIAG
		• Action Plan to improve compliance is a standing agenda item on CIAG
		• User Interface improvements for ePCR have come through ePCR CRG and been approved.
			• Develop design specifications:
			  1. Call to Door timings for Stroke and STEMI
			  2. Outcome by Response Type (Commissioning Intention)

Older Persons & Falls			
Falls & Frailty Response Model	Off Track	• **Off Track:** Progress has been made however there have been challenges to secure funding for the Level 2 Falls Response, therefore will not be available across all of Wales by winter • **Level 2 Response:** Available in BCU East with funding secured for 5 years and BCU Central to go live 19/12/22. Funding has not been granted in CVUHB and HDUHB. • **Level 1 Response:** Falls Assistant by Night extended until Mar-23	• **National SOP:** Initial draft to be reviewed by respective groups • **Full Service Evaluation:** Service Evaluation to be presented to EMT (Q4) • **Modelling:** Work with Optima to understand the impact, value of Falls Resources and missed opportunities • **Electric Vehicles:** Continue discussions re: Procurement and Infrastructure
Older Persons Framework	On Track	• **Powys Care Home:** VBHC bid approved, 1 x B6 Paramedic appointed to provide iStumble Tool training 1 day/week for 6 months, started 29/11/22 • **Falls Code-sets:** Additional codes sets have been identified for Falls Assistants have been approved by CPAS (6 in total) Go Live: 08/11/22	• **Powys Care Home:** Monitoring the improvement of VBHC Bid

Risks and Issues

Title	Description	Score	Mitigation / Actions
Lack of availability of vehicles to support the Response Teams	Falls Teams do not have dedicated vehicles and the build time of new vehicles can take up to 12 months	16	Discussions commenced with the Head of Capital Development and Finance.

Programme Highlight Report – Clinical Transformation

Report Month:	Workstream	Current RAG	Previous RAG	STB Action Required
February-23	Mental Health & Dementia			For noting only.

SRO:	Brendan Lloyd
Business Partner:	Deb Kingsbury
Project Manager:	Sarah Parry

Description	Status	Current Position	Forward View
		Mental Health & Dementia	
Faculty of Emergency Mental Health Practice	Off Track	• **Off Track:** Progress has been delayed due to funding decision to establish Faculty. In the absence of funding, undertake small scale pilots to gain evidence and impact on benefits to build case for future bid. This includes: **Mental Health Practitioners:** Confirmation received by HEIW that funding will not be received for additional 16 MHPs. **Mental Health Response Vehicles:** Approached by BCUHB to undertake pilot. Programme Initiation Document developed, and weekly project meetings established **Advanced Practice Level 7 Module in Crisis Mental Health Care:** Agreed that L7 Programme will be a L7 module instead. Project Initiation Document developed and approved by the MH Prog Board	• Mental Health Lead to continue discussions with HEIW on funding/projects • Seeking potential opportunities for alternative funding **Mental Health Response Vehicles:** Funding decision needed by BCUHB to commence pilot. **Advanced Practice Level 7 Module in Crisis Mental Health Care:** Further discussions to commence with HEIW and Agored Cymru to make this an accredited module.
Mental Health & Dementia Plan	Off Track	• **Dementia Dashboard:** Issues resolved. SBAR developed and approved by the ePCR Clinical Reference Group • **Dementia Reminiscence Therapy:** Pilot won the Prestigious GOLD award for 'Most Innovative use of RITA' across the UK, at the My Improvement Network RITA Awards. Funding has been received for an additional 4 electronic tablets. • **Digital Learning:** A series of webinars planned, led by MHPs, available to frontline staff. First launched on 26/01/23. Funding has been granted to develop On-Click Training modules for CAMHS and Perinatal. • **Suicide First Aid:** SFA Training scheduled for Mar-23	• **Dementia Dashboard:** TerraFIX to implement changes to the Dementia Dashboard • **Dementia Reminiscence Therapy:** Evaluate data. Explore further funding opportunities for additional electronic tablets, expanding the pilot • **Digital Learning:** Develop training materials for CAMHS and Perinatal. • **Suicide First Aid:** Commence training in Mar-23 • **Dementia Learning:** Reports to be provided from Qlik
Mental Health Practitioners	On Track	• Request made to Health Informatics to further develop the Mental Health Dashboard, awaiting response.	• Await response from Health Informatics

Risks and Issues

None for noting

Programme Highlight Report – Clinical Transformation

Report Month:	Current RAG	Previous RAG	STB Action Required
February-23			For noting only.

SRO:	Brendan Lloyd
Business Partner:	N/A
Project Manager:	N/A

Description	Status	Current Position	Forward View
		TerraPACE & ePCR	
TerraPACE Project Phase 1 Activities Continued	On Track	• **Deployments to English Hospitals:** 8/10 Hospitals live • **Corpuls Device Interface (Ortus):** TerraPACE continue to develop • **DHCW WGPR Patient Summary Interface:** Fully functional for APPs	• **Deployments to English Hospitals:** Completion of DPIA from remainder hospitals • **Corpuls Device Interface (Ortus):** Demo scheduled for Feb-23 • **DHCW WGPR Patient Summary Interface:** Senior Paramedic access planned for mid-Feb. Planned audit in Mar-23 for APPs and SPs
TerraPACE Project Phase 2 Activities	On Track	• **Clinical Information and Reporting:** Complete. Deployed 28/11/22 • **CFR Deployment:** Initial system testing passed, pilot has started using 15 teams pan Wales. Funding has been secured for the device • **Mass Casualty Information System (MCIS) Software:** Closed. Feedback from EPRR team is that WAST is not in a position to take on the module as is. WMAS are testing the module and keeping WAST engaged.	
ePCR Programme Activities Year 2	On Track	• **In-life Team Recruitment:** 4 posts remain outstanding in ICT. • **Clinical Audit OCP:** Job Descriptions agreed and consultations have taken place • **Digitising the ROLE Process:** Work commenced • **Exploring HAS Screen alternatives:** Potential Solution report in development	• **In-life Team Recruitment:** Continue with recruitment & selection • **Clinical Audit OCP:** Work to progress OCP by end of Mar-23 • **Review of the Non-Conveyance Process:** Work to commence in Q1
Formal Closure Activities	On Track	• **ePCR Programme Closure Activities:** Lessons Learnt complete • **TerraPACE Project Closure Activities:** Work is being scoped	• **ePCR Programme Closure Activities:** Contractor to undertake this work in Feb-23

Risks and Issues

None for noting

Programme Highlight Report – Strategy Development

Report Month:	Current RAG	Previous RAG	STB Action Required
February-23			For noting only.

SRO:	Rachel Marsh
Business Partner:	James Houston
Project Manager:	Sarah Parry

Description	Status	Current Position	Forward View
Organisational Reputation Audit	On Track	• Draft Reputation audit presented to EMT in November • Organisational Reputation Audit live w/c 21/11/22 and closed 09/01/23. • 46 responses received	• Complete a thematic analysis of feedback and responses and draft composite report (Feb/Mar)
Purpose Statement	On Track	• Engagement period undertaken to capture initial ideas and feedback (June) • Proposed Purpose Statement shared at CEO Roadshows (Oct) • Feedback and review across the organisation (Nov) • Discussions held with Graphic Designers (Dec) to develop Purpose Statement Artwork • Purpose Statement Artwork shared with WAST (Jan) for consideration and feedback by EMT (Jan)	• Amendments to the Purpose Statement to reflect feedback (end-Feb) • Share agreed Purpose Statement Artwork and supporting video at CEO Roadshows (Mar)
Long Term Strategy	Paused	• LTS Strategy endorsed by EASC in May 2020 • Agreement to review LTS from March 2023	• Not Applicable

Risks and Issues

None for noting

Programme Highlight Report – Inverting the Triangle

Report Month:	Current RAG	Previous RAG	STB Action Required
November–22			For noting only.

SRO:	Rachel Marsh
Business Partner:	James Houston
Project Manager:	Sarah Parry

Description	Status	Current Position	Forward View
Setting Aim & Vision	On Track	**Case for Change /Evidence Base:** • Specification developed and agreed with executive leads (Jan). • Procurement process initiated via a Mini-Competitive Procurement process to identify preferred bidder on ESPO procurement framework • Invitation to bidders via Bravo system went live 6th Feb.	• Application process closes on the 15th Feb • Procurement Evaluation and interview process 16th – 2nd March • Contract award 3rd March • Contract to commence from 6th Mar, anticipated completion by the end of March
Preparation for Team	On Track	• **Establish Programme Team:** Job evaluation process complete and funding approved for Strategy Development Manager and Engagement Manager posts. • **Change Management Capabilities:** Specification agreed, procurement complete and contract awarded to ChangeQuest. • **EQIA:** First draft in development with equality lead(s)	• **Establish Programme Team:** Commence recruitment mid-Feb • **Change Management Capabilities:** Training delivery plan in development – first cohort planned to commence in March • **EQIA:** training to be undertaken in Mar-23 to enable the continuation of this document. • **QIA:** to commence in Feb-23
Stakeholder Engagement	Off Track	• **Engagement Delivery Plan:** Presented to Board (Jan-23) with support for phased approach; delayed due to organisational capacity. • **Engagement Board of CHC's:** Discussions held with National CHCH Planning Board (Nov-22) and with North Wales CHC (Dec-22). • **Our People Communication Notice**: First draft in development and reviewed by the Director of Partnerships & Engagement	• **Engagement Delivery Plan:** Further discussion scheduled for EMT (Feb-23) and detailed Engagement Delivery Plan to be developed with the Consultation Institute • **Engagement Board of CHC's:** Continued engagement with CHCs / Citizens Voice included in Engagement Delivery Plan. • **Our People Communication Notice**: First draft to be reviewed by TDN and TSAG; aiming to share in Feb/March.

Test Change

Description	Status	Current Position	Forward View
APP Navigator	Off Track	• SBUHB Phase 1 Pilot ongoing until 31/03/23. Phase 1 evaluation – OFF TRACK. • HDUHB Phase 1 Pilot ongoing until 31/03/23. Joint Evaluation to be complete, SB University to complete qualitative element and WAST undertaking quantitative element	• Clinical Development Lead to lead on SBUHB Phase 2 and HDUHB Phase 1 Evaluations. • Internal discussions to agree HDUHB Phase 2 scope • APP Navigator Executive Information Pack due to be finalised in Feb-23
Pre-Dispatch Outcome	On Track	• PID in development for the identification of the ideal response (remote clinical assessment / F2F attendance) by condition code, which will transform the DCR Table aligned to Inverting the Triangle. • Linked work: Request from EMT (Dec-22) to complete urgent clinical review of RED calls to support winter pressures. SBAR with recommendations submitted to EMT for consideration.	• Finalised first draft PID to be approved by CQGG

Programme Highlight Report – Inverting the Triangle

Description	Status	Current Position	Forward View
Test Change			
APP Tasking	On Track	• Initial discussions held in Nov-22. • Meeting scheduled (14- Feb) with Project Executive to scope and plan next steps	• Subject to outcome of discussions (14-Feb)
Small Business Research Institute	On Track	• Challenge Brief Live (31/01/23 – 17/03/23) for Industrial Providers to submit applications • Briefing Event scheduled 23/02/23	• Application Evaluation Process 21/03/23 – 23/03/23 • Decision Panel & Award contract 24/03/23 • Project Work to commence 03/04/23 – 19/03/23 • Phase 2: Testing to commence in Jun-23
Digital Medicine Management	On Track	• Letter from the Health Minister enquiring why WAST had not submitted a bid to fund discovery work under the Digital Medicines Transformation Portfolio (Jul-22) • Paper submitted to STB (Dec-22) outlining the plan to develop a bid to submit to the Digital Priorities Investment Fund (DPIF) • Digital Investment Proposal Bid in development	• Seek internal approval of the Digital Investment Proposal Bid • Submit the Digital Investment Proposal Bid to the Digital Priorities Investment Fund (DPIF) (Mar-23)
Cardiac Chest Pain Pathway	On Track	• Six Goals led Project: CPAG Chest Pain Pathway project	• CPAG PID to be approved • Anticipated start date 01/03/23
Red Improvement Plan – "Flooding"	On Track	• Initial discussions with CEO and Director of Paramedicine to develop high-level plan on scoping this work	• Commence planning to undertake this work as a series of PDSAs • Anticipated pilot in Mar-23

Risks and Issues

Title	Description	Risk	Mitigation / Actions
APP Navigator – SBUHB Phase 1 Evaluation: Delay completing Phase 1 evaluation of the SBUHB APP Nav pilot	Lack of organisational capacity to deliver this work due to IA/Winter Pressures and competing priorities		• SP&P undertaking wider Organisational Prioritisation & Capacity Exercise • Consider reallocating work to free up capacity
Engagement Delivery Plan: Inability to effectively deliver the engagement delivery plan	Inability to effectively deliver the engagement delivery plan		• SP&P undertaking wider Organisational Prioritisation & Capacity Exercise • Develop detailed engagement plan (key engagement activities and timelines)

Programme Highlight Report – Financial Sustainability

Month	Current RAG	Previous RAG	FY23/24 Target	STB Action Required
November-22				For noting only.

SRO:	Angela Lewis
Business Partners:	Jessica Price, Gemma Mainwaring, Nathan Jones, Daniel Purnell
Project Manager:	Gareth Taylor

Description	Status	Current Position	Forward View
Achieving Efficiencies To explore and pursue opportunities for cost avoidance, or efficiency savings across WAST	Off Track	1. Two workstreams being pursued with identified savings of up to £400,000 (delivered in FY23/24). These include work led by the NEPTS, and Digital Teams. 2. Three workstreams have identified potential savings of up to £100-200,000 if pursued. These are currently in negotiations about whether to pursue further due to current TU pressures. 3. One Fleet scheme will deliver savings of approximately £129,000 per year from FY26/27 onwards. 4. Unidentified **cost savings** can be attributed to a further ten schemes: Admin & Service Reviews (WoD), VERS (WoD), T&Cs Alignment (WoD), Recruitment Control (WoD), Fleet Software (Fleet), Spend and Recover (111), Decarbonisation (Estates), and the capture of incidental Transformation savings (SP&P). 5. Unidentified **process and efficiency savings** attributable to further schemes e.g. e-Timesheets (Ops), and Robotics (Digital). 6. Continued scoping around proposed ideas / schemes that come via WiiN or other avenues.	1. Benefits Realisation to be undertaken for associated Robotics Programme in early 2023 as pilot funding ends. 2. Working Group yet to be established on associated accident costs. 3. FSW representation on WiiN Business Group to capture potential schemes. 4. Findings from financial data to be presented in paper format with recommendations in Jan-23.
Income Generation To explore opportunities for income generation across WAST	Off Track	1. Four workstreams being pursued with identifiable income of approximately £1.3m that can be delivered in FY23/24. These include our SLA reviews (£14k), sale of clinical equipment (£300-500,000), interest receivable (£180,000), and income for apprentices (£700,000). 2. Four further schemes are being worked on that may deliver an income in the next FY. These include providing medical cover to events, exploring external tenders for 111 and NEPTS, and any income that could be generated by reclaiming our activity within Intelligent Routing Platform, should this be pursued. 3. There are two further being scoped; advertising on NEPTS vehicles, and marketing our Quality Exemplar. 4. SBAR drafted on establishment of a WAST Subsidiary 5. SBAR drafted asking for approval to bid for NEPTS Tenders. Working Group meeting monthly to discuss available bids.	1. There are three SBARs in draft for authorisation, however FSP governance needs to be clarified for schemes requiring investment. A set of approval principles/processes will be defined. 2. Alignment of FSW with ongoing programmes of work continues, with Fleet representation updating on the Merthyr Workshop Programme, and NEPTS Providers work; Digital feeding into the Achieving Efficiency Group on Robotics, and Ops data around the Intelligent Routing Platform being fed into the Income Generation meetings on a regular basis. 3. Continue approximate estimates for unidentified schemes.
Other	Off Track	1. Patient outcome measures and HB data sharing managed via the VBHC Working Group. Update to be given at STB. 2. Work to identify incidental savings associated with the transformation programmes is being mapped. 3. WAST benchmarks underway being developed by Planning and Performance colleagues.	1. Complete mapping of Transformation Portfolios, before working through potential savings. 2. Continue drafting potential benchmarks.

Risks and Issues

Title	Description	Mitigation / Actions
Robotic Process Automation	Project Lead contract ends on 31/03 with no succession plan in place.	Work with Digital colleagues to identify suitable successor as soon as possible
Governance	Authorisation / governance process to be confirmed and decision required around WAST Subsidiary, or alternative foundation for commercial ventures.	Raised at EMT 9th November, 14th December, 11th January. Once process determined, decision required around commercial direction.
Industrial Action	Terms & Condition-based schemes likely to be paused due to ongoing industrial action pressures	Paper drafted for EMT. Currently out for comment

AGENDA ITEM No	8
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

WAST Integrated Medium Term Plan 2023-2026

MEETING	Finance and Performance Committee
DATE	21 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 Finance and Performance Committee of the progress in developing the 2023-2026 Integrated Medium Term plan in the context of NHS Wales Planning Framework and the EASC Commissioning Intentions for 2023/24.

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

It is RECOMMENDED that the Finance and Performance Committee

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

KEY ISSUES/IMPLICATIONS

1. Welsh Government (WG) issued Annual Planning Guidance by way of a letter to NHS Chairs on 28 November 2022, with subsequent ambulance specific guidance for WAST from the Chief Ambulance Services Commissioner (CASC) on 23 December 2022. A summary of the guidance (produced by Powys Teaching Health Board planning team) is included as appendix 1.

   Key elements of the guidance that have guided the development of the WAST IMTP are:
   - The plan is to be three year Integrated Medium Term Plan with a focus on year one, subject to the ability to produce a balanced financial plan;
   - In line with the Ministerial Priorities, and in relation to urgent and emergency care we are guided by the Six Goals policy and programme and our accountability letter accompanying the last IMTP approval required us to strengthen our contribution to the programme;
   - NHS organisations are required to complete templated action plans against each of the ministers priorities:
     - i. Delayed Transfers of Care

  ii. Primary and Community Care
  iii. Urgent and Emergency Care
  iv. Planned Care, Recovery, Diagnostics and Pathways of Care
  v. Cancer Recovery
  vi. Mental Health and CAMH Services

- WG advised that WAST does not need to submit templates against all six priorities but only those where WAST has a significant contribution
- The IMTP will also be accompanied by a Minimum Data Set (MDS) to establish activity, workforce and financial forecasts into next year;

2. Factors influencing our plan include:
   - Our current operating and financial context;
   - Feedback from patients and colleagues;
   - The significant risks we seek to mitigate through the plan;
   - Commissioning intentions for EMS, NEPTS and NHS 111 Wales;
   - National strategic, policy and legislative drivers;
   - Our own strategic ambitions;

3. The plan will commence from a good platform. Despite the ongoing pressure and recent industrial action, good progress has been made against a number of the deliverables in the 2022-2025 IMTP. Strategic Transformation Board received an update on progress at its meeting on 14th February 2022, a paper setting out the interim quarter 4 progress is on the Committee agenda.

4. Given the ongoing pressure in the system, we will continue to strive to make service developments where possible to improve the quality and safety of the services we provide to **Our Patients**. However, given this operating context and a challenging financial outlook for the next three years, it has been agreed through Board Development sessions and at Executive Management Team (EMT) to ensure we focus equally in our plan on **Our People** and **Financial Sustainability**. There three areas of focus are underpinned our relationships with **partnerships and the wider system**, including our academic partnerships as we look forward to university trust status.

5. We have also maintained focus on our infrastructure and digital enablers and the fundamental aspects of **quality, clinical leadership and governance** without which we cannot deliver our plans.

6. There has been regular engagement in developing the plan with key internal and external stakeholders, including but not limited to:
   - A collaborative planning event in October 2022, which included all directorates at a senior level and commissioning colleagues from the commissioning unit (NCCU).
   - Regular meetings with the CASC and his team to ensure alignment of commissioning intentions and income assumptions;
   - EASC Management Group (attended by Health Boards) on 16 February 2022;
   - Planning meetings with Welsh Government;
   - Focussed Board development, strategic development and informal IMTP sessions;

- Joint EMT/ADLT strategy sessions focussed on the plan in full, the finance plan, and the people and culture plan;
- Engagement with directorates and transformation programmes in order to build the plan 'bottom up' as well as with direction from senior leaders;
- Discussion with TU Partners at WASPT – a full review of the plan is scheduled for 15 March 2023;
- Feedback from continuous engagement with the public, including a specific 'Infoburst' on the IMTP to our key networks;
- Engagement with our people through ongoing WAST Live events, CEO Roadshows and opportunities to speak to staff on picket lines during industrial action.

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

NHS 111 Wales
- Work with partners to create a **'digital first' vision** for urgent and emergency care services;
- Build on our **digital platforms**, including implementation of **SALUS** and making improvements to the 111 website (funding dependent)
- Stabilise and sustain the **core 111 service**, by maintaining commissioned numbers of staff, improving productivity, and ensuring skill-mix and rostering appropriately meet demand;
- Work with commissioners to plan for roll-out of the 111 service to patients with **urgent dental care** needs;
- Strengthen **senior clinical leadership**, defining the role of advanced practice;
- Develop **attractive career pathways** and opportunities that attract and retain colleagues, specifically for clinicians seeking portfolio-based careers;
- Exploit our expertise in **remote clinical assessment** for urgent care and identify opportunities to develop the capability in support of the wider healthcare community.

EMS Operational and Clinical Transformation
Continuing to ensure balance across urban and rural areas to improve performance whilst continuing to develop our 'inverting the triangles' offer by:

- Fully staff the **CHARU service** which improves clinical outcomes and boosts red performance;
- Use clinically rich ePCR data to better **stratify patients** according to their needs, allowing us to **modify and tailor our response**;
- Maximise the impact and benefit of the Clinical Support Desk **(CSD),** increasing **consult and close** rates to 17%, introducing **hot clinical review** of a proportion of red calls to confirm appropriate category, and case managing patients within a new '**Amber Virtual Ward'**, delivered in partnership with St John Cymru;
- Develop career pathways for staff, including expansion of the **EMT3** role;
- Work with Health Boards through Integrated Commissioning Action Plans (ICAPs) to increase appropriate **alternatives to conveyance** pathways. Emphasis will be on maximising opportunities to refer into **Same Day Emergency Care**, and growing local pathways for specific groups of

patients such as fallers, chest pain, breathing problems and those with mental health needs.
- Continue to develop the **Advanced Paramedic Practitioner** (APP) rotational model, supporting not just WAST but the wider health care system (funding dependent)
- Make the **case for further change** through a **formal engagement** process with stakeholders, using analysis from an **independent scrutiny of evidence** and economic benefit as well as an updated **demand and capacity** review.

Ambulance Care
- **Re rostering** in NEPTS
- Focus on patients that are **eligible for NEPTS**
- Understand the impact of, and opportunities presented by, the move of **the Urgent Care Service (UCS) to Ambulance Care**
- Continued development of **transfer and discharge** services for Wales

8. The focus for **Our People** will be based on their core needs at work, using the Kings Fund 'ABC' framework. The three deliverables of the plan focus around 3Cs – culture, capability and capacity. Some of the key priorities focus on addressing issues that are **important to our people**:
- Flexible working
- Shift overruns
- Digital experience

9. The plan is underpinned by a **financial plan that will be balanced by the end of March 2024.** Following the submission of an Accountable Officer letter to Welsh Government at the end of February detailing the revenue forecast for 2023/24 at that time, there has been movement on some of the key financial planning assumptions that gave rise to the gap set out in the letter. Even then, we will have a **challenging savings target**

10. The Finance Director will give a full update on the Financial Plan.

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

12. The deliverables set out in the main documents are three year deliverables which have continued from last year's plan, with priority actions set out for year 1.

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

- Our ability to develop a balanced financial plan;
- **Capacity** to deliver on priorities within the plan;

- **Time available** to devote to priorities, as we are unable to increase staff to undertake key programme and project roles without further investment or an increase in savings;
- With resources (revenue / capital) curtailed our **ability to target investment at our strategic plans** becomes increasingly difficult;
- Difficulty in maintaining progress on strategic ambition with **focus on the short term**;
- Ongoing disruption through **Industrial Action**;
- Ongoing **wider system pressures** impacting on our services;
- Commissioning landscape may change following the current review of commissioning in Wales.

14. The issues in the report checklist have been considered and addressed throughout the plan and engagement on the plan. A full EQIA and socio-economic duty assessment will be completed for final submission to the Board. Welsh Language has been considered within the plan.

15. The plan presented to the Committee is a draft of the technical document that will be submitted to Welsh Government. Throughout April we will develop accessible summary versions for the public and for our people.

REPORT APPROVAL ROUTE

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

Milestone	Actions	Date
EMT	EMT review of financial plan	22 March 2023
EASC Support	EASC support to enable CASC to endorse ahead of submission to WG	14 March 2023
F&P	Endorse the plan for final editing and submission to Board	21 March 2023
Review/Sign off plan (vFINAL)	WASPT (cancelled – circulated by email)	
	Trust Board sign off	30 March 2023

REPORT APPENDICES

Appendix 1: WG Planning Framework Summary

Appendix 2: Draft WAST IMTP v0.3

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	✓

NHS Wales Planning Guidance 2023 – 2026

<u>Statutory requirement</u> for **approvable plans** which comprises the duty to break even, whilst improving the health of the population for whom the organisation is responsible and provision of healthcare to those people

General Requirements
(Director General & Minister's Letters)

- ❑ Plans targeted to challenges
  - Ongoing response to pandemic
  - demand pressures

- ❑ Core health care
  - universal services delivered in proportionate way

- ❑ Recovery and sustainability
  - building foundations for population health and wellbeing

- ❑ Golden threads including
  - quality of care
  - prevention
  - reducing health inequalities
  - climate change
  - health outcomes
  - Regional approaches
  - Reducing inequity and burden of disease longer term

- ❑ Improving efficiency, effectiveness and optimising service delivery

Recognition of volatile planning environment and external factors

Plans to include in year priorities with routemap to medium term, in 3 Year context, with longer term ambitions.

Ministerial Priorities for Year One
(Planning Framework)

Delayed Transfers of Care
- ➤ Closer relationship with local government; reduction of backlog; early joint discharge planning and co-ordination; monthly reporting of Pathways of Care

Primary and Community Care
- ➤ Access to GP/ Community / Dental/ Optometry and Pharmacy Services

Urgent and Emergency Care
- ➤ 24/7 Urgent Care service accessible via 111, Same Day Emergency Care (compliant with criteria), handovers

Planned Care, Recovery, Diagnostics, Pathways of Care
- ➤ Outpatients and Follow Ups and Repurposing of activity; Treatment Recovery; RTT; Capacity gaps in specialties; delivery of targets; regional diagnostic hubs; pathway redesign, straight to test and onward referral

Cancer Recovery
- ➤ Reduce backlog; cancer treatment and pathways

Mental Health and CAMH Services
- ➤ Recover waiting time performance for all age LPMHSS assessment/ intervention and specialist CAMHS; implement 111 press 2 for urgent mental health

CORE SUPPORTING FUNCTIONS & TRIANGULATION
- ➤ Digital, innovation, technology and transformation
- ➤ Workforce and wellbeing
- ➤ Financial sustainability
- ➤ Workforce, finance and activity planning: completion of Minimum Data Set (MDS) technical templates and financial returns

Further Requirements & Considerations
(Director General & Minister's Letters)

- NHS Executive Structure and Governance context
- NHS as anchor institutions including Foundational Economy; response to cost of living crisis
- Future Generations Act including Decarbonisation; Net Zero; Social Value
- Working with Regional Partnership Boards (Area plans), Public Services Boards (Wellbeing Plans) - working with Partners, Third Sector and Community Involvement
- Alignment with Cluster Planning
- Pathway development, reducing waiting lists and improving patient experience
- Prevention and improvements on healthy weight, tobacco control, vaccination, screening, disease elimination
- National Clinical Framework, Quality Statements/ Six Domains
- Specific clinical areas such as Stroke, Cardiac and maternity and cross cutting such as women's health
- Value Based Healthcare
- Duty of Candour and Duty of Quality
- Covid 19 Prevention/ National immunisation framework/ response to surges in covid
- Other communicable diseases
- Contingency and business continuity planning for threats/ incidents / seasonal demands (including winter respiratory viruses / extreme weather)
- Strategic Equality Plan and Anti Racist Wales Action Plan
- More than just words (Welsh Language)

Welsh Ambulance Services NHS Trust
Integrated Medium-Term Plan
2023-2026

Version 0.2

13.02.2023

Contents

Foreword from the Chairman and Chief Executive

DN – need photo of new chair and the CEO
DN – AC to write for JK and Chair to review

Executive Summary

The challenges throughout 2022/23 have once again been significant, as the Trust has had to respond to the unprecedented pressures across the system in the aftermath of the COVID-19 pandemic, as well as managing 3 months of industrial action across the NHS. Our people, as always, have risen to the challenge and worked across boundaries to deliver **change at pace**.

We have spent time over the last 12 months talking about and agreeing our **purpose** – why we come to work. This is now something that will help to bind and unite the organisation towards a common goal.
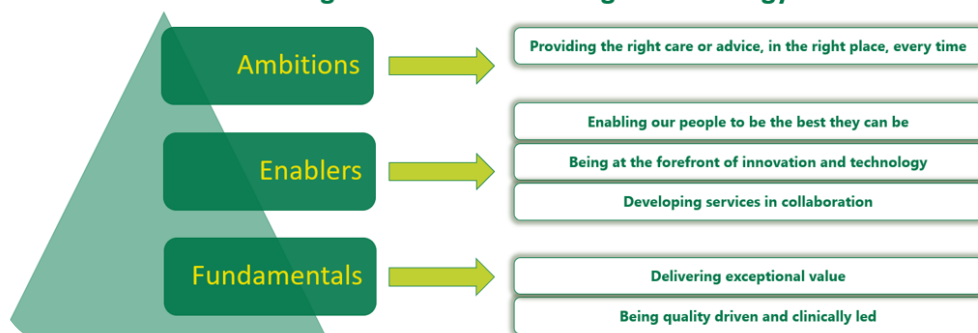

'Delivering Excellence' – Our long term strategy

Ambitions	→	Providing the right care or advice, in the right place, every time
Enablers	→	Enabling our people to be the best they can be
		Being at the forefront of innovation and technology
		Developing services in collaboration
Fundamentals	→	Delivering exceptional value
		Being quality driven and clinically led

'**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. We have made great progress since then:

- building **111 into a national service** supporting people across Wales with urgent care needs including a much-improved digital offer;
- creating and developing our **remote clinical assessment capacity and capability** both in EMS and 111;
- significantly growing our **core front line EMS capacity** as well as delivering transformational new services in partnership with others such as the **Advanced Paramedic Practitioner (APP)** rotational model, falls response service and end of life pathways;
- embedding and growing **clinical and operational leadership** capacity and capability across the organisation;
- renewing our commitment to our **values and behaviours**.

We made very good progress in the last 12 months on delivering the specific **key commitments and deliverables** in our 2022/25 Integrated Medium-Term Plan (IMTP)**.** Achievements have included: the recruitment of an additional **100 FTE** staff into the EMS service; implementation of the new **Cymru High Acuity Response Unit (CHARU)** service; new rosters across the whole of the EMS service; an increase in our **consult and close** rates to 15% through expansion and development of our Clinical Support Desk (CSD); appointment of our first mental health practitioners; expanded number of clinicians undertaking the **MSc in Advanced Practice**; improved **digital first** offer; embedding **clinical leadership** with the 111 service; completing a tendering exercise within NEPTS releasing considerable resource; and opening the new **Cardiff and Aberaeron** ambulance stations.

This plan is the vehicle by which we articulate the steps we will be taking over the next 3 years to continue to move us towards these long-term strategic ambitions and goals. As we have thought about what our priorities need to be, we have **gathered intelligence** on what is important to our patients, staff, and commissioners, reviewed our own performance, considered the risks we are managing, and reflected on the opportunities presented by emerging strategies, plans and priorities from Welsh Government, including the **Ministerial Priorities** and the **Six Goals Programme.**

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 extended call answering times and **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 last 3 meetings on actions being taken to reduce and mitigate this harm.

Patients with urgent care needs accessing 111 have also, at times, had a very poor experience with **long call answering** and **clinical ring back times**, and we know that the service has not always felt of value to patients. It has been pleasing to hear, though, about the continued good performance within **NEPTS**, where patients report positively on their experience, although there is always room for improvement.

All of this has exacerbated the pressures our people have felt at work, 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 at picket lines about what it felt like to work in WAST, and we know this coloured their thinking as they contemplated industrial action.

With all of this at the forefront of our minds, we are clear that there must be a **focus on three priorities**, collaborating with **partners** - Health Boards, Regional Partnership Boards, Welsh Government, Commissioners, Trade Union Partners, staff, volunteers, patients and the public - acknowledging that to make a difference, we must continue to **transform** our services and our approach:

- A focus on improving outcomes and experience for **our patients** and reducing harm, by providing the right advice and care, in the right place, every time;
- A focus on improving **our people's** workplace experience, enabling them to be the best they can be;
- A focus on delivering a balanced and transformational plan, by working on delivering exceptional **value.**

Improving outcomes and experience for our patients

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;
- Build on our **digital platforms**, including implementation of **SALUS** and making improvements to the 111 website (funding dependent)
- Stabilise and sustain the **core 111 service**, by maintaining commissioned numbers of staff, improving productivity, and ensuring skill-mix and rostering appropriately meet demand;
- Work with commissioners to plan for roll-out of the 111 service to patients with **urgent dental care needs**;
- Strengthen **senior clinical leadership**, defining the role of advanced practice;

- Develop **attractive career pathways** and opportunities that attract and retain colleagues, specifically for clinicians seeking portfolio-based careers;
- Exploit our expertise in **remote clinical assessment** for urgent care and identify opportunities to develop the capability in support of the wider healthcare community.

Discussions are ongoing with our commissioners in relation to the **resource envelope** required to deliver on this overall programme of work and transformation.

For our Emergency Medical Services, the clear priority is to reduce avoidable patient harm. We will do this by **protecting resources to respond** immediately to the most critically ill patients and by continuing our journey to **'invert the triangle'**, developing more of a case management approach to managing patients' care, growing our remote clinical assessment capacity and capability, transforming our on-scene response models and improving pathways into alternative services. We are assuming that **recurrent funding** will be made available to continue with the extra 100 staff recruited this year, but no further funding is confirmed. We do have the **ability to recruit and retain** up to 100 additional staff to pump-prime change. We will:

- Fully staff the **CHARU service** which improves clinical outcomes and boosts red performance;
- Use clinically rich ePCR data to better **stratify patients** according to their needs, allowing us to **modify and tailor our response**;
- Maximise the impact and benefit of the Clinical Support Desk **(CSD),** increasing **consult and close** rates to 17%, introducing **hot clinical review** of a proportion of red calls to confirm appropriate category, and case managing patients within a new '**Amber Virtual Ward'**, delivered in partnership with St John Cymru;
- Develop career pathways for staff, including expansion of the **EMT3** role;
- Work with Health Boards through Integrated Commissioning Action Plans (ICAPs) to increase appropriate **alternatives to conveyance** pathways. Emphasis will be on maximising opportunities to refer into **Same Day Emergency Care**, and growing local pathways for specific groups of patients such as fallers, chest pain, breathing problems and those with mental health needs.
- Continue to develop the **Advanced Paramedic Practitioner** (APP) rotational model, supporting not just WAST but the wider health care system (funding dependent)
- Make the **case for further change** through a **formal engagement** process with stakeholders, using analysis from an **independent scrutiny of evidence** and economic benefit as well as an updated **demand and capacity** review.

Even with these changes in place, it is probable that, with no additional transformation capacity pump-primed or substantial improvements in hospital handover delays, **response times will unfortunately remain unacceptably long,** and patients will continue to come to harm.

Within our Non-Emergency Patient Transport Service (NEPTS), we will continue to make improvements in productivity and efficiency including **re-rostering**. We will actively seek to engage commissioners and wider partners in how to effectively **manage demand** and support patients in the light of the extant **eligibility criteria** – 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. We will also be working closely with commissioners on the development of a national **Transfer and Discharge** model, considering carefully how this could bring coherence to a potentially fragmented offering 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, building a **safe, positive culture** with an emphasis on **wellbeing, support and development**, where we can bring our whole selves to work 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 the Trust to keep improving and deliver our long-term ambitions.

We will be agreeing a new **People and Culture Plan** for 2023-26 to support 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 delivering on three specific priorities that have been identified as important to them:

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

We will continue our **focus on reducing abstractions due to sickness absence**. Our target is to bring sickness abstractions down to 6%, in line with the original demand and capacity review, with a trajectory for improvement over the course of the IMTP having been agreed with commissioners.

Delivering a balanced and transformational plan

The plan is underpinned by a **financial plan that will be balanced by the end of March 2024.** Following the submission of an Accountable Officer letter to Welsh Government at the end of February detailing the revenue forecast for 2023/24 at that time, confirmation has been provided of income to cover the 100 WTE additional staff recruited this year. Even then, we will have a **challenging savings target** of c£6m, with £3.4m specific schemes already identified and the remainder to be built up and confirmed through the work of the Financial Sustainability Programme. This will concentrate not just on savings and efficiencies but also on **income generation** opportunities. The plan allows little leeway for development, with a resulting challenge in delivering on our transformational ambitions. We know that the financial settlement in **years 2 and 3** of this plan is likely to be even more challenging.

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 Environmental Sustainability Plan taking us towards delivery of our carbon targets by 2030. Of particular note will be the requirement to **comply with our duties of quality and candour** through the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

The scale of change required to deliver on this plan and to achieve our ambition is significant, particularly for our people across the service. We will continue utilising a robust **programme management approach** to

support the transformation programme and manage and mitigate identified risks, together with structures to support ongoing strategy development. The key, however, will be **continued dialogue and engagement** internally and externally, which we are committed to doing in pursuit of a better service for the people of Wales.

Introduction

This document sets out the Welsh Ambulance Services NHS Trust's (the Trust) Integrated Medium Term Plan (IMTP) for 2023-26, written in line with the NHS Planning Framework for 2023-2026 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 action plans and appendices which provide more detail on areas of our plan. Further information is available on request.

Our Long-Term Strategy

1.1   Our Strategic Objectives

Our Long-Term Strategic Framework for 2030, '**Delivering Excellence**' was agreed in 2019. 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. 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.**

'Delivering Excellence' – Our long term strategy

Ambitions	→	Providing the right care or advice, in the right place, every time
Enablers	→	Enabling our people to be the best they can be
		Being at the forefront of innovation and technology
		Developing services in collaboration
Fundamentals	→	Delivering exceptional value
		Being quality driven and clinically led

Since 2019, we recognise that the organisational and broader health system landscape has changed considerably, but this has just placed even greater emphasis on the need for system wide collaboration, developing longer-term solutions that deliver care to meet the needs of today and for our future generations, focussing on improving clinical outcomes, patient experience and being value driven. As we look back, we can see that we have made good progress, notably:

- building **111 into a national service** supporting people across Wales with urgent care needs including a much-improved digital offer;

- creating and developing our **remote clinical assessment capacity and capability** both in EMS and 111;
- significantly growing our **core front line EMS capacity** as well as delivering transformational new services in partnership with others such as the **Advanced Paramedic Practitioner (APP)** rotational model, falls response service and end of life pathways;
- embedding and growing **clinical and operational leadership** capacity and capability across the organisation;
- renewing our commitment to our **values and behaviours**.

It is prudent to undertake a **mid-point review** of our strategy in 2023/24. This will enable us to contextualise the learning and developments of the last 3-4 years, considering the implications of the emerging priorities across NHS Wales, the impact of a global pandemic, any changes to the demographics and needs of the population and exploring advancements in innovation and technology.

1.2 Our Purpose

We have progressed work with our people in the last year to help frame **our organisational 'purpose'** which tries to set out 'why' we exist and come to work. This is different from an organisational vision or mission statement which set out 'where' we want to go and 'how' we will get there. A purpose statement is something that can bind and unite people across the organisation towards a common goal. Following a period of engagement and review with our people, we are proud to put forward the following purpose statement, which will anchor us as we continue to transform and grow.

1.3 Evolving & Transforming our Service Offers

A key element of our strategy is to **develop and evolve new models of care and service offers**, to deliver on our ambition of providing the right care and advice, in the right place, every time. The needs and expectations of our population are changing. People are living longer, and care needs are becoming more complex, placing different demands on our services and on the wider health and care system. We do not underestimate the challenge that this creates and recognise that this is not something that we can meet wholly on our own. In a landscape where health services must continue to evolve and keep pace with the needs of our population, we recognise that we cannot stand still and be complacent.

Aligned to our long term strategy and strategic objectives, we have commenced a programme of work to transform the delivery of our Emergency Medical Services (EMS), known as **'Inverting the Triangle'.**

This programme seeks to accelerate the important work we have been undertaking to **protect our resources** to improve our response to patients with a life-threatening emergency in the community, whilst delivering on the intention to 'shift left' and better manage or resolve more patients with an urgent care need without requiring admission to hospital. This could be achieved through various changes to our service model:

- developing a case management approach to managing patients' care which allows us to better plan and schedule care across the system utilising existing and new pathways as alternatives to conveyance;
- growing our remote clinical assessment capacity and capability;
- transforming our on-scene response models.

This high-level vision will require external engagement with our people, public and partners to **co-design and collaborate** on the development of the **future model of care.** This is further explained in section (x).

We will also be working with commissioners to develop our service offers across the **NHS 111 Wales** service and **Ambulance Care** services over the course of 2023/24 to guide us through the next three years of this plan and beyond.

Our Key Achievements in 2022/23

Alongside the many actions we have continued to take to respond effectively to and recover from the COVID-19 pandemic, mitigate the effects of the ongoing and sustained system pressures and manage the impact of industrial action, we also made very good progress in the last 12 months towards delivering our key strategic and commissioning commitments and deliverables in our 2022-25 IMTP.

These initiatives prepare the environment for further strategic change as we strive to improve performance, safety, outcomes, and wellbeing for our patients and our people, whilst also adding value to the wider urgent and emergency care system.

Challenges and opportunities shaping our plan

In developing our plans for 2023/24 and beyond, we have gathered intelligence on what is important to our patients, our people, and commissioners, reviewed our own performance and the risks we are managing, and carefully considered the opportunities presented by emerging strategies and plans from key partners and committees across Wales. A short summary of what we have learnt is set out in the sections below. A fuller analysis of all of these drivers and challenges together with **how we are responding** to them through our IMTP is set out in Appendix 1

3.1 What do our patients say about our service?

Some of the achievements and engagement over the last year

95 people now signed up to the Trusts People & Community Network, providing greater opportunity for involvement and collaboration.

NEPTS Patient Experience Survey – 787 responses received. Providing high levels of assurance that most people are happy with service they receive.

394 Compliments received, recorded, and shared with relevant staff & volunteers across the Trust.

NHS 111 telephony survey – 219 responses received and shared with NHS 111 Wales Team.

NHS 111 website survey – 220 responses received. Helping to influence website developments and improved accessibility and user experience.

Launch of a **Virtual Video booth** where we have received personal patient experience stories through this platform.

The PECI team continues to engage with the public on what is important to them and on developments they feel the Trust could make to improve services they receive.

Unsurprisingly, the key messages are that people are waiting **too long for both 111 and 999** calls to be answered and for **ambulances to arrive** when people need them. However, we have also had supportive feedback around the **satisfaction with our NEPTS service** as well as support for some of the areas into which we have expanded such as mental health support.

Patient stories have been promoted as a key tool to engage people across communities and to demonstrate how sharing their personal experiences helps us listen and focus discussions around improved quality and patient experience. These stories are shared at our QuEST (Quality, Experience and Safety) Committee and Trust Board. Fiona's Story, Matt's Story, and Sue's Story in particular have highlighted the impact of **long waits for an ambulance** on patient experience and patient outcomes.

We have also learnt a lot from our patients about communication through our contact centres and the difficulties people have in having to **repeat answers to questions** due to the systems we use.

Additionally, this year we specifically engaged on our IMTP through an 'Infoburst' to our networks asking: **What would make the most difference to you and your community?** The responses ranged from challenges in call answering times in 111 to the management of pressure sores whilst people are waiting outside hospitals.

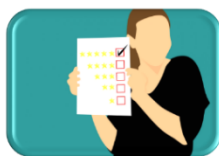## 3.2   What are our colleagues' priorities?

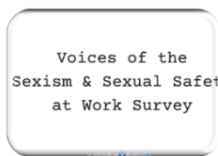**Continued WAST Live**

Held CEO Roadshows

Met with Picket Lines

Health & Safety Feedback

Conducted Surveys

Sexism & Sexual Safety Survey

We have continued to engage with colleagues across the Trust throughout 2022/23 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 have a used a range of **digital** and **face to face engagements** complemented by **surveys** and feedback from our engagement with staff during the recent **industrial action**. Health and safety data is also used to inform our plans to improve the health, safety and wellbeing of our people through this plan.

A key piece of work undertaken this year was the **Sexism & Sexual Safety Survey**. This has shone a light on aspects of the culture within then organisation, with some candid and honest feedback from our people, and we know we have work to do to create a more positive and supportive culture going forward.

There has been a real **strength of feeling coming from our people** during our various engagement opportunities. The unrelenting **system pressure** has had 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, and the delays often lead to **shift over-runs** which impact on commitments outside work. 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.

But the feedback has also highlighted areas where our own **systems and processes** negatively impact on our people, for example where processes are overly bureaucratic, complex and time-consuming, where digital systems don't integrate, or where working environments are not fit for purpose. We have heard from our people that many of these issues have influenced them as they have considered taking industrial action over pay. Our plan will have to address the **core needs of our people.**

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. At Board level, we monitor 26 key metrics which are designed to show progress against our strategy and plan.

The operating context for the Trust has been and remains challenging. The graphic below summarises some of the headline performance challenges we are facing, 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, for our consult and close rate (those calls closed remotely in 999 and 111) has increased to 14.9% which is close to the target of 15% and we expect to achieve that by the end of the year. We have also seen positive improvements in quality across our NEPTS services particularly through our management of external contracts.

Our Patients - EMS	Our Patients - Ambulance Care	Our Patients - NHS 111 Wales	Our People	System Contribution
32,000 **handover** lost hours in December	NEPTS performance is **broadly stable** & on target	**Increased demand** over winter, media reporting on Strep A	**EMS hours produced increased** as result of addition of 100 WTEs	**Consult and close rate at 14.9%** (target 15%
Increased proportion of red calls – now 14%	**Oncology performance** is a recognised area of underperformance	**Call response and clinical call back targets not achieved,** with particular issues at weekends	High **sickness absence** levels in all front line services	**No improvement in people being referred to alternatives to ED**
Red performance 49% (target 65%)	**Improvements in quality standards** for NEPTS contracts	**Increase in calls abandoned after 60 seconds** over the winter	Staff turnover has increased, peaking at 11.65% in July 2022	**Fewer patients being treated at scene** (impacted by CSP levels)
A**mber 1 median response** - 1 hour 44 minutes - many waiting a lot longer	Some **delays in hospital transfers** as the result of handover delays		PADR compliance increased to 87.9% by December 2019	**Finance and Value**
Increase in patient harm as a result of sustained pressure				Trust will break even by end March 2022

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 last 3 meetings on actions being taken to try and reduce and mitigate this harm.

Whilst we have had a good track record of planning for and subsequently delivering financial balance for several years**, the financial outlook for 2023/24 and beyond is extremely challenging** for the Trust and the whole of NHS Wales, both in terms of revenue and capital. The level of savings required to achieve a balanced position will mean that we have to take a different approach to our financial plans.

The **Minimum Data Set (MDS)** at appendix x sets out the expected activity and 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** for the Health Board and wider NHS in the 2023-26 Planning Framework letter to NHS Chairs. Our IMTP will take account of how we can support the system in addressing the following priorities:

- Delayed transfers of care;
- Primary and Community Care access;
- Urgent and Emergency Care;
- Planned Care and Recovery;
- Cancer;
- Mental Health and CAMH Services.
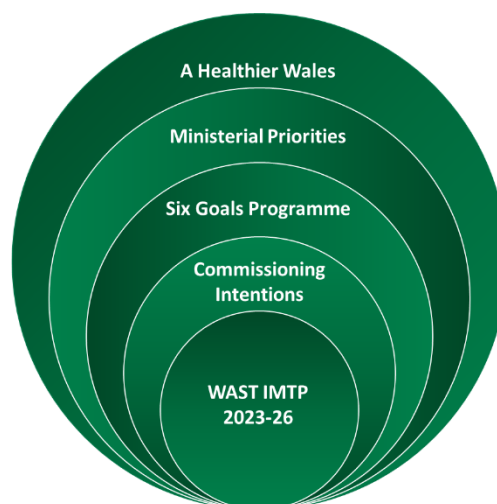
The **Six Goals programme** has been established at a national and local level to support improvement in the urgent and emergency care system and to contribute to the delivery of the Ministers Priorities. We have set out in Appendix 1 more detail about how we are working towards achieving the quality standards and outcomes set out in the policy handbook. The Trust has a role to play across all the goals. Our 'Inverting the Triangle' offer to the system is directly aligned to goals 1, 3 and 4, our priorities for NHS 111 Wales link to Goal 2, and our priorities for Ambulance Care support the ambitions and aspirations for goals 5 and 6.

There is a significant transformation programme underway within **Primary and Community Care** across Wales. The Trust is engaged via the Strategic Programme for Primary Care Board represented by the Trust's Executive Medical Director who ensures that there is continuity between the seven programmes of work underpinning the primary care board and

objectives defined in our IMTP.

We will prepare in 2023/24 for the potential 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.

There are many other legislative, policy, strategic and financial drivers, not mentioned above, which shape our approach to planning and delivery as a Trust and we have taken account of those set out in the NHS Wales Annual Planning Framework.

Some of the more recent include (but not limited to):

- Health and Social Care (Quality and Engagement (Wales)) Act 2020 ([Link](#))
- ISO14001 ([Link](#)) and the Welsh Government ambition for carbon neutrality by 2030 ([Link](#))
- Socio-Economic Duty ([Link](#))
- The Race Equality Plan for Wales ([Link](#))
- More than Just Words Action Plan ([Link](#))

As a national organisation in Wales, we have also ensured a renewed focus on our commitment within the Welsh Language (Wales) Measure 2011 and compliance with the Welsh Language Standards.

3.5   What do our commissioners say?

The **Emergency Ambulance Services Committee (EASC)** sets commissioning intentions for **EMS and NEPTS**, and in broad terms these have not changed from last year. In addition, EASC have set out a series of expected performance improvements and performance enablers, aimed at both us and the Health Boards:

Performance Improvements
- 65% red achieved by end Q2
- Amber 1 median reduced to .. by Q2
- Reduction in longest wait times for red and amber
- Reduction in number of 'no sends' as a result of CSP

Performance enablers
- WAST UHP 95-100%
- Sickness levels reduced to 5.5%
- Consult and close rates increased to 17%
- All red calls clinically assessed
- Hospital handovers reduced to…. By….
- Focus on alternative referral pathways

At the time of writing these metrics are currently being modelled for achievability, impact and resource requirement, for example we would not be able to clinically assess all red calls without additional clinicians.

The key performance standards for NEPTS in 2023/24, again relating to both the Trust and Health Boards, are:

- Improvements in operational performance for oncology service patients
- Reduction in the number of on the day cancellations
- Reduction the number of bookings made on the day

The seven Health Boards will then individually agree **Integrated Commissioning Action Plans (ICAPs)** with the Trust. IPACs will set out the local commissioning arrangements jointly with Health Boards, mainly for EMS, based on six goals actions, actions to reduce handover delays and the ambition of 'inverting the triangle'. The intended benefits of this new arrangement are to enable clarity on local service models, improve Trust and LHB relationships, and utilise improved relationships to facilitate co-production and agreement on ways to tackle system wide challenges.

To this end the Trust is developing a "menu of options" for each Health Board in Wales, based on this IMTP, local improvement work and ICAP actions that are currently being implemented or have been implemented successfully.

Appendix 1 includes a table which sets out the key national commissioning intentions and how the Trust is responding to those through this plan. Sections x and y below also addresses some of the key issues set out by the CASC for both EMS and NEPTS
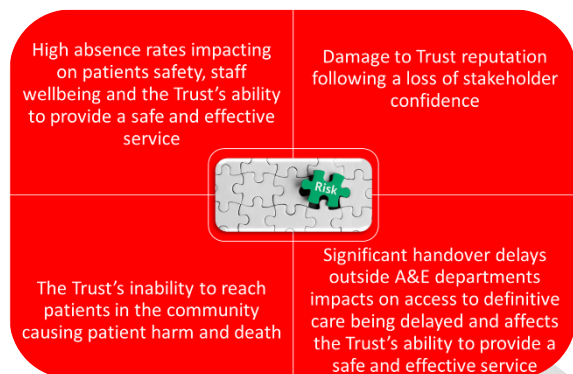
NHS 111 Wales

A structure to support goal 2 of the six goals programme and specifically the **commissioning of NHS 111 Wales** has been implemented by the national six goals programme team. National priorities for NHS 111 Wales have been established following a peer review of the service focussing on workforce, service model and support for wider goal 2 ambitions (see section xx).

National Commissioning Review

A review of national commissioning arrangements for specialist services (commissioned currently by Welsh Health Specialised Services Committee - WHSSC), ambulance, 111 and other commissioned health services is currently being conducted by Welsh Government at the time of writing this IMTP. We will engage in this review process and will work with commissioners on the resulting recommendations as they affect the Trust.

3.6 What are the risks that we are managing?

High absence rates impacting on patients safety, staff wellbeing and the Trust's ability to provide a safe and effective service

Damage to Trust reputation following a loss of stakeholder confidence

The Trust's inability to reach patients in the community causing patient harm and death

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

The Trust has made great progress in its approach to risk management and regularly reviews its **Corporate Risk Register** and the Trust's **Board Assurance Framework** to provide 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. We know that there are several high scoring risks within the service that need to be managed and mitigated, and these are set out in the adjacent graphic.

3.7 What will be our focus for 2023/24?

With all of this at the forefront of our minds, we are clear that there must be a **focus on three priorities**, collaborating with **partners** - Health Boards, Regional Partnership Boards, Welsh Government, Commissioners, Trade Union Partners, staff, volunteers, patients and the public - acknowledging that to make a difference, we must continue to **transform** our services and our approach:

- A focus on improving outcomes and experience for **our patients** and reducing harm, by providing the right advice and care, in the right place, every time. 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;
- A focus on improving **our people's** workplace experience, enabling them to be the best they can be. Priorities can be seen in Section 5; and
- A focus on delivering a balanced and transformational plan, by working on delivering exceptional **value.** More detail on this can be found in Section 6.

Our patients

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

4.1 NHS 111 Wales

4.1.1 'Digital First'

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. Specifically, feedback from the patient 'infoburst' indicated a need to improve this area of our service, particularly the 111 website.

This will include the continued development of the 111.wales website, but over time will also leverage the new Integrated Information Solution (IIS) platform for 111 (**SALUS**) and the new NHS Wales App with NHS Login, delivered by Digital Healthcare Wales (DHCW). These new services will work together to significantly increase access to, and interaction with NHS Wales and the Trust through digital means, including the ability to book into some services directly.

Integrated Information Solution (IIS)

Whilst it has been delayed significantly from its original implementation date, the IIS product delivered into the Trust represents a step change in capability for our 111 teams and GP Out of Hours (GPOOH) across NHS Wales. The new system will enhance our ability to employ remote staff allowing seamless access to a single patient record, enable prescribing, as well as provide a seamless link from symptom checkers on the internet to the telephony service.

It will allow patients to begin their assessment on the website, transferring seamlessly to the phone where required. If needed, a video consultation will then be available, along with electronic prescription of any medication and dispatch of and liaison with a GP where necessary. This will be a first of its type in terms of the level of integration it offers across digital, telephony and traditional clinical platforms.

Its implementation is currently planned for Q3 and will be **resource intensive** particularly in relation to training of our people. Discussions are ongoing with the 111 Programme team on additional resource capacity to support this programme.

111.wales.nhs.uk

In 2022, our 111.wales website saw 4 million unique visits by users across Wales. It acts as a first point of contact in their journey within the health and care system, and allows the Trust to respond dynamically with new information to meet to changing healthcare needs as was seen with COVID, Strep A, and winter pressures. In 2022/23, using non recurrent resource made available by our commissioners, work focused on **improving the accessibility and usability** of the site (per regulatory requirements), surfacing information on Planned Care, and improving the experience of seeking information, location-based services, and signposting. Going forward, the focus will shift from the technical foundations, to making the service an **exceptional clinical and content platform**. Programme improvements will include integration with the forthcoming 111 Integrated Information Solution (IIS), updated clinical content and self-care guidance, and interoperability with other NHS Wales systems for a more connected, personalised experience.

Whilst this is our ambition, there is currently **limited resource available**, and discussions are therefore ongoing with our commissioners to secure capacity to continue to make these improvements in 2023/24. Ultimately, as well as improving the user experience, the changes we would like to make will reduce the need for a call and hence reduce demand on the telephony element. For that reason, we want to work with partners across the system including Welsh Government, our commissioners and the Six Goals Programme to create a **'digital first' vision for accessing urgent and emergency care services**, which can articulate the longer term benefits and costs.

4.1.2 Strengthening NHS 111 Wales

The 111 service has continued to deliver an important and key service to the Welsh public through what has been a very challenging 2022/23 period. The service has often been under immense pressure with significant spikes in 111 call demand. These were most prominent over the winter period, in part due to the general pressures being felt across the urgent and emergency care system but also because of the circulation of viruses such as invasive group A Streptococcus (iGAS) infections and Respiratory Syncytial Virus (RSV) in children. In addition, the service has had to manage a prolonged business continuity incident arising from an outage of the Adastra (GP Out of

Hours system) interface with the 111's administration system, and the impact of ongoing industrial action affecting the NHS.

The service responded admirably to these external challenges but has not been able to deliver required levels of performance, particularly in relation to call answering and clinical ring back times. This is exacerbated by difficulties in recruitment and retention of staff, high levels of sickness absence and a mismatch between capacity and demand, with weekend performance typically worse. Specific 111 patient surveys suggest that some of the population do not see the value that 111 adds to the urgent and emergency care system.

We have reflected on the findings of the **111 peer review** which focused on our demand and capacity challenges, along with the review of our current service models and the impact these have on the current operational and clinical performance.

We are working in collaboration with the Six Goals Director to develop a **new commissioning framework for the 111 service**. This will set out a clear 'quality & delivery framework' for the service, which will articulate what good looks like together with a proposed governance and performance monitoring approach. Our anticipation is that this will also allow us to move away from a cost and recover model to an agreed **resource envelope,** allowing more surety on finances to develop the service. Discussions are currently being concluded on the resource envelope. Priorities have been set out here.

111 Priorities for the next 12 months

Workforce Strategy – component parts:
1. Focus on core weekend delivery and demand /capacity imbalances like early evening
2. Roster review
3. Improvements in sickness and abstraction rates (% tba)
4. Retention strategy for staff
5. Agreed strategy and approach for clinical recruitment
6. Develop role of the autonomous nurse practitioner

Model
1. SERVICE SUSTAINABILITY (current model)
2. Review current service model & workforce skill mix
3. Planning for future model improved focus on closure rates at both call handling and clinical assessment (one and done model)
4. Improvement in KPIs /quality indicators
5. Outcomes from commissioned review of DOS functionality & effectiveness
6. Green 3 calls & management of clinical risk

Support for Goal 2
1. Direct access pathways into alternatives e.g. 111 into SDEC and UPCC for example
2. Clinical pathway focus for urgent dental and palliative care
3. Review current pathway for mental health patients (who do not press 2)
4. SALUS implementation

The service is closely aligned to Goal 2 priorities which specify thatt '**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 remains our strategic ambition to become the 'Gateway to Care' for patients 'to seamlessly access urgent & emergency care services'.

Based on our own understanding of the service and its challenges and the identified commissioning intentions, our focus will firstly be on stabilising the service, seeking to improve performance and patient experience, but secondly on taking opportunities to grow and transform the service. We have set out actions across five key deliverables.

We will continue to take action with partners to **promote and expand the use of 111 across Wales**, so that more people with urgent care needs can be supported to get the right help. Additional funding in 2022/23 has allowed for development of an all Wales communication and marketing campaign. Although no additional funds are likely to be available through 2023/24, we will continue to work within existing resources to promote the service. We will complete the roll out of the 111 Press 2 initiative that commenced in 2022/23 and initiate work on '111 dental', so that people can more easily access mental health and urgent dental treatment across Wales. The '111 dental' programme will require additional resource.

One of our aims is to develop the service so that more patients have their needs met without the need for onward referral. We can do that by increasing the **capacity and capability of the call taking and clinical teams -** growing, developing, and empowering our workforce and equipping them with the right training, skills, and support to excel in everything they do.
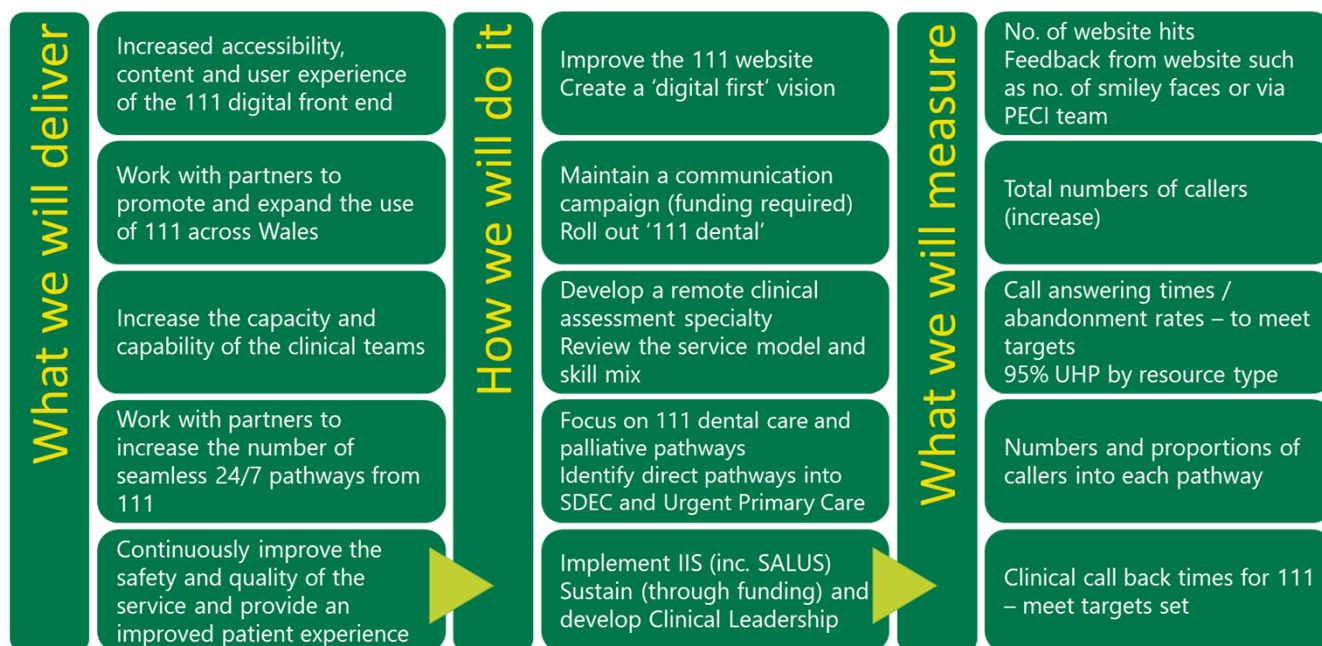
To do this, over the next year, we will develop improvements in accredited remote clinical and non-clinical education and we will be working with Health Education and Improvement Wales (HEIW) to develop thinking in this area. **Remote clinician decision-making (RCDM) accreditation** is fast being recognised as a clinical speciality within the UK and internationally. Remote clinical decision-making, commonly referred to as 'telephone triage', describes clinicians' non-face-to-face involvement in patient care. This remote interaction is typically undertaken by telephone or visual-audio format, by paramedics, nurses, doctors, and pharmacists. This will enhance the role of remote clinical assessment as a specialty in its own right, a key component of how we see patient experience and outcomes being improved in a complex urgent and emergency care environment.

Clinical leadership is a key component of how we will further improve the clinical capability of the service. There is clear read across to the next steps in our clinical and quality strategies in widening the clinical expertise in the organisation and exploring the role of advanced practice in all areas of our clinical workforce. This will allow further opportunity for **autonomous practice**.

There are clearly many patients who we will need to signpost to the most appropriate service, so we want to work with partners to increase the number of **seamless 24/7 pathways from the 111 clinical team** to appropriate specialist remote assessment or face to face consultations, such as Same Day Emergency Care (SDEC), Urgent Primary Care and palliative care. By doing this, we aim to develop our services, infrastructure, and operating models to achieve our long-term strategic objective to provide the right care or advice, in the right place, every time.

The outcome from the recent **111 Demand & Capacity review** will help inform and shape our future workforce profile, ensuring service capacity is aligned to future demand profiles so that we can see rapid improvements in call answering and clinical ring back times and achieve performance targets consistently across the week. Resources required to meet performance targets will be the subject of ongoing discussions with commissioners. We will be undertaking a strategic review of our workforce ensuring a consistent service across 7 days of the week, **re-rostering** our capacity, targeting **recruitment and training** efforts, implementing performance and process improvement measures, working to reduce sickness levels, reviewing skill mix and career progression opportunities, and realising the benefits from the SALUS implementation.

What we will deliver

- Increased accessibility, content and user experience of the 111 digital front end
- Work with partners to promote and expand the use of 111 across Wales
- Increase the capacity and capability of the clinical teams
- Work with partners to increase the number of seamless 24/7 pathways from 111
- Continuously improve the safety and quality of the service and provide an improved patient experience

How we will do it

- Improve the 111 website
  Create a 'digital first' vision
- Maintain a communication campaign (funding required)
  Roll out '111 dental'
- Develop a remote clinical assessment specialty
  Review the service model and skill mix
- Focus on 111 dental care and palliative pathways
  Identify direct pathways into SDEC and Urgent Primary Care
- Implement IIS (inc. SALUS)
  Sustain (through funding) and develop Clinical Leadership

What we will measure

- No. of website hits
  Feedback from website such as no. of smiley faces or via PECI team
- Total numbers of callers (increase)
- Call answering times / abandonment rates – to meet targets
  95% UHP by resource type
- Numbers and proportions of callers into each pathway
- Clinical call back times for 111 – meet targets set

4.3 Emergency Medical Services - 999

As set out in Section x above, we have seen significant pressures within the 999 service in the last 12 months which have led to very **poor patient experience and outcomes**, with call answering times too long at times and ambulance response times lengthening 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. This has been the subject of much discussion within the organisation through the year, with **Board receiving a detailed report** at each of its last 3 meetings on actions being taken to reduce and mitigate this harm.

All of this has exacerbated 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 at picket lines about what it felt like to work in the Trust, and we know this coloured their thinking as they contemplated industrial action.

There have been a range of factors which have affected this, including a significant rise in the number and proportion of **red calls**, and continued, excessive capacity losses through **hospital handover delays** which accounted for 37% of conveying capacity in December 2022. We took many actions in mitigation including recruitment of an **additional 100 FTEs (**funded non recurrently via EASC), **re-rostered** to gain a performance benefit of 72 WTE, implemented the new **CHARU** service, supported more people to return to / stay in work, increased **consult and close rates** to 15%, expanding numbers of expanded number of clinicians undertaking the **MSc in Advanced Practice** and worked with Health Boards on alternative pathways such as **Same Day Emergency Care (SDEC).**

As we look forward to the next 3 years, the clear priority is to **reduce avoidable patient harm**. We don't believe that doing more of the same is the answer, and are convinced that our ambition of '**inverting the triangle**' is critical to getting patients the right care, in the right place, every time whilst also supporting the wider health and care system.

Our thinking is grounded on the fundamental principle of **protecting our frontline clinical resources** to ensure that we can respond quickly to those in most need in our communities, whilst also providing a more **tailored and clinically effective service** for those with less serious conditions. It should be recognised that a significant proportion of service users accessing healthcare through the 999 system present with conditions that whilst requiring responsive clinical care, do not have an immediate threat to their life or time critical condition. As such, clinical care within hospital is not always the most clinically appropriate outcome for their presenting condition.
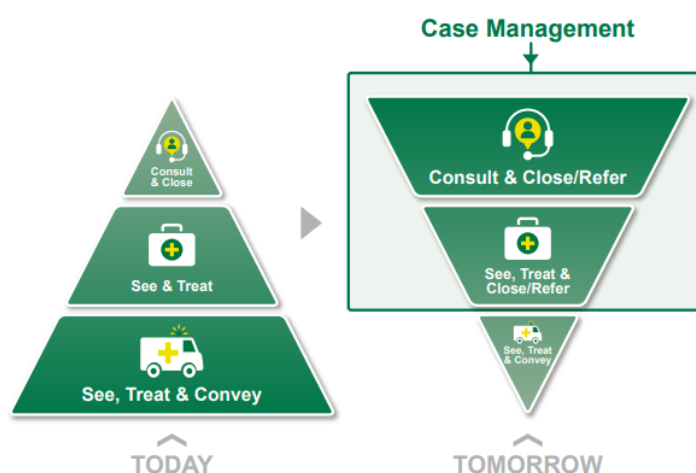
Whilst the 'inverting the triangle' model does not explicitly call out any changes to our **EMS coordination function**, call handlers provide the vital first part of a patients journey when they call 999 and our dispatchers and allocators are at the sharp end of ensuring that patients get the right response as quickly as possible. Over the next 3 years, we will consider how we can better support this group of important staff to undertake these vital roles.

We need to take action to ensure that **sufficient response capacity** is in place across Wales and **protect it** to be able to respond immediately to the most **critically ill patients** (bottom third of the triangle). For patients who have urgent but potentially not immediately life threatening care needs, we will then need to develop a more **case management approach** (top two thirds) to oversee and ensure the most effective and tailored individual response. This will mean growing remote clinical assessment capacity and capability, transforming on-scene response models and working closely with partners in improving pathways into alternative services, with fewer patients needing conveyance to an ED as a result.

We are assuming that **recurrent funding** will be made available to continue with the extra 100 staff recruited this year in terms of our core response capacity. No further funding is confirmed for any additional capacity increases, so our plans will need to be implemented within the current resource envelope.

In terms of ensuring that sufficient response capacity is in place and that we protect it to be able to respond immediately to those who most critically ill, the key priorities will be to:

- Fully staff the **CHARU service.** This will improve clinical outcomes, including the Return of Spontaneous Circulation rates (ROSC) and contribute to improving red performance. This will have to be balanced off through a reduction in EA capacity;

- Use clinically rich ePCR data to better **stratify patients** according to their needs, allowing us to **modify and improve our response**, potentially reducing multiple attendance levels;

- Ensure that we support the recruitment and training functions to **maintain capacity at commissioned levels**. We also want to continue to develop our plans in **rural areas** to increase capacity here and balance response performance across urban and rural areas;

- Develop improved career pathways for staff, including expansion of the **EMT3** role;

- Increase capacity through continuing our programme of **managing attendance** towards a target of 6% by end the 2024, and working closely at all levels with Health Boards to support them in **reducing handover delays** in line with EASC targets.

In more effectively responding to the majority of callers with urgent but not immediately life threatening care needs, who need a more tailored service, our priorities will be to:

- Maximise the impact and benefit of the Clinical Support Desk **(CSD).** As part of the work they are already doing, we are confident that we can increase **consult and close** rates to 17%. One of our priorities for this year, which mirrors that of commissioners, is to commence **hot clinical reviews** of a proportion of red calls to confirm appropriate category. Discussions are ongoing in terms of the additional resource that would be needed to do this on top of the consult and close priority. We know that to fully realise the value of this growing part of our service, we will need to grow and mature **clinical leadership** to support the team, and plans are being drawn together to do that.

- Pilot, evaluate and grow the new '**Amber Virtual Ward'**, delivered initially in partnership with St John Cymru. This new service and way of working will move us away from our traditional core service. CSD clinicians will retain clinical oversight of patients, with on the ground St John resource available to undertake face to face observations and provide elements of care which will allow patients to remain in their homes until the right service for them is available. As a clear example, patients could remain in their homes overnight until community services open in the morning. There are plans for this service to grow in phases and for it to eventually be a service that maximises our expertise in remote clinical management and use of remote technology in a 'once for Wales' approach.

- Continue to develop the **Advanced Paramedic Practitioner** (APP) role, supporting not just our response but the wider health care system (funding dependent). We have a cohort of eligible staff who will become available through the year and we will want to ensure that value is created as a result of the costs incurred in their training. A **bid** will be submitted to Welsh Government as part of their £5m allocation to increased AHPs within Wales. We will also be undertaking some 'tests of change' or creating '**perfect days'** through Q1 where we will work with a Health Board partner to flood an area with APPs to identify the benefits to patients and the system.

- Increase the number of appropriate **alternative pathways** for our CSD or road clinicians to use, again reducing conveyance to EDs. Integrated Commissioning Action Plans (ICAPs) and the overarching Six Goals programme will be the key vehicles to influence and drive this agenda. There will be an emphasis specifically on referrals into **Same Day Emergency Care**. There is the potential for around 4% of our demand to be referred into these services with a modelled gain of around 5% in red performance and 29 minutes improvement in the Amber 1 median. At present, less than half a percent are referred. We also see opportunities at a local level to work with Health Boards on pathways for specific groups of patients such as fallers, chest pain, breathing problems and those with mental health needs and will develop a 'menu of options' for consideration, based on evidence of what is working well.

Even with these changes in place, it is probable that, with no additional transformation capacity pump-primed or substantial improvements in hospital handover delays, **response times will unfortunately remain unacceptably long,** and patients will continue to come to harm.

Our approach seeks to build on the strategic and policy drivers underpinning the delivery of Urgent and Emergency Care across Wales. We do however recognise that this is an ambitious and complex proposal to execute, and one that the Trust cannot design and deliver in isolation. Whilst we believe there is a **growing body of evidence to this approach**, we are developing a **case for change** to support our hypothesis, which will include consideration of system wide economic benefits.

We are also undertaking a thorough interrogation of the datasets we are now able to bring together from not only our CAD system but also ePCR and ECNS. We are working with Health Boards and DHCW to **join up data** to give a holistic picture of the best pathways for patients.

We will take this learning into a more formal **engagement period** with our stakeholder in line with our Stakeholder Engagement Plan through the first half of the year, recognising that we need to work in a **collaborative and engaging way** with our patients, the public, our people and other key stakeholders to co-design the future solution.

The Trust has identified a **total potential additionality of 82 FTEs in 2023/24** (this excludes the EMT3s as this is an internal movement).

We continue to undertake strategic and tactical modelling as part of routine business for EMS. However, it is timely now to undertake a further **EMS Strategic Demand & Capacity Review** in the light of the significant changes in both the system and clearer articulation of our ambition since the last review in 2019. This will help us to shape our plans and identify any further areas of efficiency that we can work on.

Volunteers

Progress on Year two of our Volunteer Strategy brought a governance review and the Volunteer Team have commenced work to develop a governance framework to ensure our volunteers are supported by a suite of fit for purpose policies and procedures. We have developed a robust Volunteer Steering Group with representatives of all volunteer roles across the Trust. The Volunteer Steering Group supports with delivery of the volunteer strategy, provides a sounding board for new initiatives, act as a critical friend to teams across the Trust and ensure the voice of volunteers is heard across the organisation.

We continue our work to develop an engagement plan and work collaboratively with colleagues across the Trust to extend our volunteer reach across diverse communities within Wales, ensuring these communities are represented within the volunteer portfolio (aligned to our ambitions set out in section x). The Volunteer Team delivered a large scale public engagement event (The Royal Welsh Show) within 2022, engaging with more than 10,000 members of the public and providing hands on CPR demonstrations to more than 2000, we also provide support to local and regional engagement events, supporting colleagues across the Trust.

Our stakeholder engagement plan is in progress and we have redefined and formalised relationships with existing partners. We have identified local, regional and national partners with whom we intend to develop relationships to support the EMS and Ambulance Care functions, continuing our work of building resilience within the communities we serve.

During Year 3 we intend to work with colleagues across the Trust, further developing new volunteer roles and digital solutions to providing welfare services and patient monitoring to those experiencing lengthy waits in the community.
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4.4 Emergency Preparedness, Resilience and Response (EPRR) & specialist operations

The EPRR team continues to support the Trust within the Emergency Planning field, this has included leading on the planning for the Trust response to the sad demise of The Queen and The Kings first visit to Wales, leading on the **support given to our Ambulance Service colleagues** in other parts of the UK during the UN Climate Change Conference in Glasgow and to the Isle Of Wight Ambulance Service when some of our staff were sent to support the service during the Tourist Trophy and the Grand Prix races on the island.

Business continuity remains a priority within the team to ensure the Trust is prepared to maintain its business-as-usual functions, recent incidents have led to the team developing new business continuity plans, these have included a Power Outage Plan and an ICT Disruption Plan.

The Specialist Operations team have now been in place for over 10 years. The team members have been cementing their use of extended clinical skills introduced in 2021 and **enhancing their response to Chemical, Biological, Radiological and Nuclear incidents** by training in new Personal protection equipment. The number of Specialist Operational Response Team (SORT) staff has been increased across the Trust to provide a more robust response to SORT incidents.

Looking ahead we anticipate a challenging time for the team, with **a number of changes impacting on the EPRR and Specialist Operations arena, many of them following the Manchester Arena Inquiry**, within the next 3 years the team will be looking at the following areas:

- Reviewing and enhancing our ability to respond to a terrorist incident
- Introduction of the new Triage Tool
- Introduction of new clinical skills to the Hazardous Area Response Team (HART)
- Enhancing our SORT capabilities
- Outcome of the Wales Civil Contingencies review and implementing the findings
- Outcome of the UK Government Resilience Framework and implementing the identified lessons from this.

Partnership working remains a high priority for the team. Engagement and close working with the Wales Resilience Partnership team, the Contest Cymru Board, the Contest Cymru Prepare and Protect Board, the four LRFs and their sub groups, the Wales Learning and Development Group, the Emergency planning Advisory Group, Counter terrorism Policing Wales, the UK Ambulance EPRRG and its sub groups, NARU and its sub groups will continue across the team to ensure the Trust is represented by knowledgeable, skilled and experienced individuals, both in Wales and the wider UK.

What we will deliver	How we will do it	What we will measure
Increase and balance response capacity and capability across urban and rural areas of Wales	Secure recurrent funding for additional staff Fully staff the CHARU model Manage red demand differently Recruitment and retention in rural areas Implement year 3 of volunteering strategy Respond to the Manchester Arena Inquiry	WTE's in post against establishment UHP to be between 95-100% Amber 1 response times – median <30mins by end Q4 2023/24 Red 8 minute performance – 65% end Q2 2023/24 Red 8/9/10 in rural areas – improve ROSC rates - increase
We will increase skill levels and resources (information, equipment and technology) available to clinicians on scene to allow them to most effectively assess and treat patients	Grow Advanced Practice provision (ICAP)* Grow our Mental Health response (ICAP) Introduce an EMT3 role Expand 'level 2 falls' model across Wales (ICAP) Maximise the benefits of ePCR to modify and improve our response	Conveyance rates - reduce Proportion of incidents attended by APPs / other advanced or specialist practitioners - increase Conveyance from deployment of specific resource: mental health; Falls. – reduce Clinical review of all Red Calls
Work with partners to increase number of seamless 24/7 referral pathways as alternatives to ED conveyance and improve hospital handover	Maximise the benefits of CSD, to undertake 'hot clinical reviews' and support case management Identify alternative pathways, particularly into SDECs and Urgent Primary Care (ICAP) Develop and evaluate an 'Amber Virtual Ward'	Consult and Close rate – increase to >17% Hospital handovers – reduce Increase in percentage of activity from paramedic to SDEC / UPCC
Continuously improve the safety and quality of the service and provide an improved patient experience	Continue work on inverting the triangles: • Case for Change • Demand and capacity modelling • A programme of structured engagement Secure funding for our strategic ambitions	Longer term contribution to sustained improvements in 999 measures

4.5 Ambulance Care

Ambulance Care comprises of our **Non-Emergency Patient Transport Service (NEPTS), our Urgent Care Service and a specifically commissioned Transfer Service** to support Aneurin Bevan University Health Board's model of care. Ambulance Care is also working collaboratively with commissioners to develop and deliver a joined up and consistent **Transfer and Discharge model for the whole of Wales**.

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.**

Our Commissioners have acknowledged the significant work undertaken following the approval of a Business Case for the modernisation of NEPTS in Wales in 2015. A range of opportunities were outlined in the business case for improvements including governance, performance, quality improvements and the remaining aspects have now been delivered. We will work with our commissioners to reflect on the learning and closure of the work whilst continuing to build on all the transformational work that has been undertaken following the transfer of all the NEPTS activity from the Health Boards.

Following this work the Trust is now the lead provider for all non-emergency transport for Wales and has a future **ambition to be the provider of choice for transfer and discharge services.**

Targeted areas for improvement for Non-Emergency Care outlined by our commissioners for 2023/24 are the
- Improvements in operational performance for **oncology service patients**
- Reduction in the number of **on the day cancellations.**
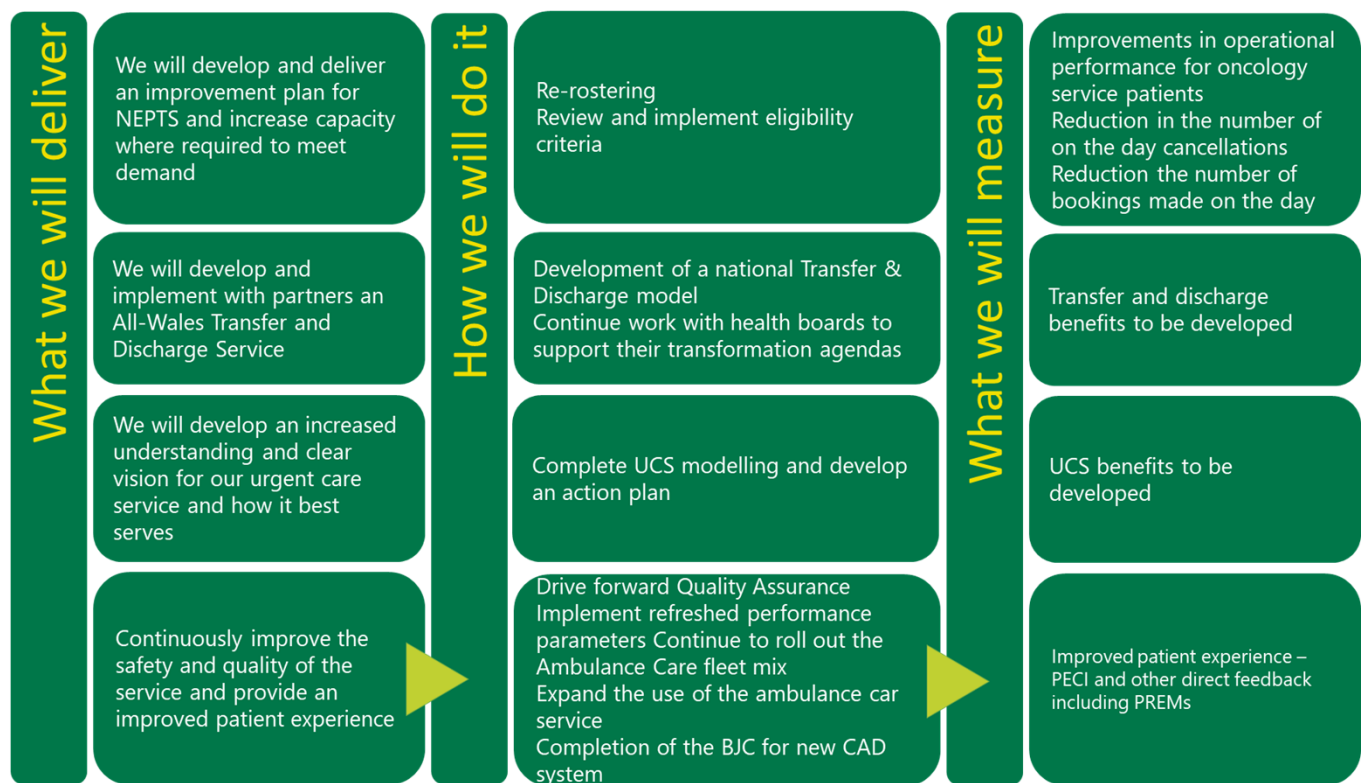- Reductions in the number **of bookings made on the day.**

We want to build on **the transformational work that has been undertaken in NEPTS** over previous years, extracting and acting upon opportunities to deliver a more efficient and high quality service. We will continue to develop and strengthen the focus on delivery and reporting of improved **patient experience** and **service quality.** We will also continue 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 commissioners and wider partners in how to **effectively manage demand** and support 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.

As we finalise modelling of transfer and discharge and Urgent Care services in Q1, we will consider outcomes from the proposed concept for a transfer and discharge service across Wales. We will then work with commissioners on developing **implementation plans for transfer and discharge** and complete a **strategic review** of the **Urgent Care service** to develop a delivery plan and future service model that ensures appropriate usage, maximises efficiencies and identifies and makes use of synergies that exist within the widened Ambulance Care service.

To enable this, we will continue to roll out our refreshed **Ambulance Care fleet mix.**

As we move forward, we will then **develop our strategic vision** for the Ambulance Care Services.
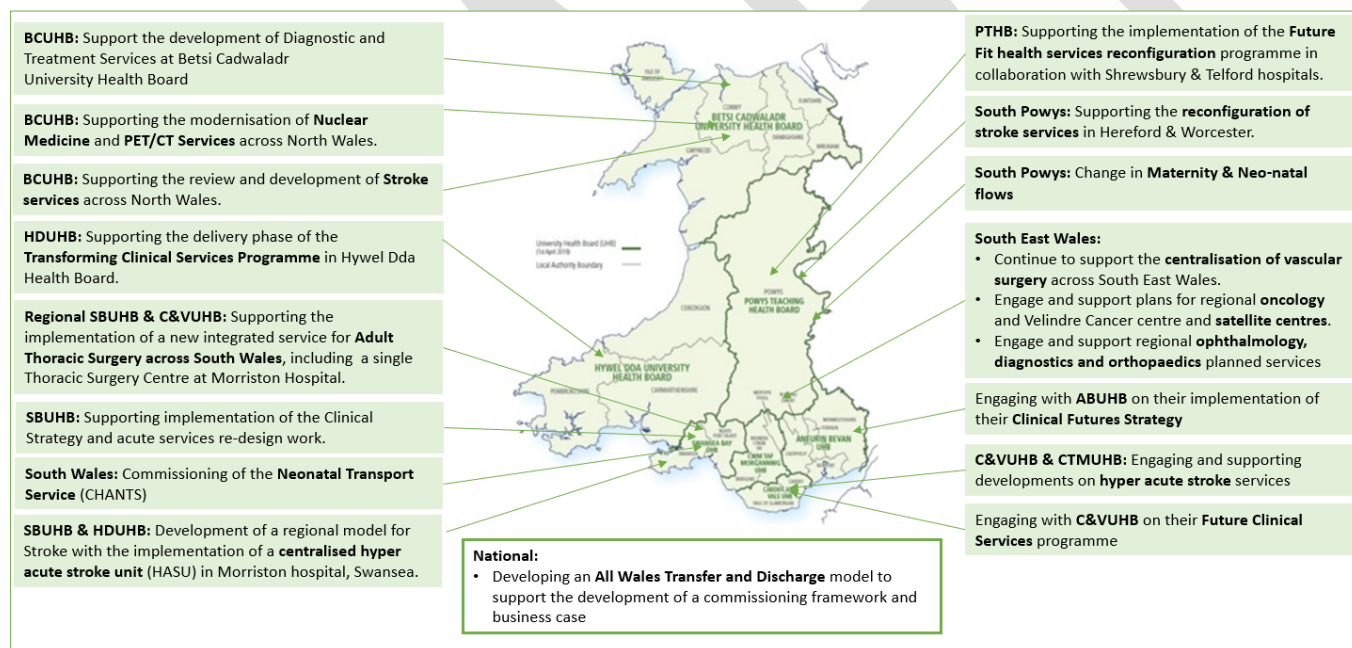
What we will deliver	How we will do it	What we will measure
We will develop and deliver an improvement plan for NEPTS and increase capacity where required to meet demand	Re-rostering Review and implement eligibility criteria	Improvements in operational performance for oncology service patients Reduction in the number of on the day cancellations Reduction the number of bookings made on the day
We will develop and implement with partners an All-Wales Transfer and Discharge Service	Development of a national Transfer & Discharge model Continue work with health boards to support their transformation agendas	Transfer and discharge benefits to be developed
We will develop an increased understanding and clear vision for our urgent care service and how it best serves	Complete UCS modelling and develop an action plan	UCS benefits to be developed
Continuously improve the safety and quality of the service and provide an improved patient experience	Drive forward Quality Assurance Implement refreshed performance parameters Continue to roll out the Ambulance Care fleet mix Expand the use of the ambulance car service Completion of the BJC for new CAD system	Improved patient experience – PECI and other direct feedback including PREMs

The NHS Wales Planning Framework sets out a need for Health Boards to work together, across organisational boundaries, to plan and deliver on a regional basis. We will engage fully with the continuing development and implementation of the National Clinical Framework in respect of its key workstreams. We will also ensure we play our part in facilitating and supporting the strategic direction and operational implementation through the networks and groups that develop through the framework.

We continue to work collaboratively and proactively with Health Boards to support strategic, transformational service changes (regional and local) across Wales to ensure the best possible outcomes and experience for the people of Wales. Whilst some changes affect the EMS, for example the development of Hyper-Acute Stoke services, the majority of change will affect our Ambulance Care services (UCS and NEPTS). However, this cannot be a set of fragmented service developments and so they need to be scoped, quantified, and aggregated in some cases to **develop a consistent service model that could be rolled out across Wales**.

The **map below** provides an overview of the main service change proposals we are working on collaboratively with partner organisations to drive forward sustainable changes in health provision.

BCUHB: Support the development of Diagnostic and Treatment Services at Betsi Cadwaladr University Health Board

BCUHB: Supporting the modernisation of **Nuclear Medicine** and **PET/CT Services** across North Wales.

BCUHB: Supporting the review and development of **Stroke services** across North Wales.

HDUHB: Supporting the delivery phase of the **Transforming Clinical Services Programme** in Hywel Dda Health Board.

Regional SBUHB & C&VUHB: Supporting the implementation of a new integrated service for **Adult Thoracic Surgery across South Wales,** including a single Thoracic Surgery Centre at Morriston Hospital.

SBUHB: Supporting implementation of the Clinical Strategy and acute services re-design work.

South Wales: Commissioning of the **Neonatal Transport Service** (CHANTS)

SBUHB & HDUHB: Development of a regional model for Stroke with the implementation of a **centralised hyper acute stroke unit** (HASU) in Morriston hospital, Swansea.

PTHB: Supporting the implementation of the **Future Fit health services reconfiguration** programme in collaboration with Shrewsbury & Telford hospitals.

South Powys: Supporting the **reconfiguration of stroke services** in Hereford & Worcester.

South Powys: Change in **Maternity & Neo-natal flows**

South East Wales:
- Continue to support the **centralisation of vascular surgery** across South East Wales.
- Engage and support plans for regional **oncology** and Velindre Cancer centre and **satellite centres**.
- Engage and support regional **ophthalmology, diagnostics and orthopaedics** planned services

Engaging with **ABUHB** on their implementation of their **Clinical Futures Strategy**

C&VUHB & CTMUHB: Engaging and supporting developments on **hyper acute stroke** services

Engaging with **C&VUHB** on their **Future Clinical Services** programme

National:
- Developing an **All Wales Transfer and Discharge** model to support the development of a commissioning framework and business case

Our service needs to remain flexible to change but realistic in the context of the demand on our service and the capacity to deliver change at pace.

Our people

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

5.1 Culture, Capability and Capacity

We are committed to delivering the best possible service to patients and to achieve this we must invest and care about our own people. As referenced within Section 4.2, 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, building a safe, positive culture with an emphasis on wellbeing, support and development, where we can bring our whole selves to work 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 the Trust to keep improving and enable us to successfully deliver and achieve our long-term service ambitions.

Our **People and Culture deliverables** for 2023-26 support our organisational strategic ambitions and are closely aligned to the King's Fund 'ABC framework', building opportunities for **A**utonomy, developing a sense of **B**elonging and ensuring colleagues feel they can make a valuable **C**ontribution to the organisation.

Complementing this will be a focus on our 3Cs: **Culture, Capacity and Capability**, which provide the basis for the objectives and plans for Our People. These will bring about significant programmes of work which are equally important to the Trust as developing our services, as without Our People we cannot provide the quality of service we wish to provide.

We have identified those aspects of our culture that we want to **cherish** and also listened to what needs to **change,** and this vision of meaningful culture change will be at the heart of everything we do. The **daily lived experiences** of our colleagues will be central to our approach, and we will embed a culture of continuous conversations where every voice counts, recognising that valuing individuality and building high performing teams will be critical to our success.

Equality, Diversity and Inclusion form a golden thread throughout all our People and Culture activities, reflecting our commitment to creating a workplace where everyone feels valued, can bring their whole self to work and experiences a deep sense of belonging. This year we will refresh our **Strategic Equality Objectives** and ensure delivery of **the Anti-Racist Wales Action Plan**. This will extend to the way in which we care for our patients and engage with our communities. We will continue to take positive action to **increase our diversity and reflect the communities we serve**.

Supporting our people to develop the skills required to bring our service of the future to life will be vital. We will enable and celebrate **effective decision making** at every level of the organisation and reinforce and promote **continuous development for all professions**. For our leaders and managers, we will ensure they have the knowledge, skills, and agility to deal with complexity and respond to the changing needs and aspirations of a diverse workforce.

The **health and wellbeing** of our people will remain a key organisational priority and we will ensure there is regular evaluation of impact and benefits of the huge range of interventions we provide. This emphasis on health and wellbeing will complement our ongoing commitment to improve attendance and be supplemented by simple people management policies, proactive management and tailored responses to absence management.
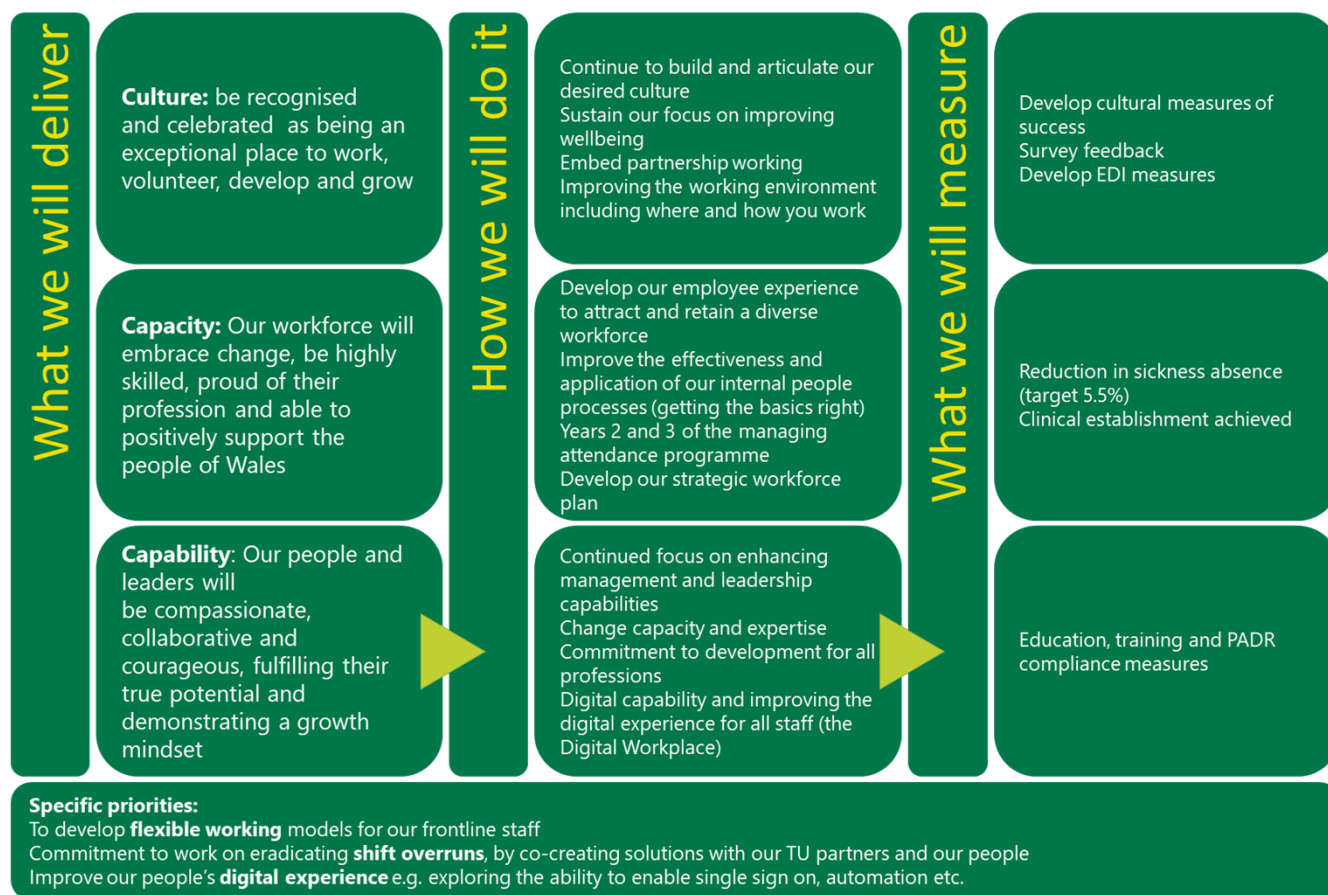
Having just gone through a period of significant disruption, pressure, and uncertainty in relation to recent Industrial Action , it is vital we take time as an organisation and as individuals and teams to recover and "heal". We have

taken the learning and the challenges from this experience and will use the valuable feedback and insight we have gained to help shape our culture change journey. The continued emphasis on wellbeing, embedding compassionate leadership and meaningful constructive partnership with our TU colleagues will be key. On a practical level we will also deliver some resource intensive work at pace to ensure we successfully implement the non- pay agreements that have resulted from the shared commitment with our Trade unions to find a way within WAST to respond to specific local issues and support the resolution of the national pay dispute. These agreements and other initiatives such as the implementation of E timesheets will require active engagement and open dialogue with our Trade union partners. We are confident that our partnership framework and strong relationships will enable us to focus together on improving the working environment, providing the right tools and streamlining processes and practises to ensure there is a direct and positive impact on the daily lived experience for all our staff.

Finally, in order to deliver on our organisational strategic ambitions, we will further enhance **change capacity and expertise** across the organisation, to ensure our people feel effectively supported through this period of transformation. These **'change champions'** will also help drive our cultural transformation efforts, modelling the behaviours and growth mindset of our desired culture, breaking down silos and enabling organisation-wide collaboration.

Whilst there are many things we need to do to achieve the 3Cs we wanted to focus this year in particular on three areas that are important to our people through the conversations we have had with them throughout 2022/23 as specific priorities for next year: **flexible working, shift overruns and the digital experience of our people.**

What we will deliver

Culture: be recognised and celebrated as being an exceptional place to work, volunteer, develop and grow

Capacity: Our workforce will embrace change, be highly skilled, proud of their profession and able to positively support the people of Wales

Capability: Our people and leaders will be compassionate, collaborative and courageous, fulfilling their true potential and demonstrating a growth mindset

How we will do it

Continue to build and articulate our desired culture
Sustain our focus on improving wellbeing
Embed partnership working
Improving the working environment including where and how you work

Develop our employee experience to attract and retain a diverse workforce
Improve the effectiveness and application of our internal people processes (getting the basics right)
Years 2 and 3 of the managing attendance programme
Develop our strategic workforce plan

Continued focus on enhancing management and leadership capabilities
Change capacity and expertise
Commitment to development for all professions
Digital capability and improving the digital experience for all staff (the Digital Workplace)

What we will measure

Develop cultural measures of success
Survey feedback
Develop EDI measures

Reduction in sickness absence (target 5.5%)
Clinical establishment achieved

Education, training and PADR compliance measures

Specific priorities:
To develop **flexible working** models for our frontline staff
Commitment to work on eradicating **shift overruns**, by co-creating solutions with our TU partners and our people
Improve our people's **digital experience** e.g. exploring the ability to enable single sign on, automation etc.

5.2 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'.** The 'Active Offer' simply means providing a service in Welsh without someone having to ask for it. The Welsh language should be as visible as the English language. However, we will continue to ensure compliance with the Welsh Language Standards, reported and monitored regularly through our Assistant Director Leadership Team, the CEO and Chair (through their accountability to the Minister) and Trust Board.

What we will deliver	How we will do it	What we will measure
Build an environment for Welsh Language to flourish enabling WAST to achieve compliance with statutory requirements and reducing the burden on current service	Strengthen Welsh Language compliance Centralise Welsh Language Translation	Improved compliance against baseline Improved timeliness of translation
Deliver our commitments in the More than just words 2022-27 Action Plan so that the 'Active Offer' is an integral part of service quality and service delivery across the Trust	Identify the areas of greatest challenge in delivering the 'Active Offer' Improve data collection to enable delivery of the 'Active Offer'	Feedback from patients via PECI on Welsh Language Reduction in complaints No. of referrals to commissioner

Value and sustainability

> ### Strategic Objective 3 – Delivering exceptional value

Following a sustained pandemic response and with the impact of inflation and the costs of living as they relate to the Trust, the financial outlook for 2023/24 and beyond is understandably challenging. 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. The wider NHS is experiencing the same issues and it is expected to be more **difficult to secure the funding for all our strategic ambitions as "pump prime" funding**, despite there being emerging evidence for the increased value that we can offer the system. We know that if we want to achieve some of our ambitions set out in this plan we will face choices, we will either need to extend savings further, generate new income, or stop doing something else.

Whilst we have been able to address some of the income requirements in the plan (set out in the financial plan in section 11.1) 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** we will put in place is 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.

Financial Sustainability Programme
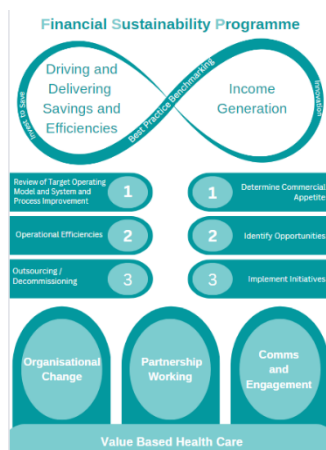
The need to produce and deliver a **transformative savings and income generation plan** is essential to support the strategic direction of travel for the Trust. Against a backdrop of increasing costs, a range of financial constraints and wholesale tightening of budgets across the entire public sector, we recognised a change of approach was necessary to enable us to pursue more significant longer term financial value, savings and efficiencies. We must rapidly prepare and adapt to a financial and operating environment that will be far more challenging than we or indeed the entire NHS has ever faced before.

As such, building on the work that has already been undertaken as part of our financial sustainability workstreams in 22/23, we have brigaded a range of activities and put in place a robust programme framework that aligns to two key areas of work, **Achieving Efficiencies**, and **Income Generation**. Our focus is on proactively identifying efficiencies and cost savings while delivering at pace and seeking out opportunities to generate income and investment. With these aims in mind, we will develop and deliver an innovative savings and commercial plan on a more sustainable footing and at scale. Learning from best practice, this is an organisation-wide programme which will reinforce our commitment to developing and celebrating a culture of innovation, quality improvements, and enable our people to help drive forward the change that is required. For our leaders, we will ensure that commercial skills and continuous improvement skills are core elements of their ongoing development.

We will also ensure that we have the right tools, effective communication channels and an emphasis on benefits realisation in place to give us the best possible chance of success.

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** which is a theme which runs through all three pillars of our plan. 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**). In Q1 we will welcome support from the **Value in Health Centre** who have already commissioned a literature review of the use of PROMs and PREMs in pre-hospital care and who will run a workshop to help us think in more detail about how PROMs can be applied in urgent and emergency care services run by the Trust.

There remains 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. We will also use **benchmarking** to demonstrate where we can tailor improvements to the services we provide (notably in rural areas – see section x). We will also use evidenced based cases for change to work with our commissioners, partners and stakeholders to develop our service offers, as we have done in our Inverting the Triangles programme (see section x).

What we will deliver		How we will do it		What we will measure	
	Drive and deliver savings and efficiencies		Review our target operating model Establish where we can achieve system and process improvements Explore opportunities for outsourcing or decommissioning		Performance against savings targets A range of efficiency measures
	Generate income alongside our core commissioned functions		Determine the Trust's commercial appetite Identify, develop the conditions for implementation and deliver commercial / income generating opportunities		Amount of additional income generated
	Deliver a value-based approach		Confirm the methodology for evaluating the effective use of finances for improved population health outcomes Work with Value in Health Centre to develop PROMs and PREMs Continue to implement and use PLICS		Improved reporting of patient outcome and experience Reduction in variation

Enabling our plans

Strategic Objective 4 – Being at the forefront of innovation and technology

7.1 Infrastructure – Estates, fleet and decarbonisation

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. 2022/23 has seen a continued period of growth in the number of people employed by the Trust and we continue to respond in a flexible way to ensure we have the right buildings and vehicles in the right place for our staff to provide best and safest care across Wales. Our continued increased focus on the start of the patient pathway and improvements in 999, 111 and Ambulance Care is supported by significant improvement schemes across our main sites; for example, completion of significant investment programmes at Vantage Point House (VPH), Cwmbran and Ty Elwy, St Asaph as well as the creation of a 111 call taking facility in Cardiff to improve facilities and accessibility for our staff. 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.** Continuing the good practice from the previous IMTP, we continue to demonstrate the Trust-wide ownership of actions within the plan.

The Estates Strategic Outline Programme (SOP) and Fleet SOP have been fully endorsed by Welsh Government enabling us to produce a further series of business cases to achieve this vision. The Strategic Outline Programmes have been updated in line with the recommendations of the 2019 EMS Demand and Capacity (D&C) Review, responding to the major challenges and risks to ensure we have the right estate and the right fleet profile in the right place to support the growth in the EMS service, and we continue to evaluate and assess the implications of the NEPTS D&C Review as well as the longer term strategic work on inverting the triangle and increasing our clinical triage 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. We delivered on a realisation of this concept with the opening of Cardiff Ambulance Station. With the recent improvements to the estate, as well as the breadth of schemes currently in progress and planned for future years, we are well on the way to addressing continued challenges with the deteriorating condition of some of our estate and the impact that this has on our colleagues. 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. We have also developed state of the art modern training spaces incorporating lecture and immersive rooms at Ty Elwy, Cwmbran, Cardiff and Swansea which provide good coverage for training across Wales.

A modern and efficient fleet is vital to ensure that we provide a high-quality service to our patients and a comfortable environment for our people to work within. We have submitted the Business Justification Case to Welsh Government for the 2023/24 vehicle replacement scheme and, subject to approval, over the next 12 **months we will be replacing 108 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** to reduce our CO2 vehicle emissions.

The Welsh Government targets of a net-zero position by 2030 pose real and complex challenges for the Trust. In response to this, we have established a **Decarbonisation Programme Board** to take forward the development of 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 builds on additional investment within the Finance and Corporate Resources Directorate in 2022/23 to establish a programme team and robust governance processes. 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.

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.

Deliver the Estates Strategic Outline Plan (SOP) which will provide the right buildings in the right place, enabling our staff to provide the best and safest care across Wales

Capital development planning:
Develop BJCs for Swansea MRD Replacement, Llanelli solution, Newport solution, Llandrindod Wells, Bangor Fleet Workshop (AWC)
Consider options for long term solutions for EMS CCC in North Wales in response to the outcomes of the CCC Strategy (when available) and for EMS/Ambulance Care in Bassaleg (DC)

Capital development implementation:
Deliver the SE Fleet Workshop (DC)
Develop long term solution for EMS CCC at Llangunnor in response to the outcomes of the CCC Strategy (when available) (DC)
Implement permanent solutions for Ruthin SDP working with Fire and Rescue partners, EMS/Ambulance Care in Dolgellau, EMS/Ambulance Care in Monmouth and Ambulance Care in Neath (AWC)

Benefits and measures set out in each business case

Implement the Environmental and Sustainability Strategy

Fully establish Decarbonisation Programme Board, confirm work programme and evidence delivery throughout 2023/24
Further develop EV charging network
Deliver on EFAB projects for 23/24 funding
Access funding to commence initiatives as part of the decarbonisation of the estate and also our travel which will enable us to implement a Sustainable Travel Plan
Confirm investment plan for decarbonisation improvements to infrastructure and technology across the estate based on EV Network surveys completed in 2022/23.
Implement our Carbon Reduction Plan looking forward to 2025-2030
Modernise our fleet including the increase in the number of Hybrid and fully electric vehicles and roll out of vehicle solar panels
Development of an Infrastructure and Sustainability Strategic Outline Process and recruitment to support this

Reduction in carbon emissions

Deliver the Fleet Strategic Outline Plan (SOP)

Support the delivery of the Business Justification Case requirements for 2022/23 (residual elements) and 2023/24
Re-write/refresh of Fleet SOP and preparation of associated Business Justification Case for 2024/25 investment

Benefits and measures set out in the BJC and SOP

7.2 Our digital roadmap

Digital has a key part to play in the transformation of urgent and emergency care – not only as an enabler of innovation within clinical and operational services, but as a direct driver of better access and empowered service users, and appropriate demand management.

Over the course of the next 12 months, we will be building on the foundational transformation of the past couple of years, connecting up the recently embedded digital platforms and services, and automating processes around the organisation, to fundamentally change the way we conduct our business.

WAST DIGITAL ROADMAP

2022-23 2023-24 2024-25 2025+

Digital Transformation
In 2021-22 and 2022-23 we transformed paper records to digital systems, replaced legacy infrastructure, and began transitioning to cloud services.

Insight & Integration
This next phase is about making more of what we have - connecting up systems, automating processes and organising knowledge to inform decisions.

Service Optimisation
Once we have a connected and intelligent system, we can begin to optimise and innovate priority areas, building confidence and capability in digital amongst all staff.

Digital First
Once there is a system-wide basis of confidence in digital, we can start to make these systems 'intelligent' (e.g. with AI & AR), personalising experiences for our patients and our people.

Data Linkage & System Integration

2022/23 was the first full year that the Trust used the Terrapace application and ePCR at scale. The implementation programme has successfully digitised the elements of information capture, search, and sharing, as well as practices such as referrals during frontline interactions with patients. ECNS achieved a similar transformation for our 999

Clinical Support Desk in 2022, moving from paper/PDF based assessment solutions to a fully digital record. One key achievement from both programmes is the ability to access and analyse clinical information dynamically, supporting real-time decision making for individual needs. Using combined clinical and operational datasets, we can also look to utilise risk stratification methods to improve triage, prioritisation and pathways for patient cohorts; and thirdly, by **linking with other NHS Wales data, we will** seek greater insight and understanding of healthcare inequalities and patient outcomes across the system. The Trust continues to be part of the £60 million National Data Resource (NDR) Programme, run by Digital Health Care Wales (DHCW), with the ambition of **modernising data management systems, and linking key data from across NHS Wales,** into a central store to improve service design and patient care.

Digital Medicines Transformation Priorities (DMTP)

DMTP discovery work will provide an organisational opportunity to scope how the digitisation of medicines can be achieved within the Trust across three identified service lines (EMS via ePCR, CSD via ECNS & CAD via the Integrated Urgent Care module, and NHS111 via SALUS). We will complete funded discovery work to understand how this will benefit the Trust. The DMTP is integrating our medicines data and being able to share this readily across service lines will improve patient safety and allow health-care professionals and patients to have a better overview of our services' interventions across the healthcare system (subject to a funding proposal to be submitted in Q4 2022/23) This will support transformation activities and feed our data into wider NHS systems for the benefit of patients accessing services via EMS and NHS111. This will form the basis of a future bids for specific systems and integration.

Mobile Data Vehicle Solution (MDVS)

As part of the UK-wide Emergency Services Mobile Communication Programme (ESMCP), we will implement a new **Control Room Solution (CRS)** in 2023 to replace the ageing Integrated Command and Control System (ICCS) used by dispatchers in our control rooms. The upgrade allows us to operate more easily with other services, and readies us for the replacement of the Airwave communication service. The next major project deliverable in the ESMCP is **the Mobile Data Vehicle Solution (MDVS)** which replaces Mobile Data Terminals (MDT) across our Emergency Ambulance Fleet. The new technology which will be rolled-out across 2023/24 provides a suite of increased capability above the existing MDTs, whilst also equipping our Ambulances with vehicle wi-fi.

Automation

Following funding from the Welsh Government Digital Priorities Investment Fund (DPIF) we implemented and tested **Robotic Process Automation (RPA)** in various departments across the Trust. This pilot has already demonstrated improved efficiencies to processes such as account creations, and has drastically reduced the effort of manual data trawls for investigations conducted by the Concerns team from hours to just a couple of minutes. In 2023/24 we will continue enabling our people to focus time on higher value activity and create service efficiencies by maintaining these new RPA cases and scaling up automation activity.

Core Infrastructure

Additionally, we will continue to progress the **4 missions of the 2020 Digital Strategy, including Digital Foundations.** In terms of physical infrastructure, Information Communications Technology (ICT) is critical to both maintaining and expanding services within Operations, Fleet and Estates. All new buildings require fitting out with the latest ICT equipment, networking, and audio-visual equipment to enable hybrid working, whilst we continue to modernise the digital offer within both our EMS and NEPTS fleet to provide connected workspaces wherever our people need to be. In terms of digital infrastructure, there is also a constant requirement to ensure that our critical services are supported by modern, resilient, and secure technology.

Digital Inclusion

It is important that through any and all periods of digital transformation, we consider the impact of change on our workforce. Alongside the technical delivery of the above mentioned projects and programmes, a parallel programme of work will consider the education and training packages required. We will reignite the **Digital Champions Network** to build confidence and capability for the new digital ways of working within the Trust and gather feedback to ensure we are designing technological solutions which meet intrinsic motivations and solve real problems for our people.

What we will deliver	How we will do it	What we will measure
Improved digital tools and services to empower our teams to be their best, using modern technology to reduce repeat tasks and improve processes	Implement a new Control Room Solution (CRS) Deliver a new Mobile Data Vehicle Solution (MDVS) Scale up Robotic Process Automation	Staff proficient in the use of the new CRS & MDVS solutions Cost savings / avoidance & efficiencies Reduced data inaccuracies/errors from RPA, consistent presentation Staff satisfaction, morale
Standardised information architecture and common approach to data and analytics across the organisation	Combine clinical and operational datasets to support better management and prioritisation of patient needs	
Greater insights to WAST and NHS Wales, through improved data sharing, analytics and visualisation	Link with other NHS Wales data to seek greater insight and understanding of healthcare inequalities and patient outcomes across the system Support implementation of the NDR Complete discovery work in relation to DMTP	Efficient and improved data sharing and transfer
Improved resilience, flexibility and interoperability for our digital foundations	Continue to progress the four missions of the 2020 Digital Strategy Ensure resilient, flexible and interoperable digital infrastructure	ICT infrastructure resilience

Partnerships and the wider system

Strategic Objective 5 – Developing services in collaboration

8.1   Partnerships and engagement

As we look ahead to a post-pandemic era, it is important that we reflect on what has been learnt over the last few years and what this means for the future.

While **partnership and collaboration** had been at the heart of our mission for a number of years, the pandemic brought home both the importance of relationships within and beyond the organisation. It also sowed the seeds of a new era of less linear and **more dynamic relationships**, where the concept of shared benefit, both for organisations and, importantly, for patient, staff and volunteers, would need to be at the heart of our future approach to partnership and engagement.

In 2022/23, we spent some time reflecting on the lessons of the pandemic and how the positive aspects of partnership can be sustained as we enter a new environment of post-pandemic healthcare. The public rightly expect improved levels of service, while NHS and social care organisations face multiple challenges in terms of workforce availability and morale, constrained public sector finances and relentlessly growing levels of demand.

These are challenges shared across the health and care sectors, and which are recognised by Welsh Government. For the Trust, this has led to efforts to capitalise on learning from the pandemic, with an ambition to accelerate its programme of transformation.

Understanding our collective challenges, working with partners to deliver different solutions to both new and established problems and, ultimately, better services for our patients and a more fulfilling working life for our people, are now at the heart of **our refreshed engagement framework and delivery plan.** This plan sets out in particular a vast programme of engagement with key stakeholders, including the public on the solutions that are needed to achieve our ambition to 'invert the triangles'.

The framework and plan focus on working with stakeholders and the public on new solutions for us as an ambulance service, while making a positive impact on the wider health and care system.

Welsh Government has similarly recognised the Welsh Ambulance Service's role in the wider partnership and collaboration arena. At the time of writing, it seems likely that, following a recent consultation, the Trust will be **recognised as one of a handful of additional organisations to which the Wellbeing of Future Generations (Wales) Act 2015 will be extended** in 2023/24.

When the legislation was enacted some eight years ago, the Welsh Ambulance Services NHS Trust was not one of the 44 public sector bodies covered by the requirements of the Act. At the time, the Trust committed to working within the spirit of the Act and has continued to do so.

Given the Trust's commitment to partnership and its pivotal role in the health and care system in Wales, that omission is likely to be rectified in 2023/24, which will see the provisions of the Act extended to the Trust and which will require us in the 2024/25 IMTP to include **wellbeing objectives** in line with other organisations already subject to the legislation.

During 2023/24, we will consider the **impact of these revised statutory obligations**, what they mean for our partnership approach and how they will help inform our approach to transformation, so that we are fully prepared to include these important objectives in next year's IMTP.

Similarly, we have recently learned that, from 2023/24, the Trust will also formally have a seat at **all Regional Partnership Boards across Wales**. Again, when the Social Services and Wellbeing (Wales) Act 2014 was enacted, the Trust was not one of the organisations that was included in the legislation in terms of having a seat as of right at the seven Regional Partnership Boards (RPBs) across Wales.

The RPBs have evolved over the years and are now seen as a key delivery vehicle for the integration of health and care services, with access to funding to support this important work from Regional Investment Funds. Over the last seven years, the Trust has worked hard to secure representation on four of the seven Regional Partnership Boards, with representation also on the Gwent Adult Services Partnership (GASP) which is a subset of the Gwent RPB.

At the time of writing, a meeting is pending with Welsh Government colleagues to understand more about next steps in respect of full statutory membership of the RPBs and the implications of this. However, both this, and inclusion under the WBFGA signal that Welsh Government, and others, recognise the contribution which the Welsh Ambulance Service can make in the partnership arena and these are welcome developments.

As well as opening up fresh opportunities to **work more collaboratively with health and social care partners**, both from the statutory and third sectors, to be truly innovative, we will need to harness the innovative talents of its people and academic and industry partners.

As ever in the partnership and collaboration space, time, rather than ambition, is the enemy. On that basis, some thought will need to be given to how best to **focus the energies of key staff on the partnership priorities** that

will make the biggest difference to the organisation, as well as ensuring portfolios are aligned to avoid duplication and optimise support for staff in our research, innovation and education fields.

Regardless of operational challenges, the Trust retains its commitment to being a **reliable, innovative and forward-thinking partner**. In 2023/24, the Trust undertook a Reputation Audit with key stakeholders which garnered the views of almost 50 key stakeholders, the outcome of which will form the basis of a new dialogue with partners and will see that commitment renewed.

8.2 'University Trust Status'

The Trust is now well on its journey to attaining **university trust status (UTS)** from Welsh Government, and 2023/24 will see the establishment of a task and finish group to explore the necessary governance processes needed as the organisation works towards the appointment of an academic non-executive director in 2024/25, something which is a requirement for university trust status.

In the meantime, the organisation's Academic Partnership Committee is starting to build momentum, with a focus in the next 12 months on understanding where our opportunities lie, the work currently underway and how we spread and celebrate our engagement with higher and further education, as well as life sciences and industry partners.

There is much to do in this realm, particularly in respect of **delivering a culture of 'democratised learning'**, where opportunity is available for all our people, from the achievement of recognised qualifications through to post-doctoral research. One of the Trust's key facets is that its research and innovation is largely focused on solving real world issues. Given the challenges the organisation and the sector is facing, there is a real opportunity to work collaboratively with partners across academia and commercially to drive real and sustainable improvement and change as the organisation continues to evolve.

Whilst formal confirmation of university trust status (UTS) is awaited, the **Academic Partnership Committee** will now drive development and delivery of our plans by setting up a specific task and finish group to develop the academic offer further.

The Committee has therefore agreed to roll over the three priorities set out last year as:

- **Priority One:** Digitisation enabling better outcomes (see section x)
- **Priority Two:** Advanced practice and specialist working, consult and close and service transformation, including research (see section x):
- **Priority Three:** Decarbonisation, fleet modernisation and sustainability (see section x)

8.3 Research and innovation

The Trust conducts Research and innovation (R&I) within NHS Wales, but is significantly influenced by local, national, and international partnerships and strategic perspectives. Harmonised and cross-boundary working is therefore vital, and we aim to adopt national recommendations and perspectives outlined within initiatives such as the UK Life Sciences Vision, UK vision for clinical research delivery, and Saving and improving lives: future of clinical research.

This section sets out our priorities for delivery in 2023-26.

We continue to **contribute to Wales strategy, policies and forums** such as the Cross-Party Group on medical research and Health & Care Research Wales (HCRW) Plan for instance, which recognises the need to address issues of equality, diversity and inclusion in R&I, with patients at the centre and enabled to take part in R&I wherever they are, signaling a need for streamlined, efficient and innovative R&I, enabled by data and digital tools.

We will **contribute to work** with a range of research organisations and academia to collaborate and influence building our skilled workforce supporting R&I. We will also **cultivate new partnerships** in areas such as autonomous systems, robotics, Artificial intelligence, diagnostics, and drone technology, as well as ongoing work with industry through SBRI Centre of Excellence challenge funding in support of our 'Inverting the Triangle' ambitions.

We will **adopt and support the innovation action plan** and its aligned model of 'innovation pull' and 'innovation push' by creating greater coherency across the innovation system, focusing NHS Wales innovation activity more on organisational priorities and need.

We will build on the **distributed leadership model for R&I** adopted within our innovative clinical structure where R&I is embedded at all levels and across the organisation. We continue to face **challenges in releasing paramedics** to work in this role which we will continue to work with our People Services and others to address this. We will **continue to collaborate** across areas of strategy, planning, finance, People Services, fleet and estates to harness opportunities for R&I and build capacity.

We have long recognised the aspiration for **R&I to feature as a golden thread across all of our activities**. This, however, continues to be difficult given the challenges faced by the Trust and other ambulance services. We do however continue to embed and integrate R&I within service delivery and care pathways. We recognise how R&I should be a core activity and should be 'everybody's business'. There is recognition for an R&I culture of openness, where ideas are discussed and developed at all levels; being inextricably linked to quality & improvement.

The Trust continues to be a learning organisation, mobilising the findings and knowledge from R&I into practice. We will continue to collaborate with partners such as Health Technology Wales and the HCRW evidence centre who have conducted evidence reviews in areas such as mechanical chest compression to PPE for our staff. These findings are informing new models of service delivery and design of future care, such as the Cymru High Response Unit (CHARU) and others.

Embedding R&I across the Trust will require high visibility through education and awareness raising about its value and impact to the Trust, NHS Wales and wider society. We involve patients and the public in driving the research agenda, through individual studies, but recognise more needs to be done and will work with our partners in health teams on this.

What we will deliver		How we will do it		What we will measure	
	We will engage with a range of stakeholders to ensure that we are well placed to influence system thinking / strategy development		Deliver the Inverting the Triangles engagement delivery plan Establish the impact and opportunities of joining all RPBs Establish the impact and opportunities of being named in WBFGA		Level of engagement – no. of responses or no. of people engaged at events Attendance at RPBs Resource requirement for servicing RPBs & WBFGA
	Obtain University Trust Status (UTS) in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation (R&I)		Establish the structure, leadership and academic representation required at committees and Board as we transition to UTS Develop changes to the WAST 'brand' to incorporate UTS into our name Deliver our R&I priorities		Academic non-executive recruited No. of research projects ongoing Research income generated

Quality driven and clinically led

> **Strategic Objective 6 – Being quality driven and clinically led**

9.1   Delivering on our duties

We conclude delivery of our Quality Strategy 2021-24 to ensure **compliance with our duties of quality and candour** through the Health and Social Care (Quality and Engagement) (Wales) Act 2020. We will invest and implement our quality management systems that support enable information-based decision making, in a timely and appropriate operational level. We will work with NHS Wales partners in delivering initiatives that support an **underpinning culture of quality and candour.**

We continue to make progress with improving our approach in integrating quality across the organisation and now set our ambitions to embed new working structures that will further develop matrix working through our quality management team, and developing a **Quality Improvement Hub** that will provide support and training across the organisation. This will support NHS Wales' Safer Care Collaborative efforts to improve patient experience and care in their pathway journey, across organisational boundaries.

From 1st April 2023 the **All Wales Citizens Voice Body (CVB)** will replace Community Health Councils. We will continue to engage with representatives as this transition takes place and ensure continued sharing of patient experience.

'Working Safely'

In support of the commitment that Our People (section x) are healthy and well, we have successfully implemented some key deliverables over the past year that has supported our working safely agenda, a key focus that has delivered the structures and foundations to enable the organisation to continue its journey of continually improving the working safely culture. We will continue to **deliver on our working safely ambitions** continuing to mature our safety systems and culture which support the prioritisation of capital spend to improve the safety of our estate and fleet infrastructure, pro-actively reduce the potential and impact of incidents of violence and aggression upon our people, and enhance opportunities for safer handling and ergonomics to ensure the health of our people in undertaking their roles.

Public health

The Trust recognises that it has an **important role to play in supporting public health improvement** across the population of Wales. As a major employer we recognise the importance of supporting colleagues to look after their own health and will continue to develop polices and interventions that demonstrate employee wellbeing as a core value to which we aspire. We recognise we are uniquely placed to support the wider health and care community in dealing with public health concerns. Through our digital and data platforms we will contribute to population health analytics solutions and facilitate whole care pathway analysis that targets secondary and tertiary prevention interventions.

We will continue our work in the community **raising awareness of risk factors to ill health** and how they contribute to medical emergencies. We will identify opportunities to ensure patient contact and our digital patient care record makes every contact counts in both the management of a presenting condition, and in identifying risk factors to long term conditions for others to follow up. Our Infection Prevention Control team will continue to work closely with Public Health Wales to ensure our **NHS Wales111 offers the community accessible information** on which to deal with community **infectious disease outbreaks** and, ensure our

colleagues are appropriately equipped to support patients who become unwell due to community acquired infections.

The work our colleagues undertake remotely and face to face in peoples own homes offers unique opportunities to contribute to safeguarding and raise early alerts to concerns, this is an important area of our practice that we will continue to invest in and ensure all learning opportunities are taken.

What we will deliver	How we will do it	What we will measure
A culture of quality and safety across the organisation, for **our patients**, which is evident in our quality management systems	Deliver the final year of the Quality Strategy Implementation Plan, Introduce a new Quality Management System Embed new working structures quality management structures Implement the National Patient Safety Policy Expansion and roll out of the Medical Examiner	Compliance with the Act including the duties of quality and candour NRIs - reduction Improvement in concerns responded to within 30 days (Target 75%)
Listen to the people we serve, engage with communities and respond to them with candour to help shape the services we provide across Wales	Establish the resource implications of implementing the Duty of Candour Finalise implementation and embed the Once for Wales Service User Experience System (CIVICA) Continue to develop our People & Community Network Collaboration and engagement with the All-Wales Citizens Voice (CVB) Organisation	Volume of feedback in CIVICA No. of people engaged through PECI continuous engagement
A culture of quality and safety across the organisation, for **our people**, which is evident in our quality management systems	Develop a Quality Improvement Hub, providing support and training. Continue implementation of our Working Safely Transformation plan Undertake risk assessments of our estate to inform the prioritisation of capital investment	A range of Health and Safety measures reported to National Health and Safety committee
We will support our communities through our thousands of daily contacts to improve health and wellbeing and through programmes of engagement and education	Revisit, review and implement the Public Health Plan Capitalise on opportunities for public health messaging through NHS 111 Wales	Measures to be considered as part of the plan

9.2 Clinically led

Delivery of the Clinical Strategy continues with a focus on prioritising activities and workstreams that will contribute to the inverting the triangle strategy. A new structure has been brought into place in the Clinical Directorate to support the appointment of the first Director of Paramedicine within an ambulance service in the UK, with Assistant Directors of Clinical Delivery, Clinical Development and Research & Innovation being appointed to support the new structure and enhance clinical leadership across the organisation.

A significant workstream is being undertaken with our MPDS partners surrounding the clinical dispatch codes that support our **Clinical Response Model** in identifying the best approach to patient response and care as we transition towards a greater consult and close function within the organisation. A programme of work to enhance this element of service development is also under way in the Clinical Support Desk to enable sufficient **clinical leadership and capacity** to support this area of the Trust.

Evidence-based research continues to underpin and inform the progression of clinical leadership within the Trust, as demonstrated in section 10.3 above and this, alongside the development of **varied, skilled career path opportunities** for our workforce (including among others the APP with independent prescribing, Senior Paramedic, CHARU, Nursing and Research career options), place the Trust as an organisation at the forefront of progression and clinical leadership within pre-hospital care in the UK and internationally. The improvements we're intending to make in training, clinical leadership expansion and autonomous working give us confidence as an organisation to expand into areas that increase our clinical risk appetite but that will allow us to care for people more effectively in the community.

What we will deliver	How we will do it	What we will measure
Implement the Clinical Strategy and review the wider clinical roles across the organisation to support developments across our service ambitions	Continue workstreams support the delivery of the Clinical Strategy Continued growth and development of clinical leadership, changing clinical care and improving clinical effectiveness Work with HEIW to develop the wider clinical skill mix within the organisation Rollout of CHARU in contributing to clinical leadership and effectiveness Strengthen capacity in remote clinical spaces – CSD, 111 and Senior Paramedics (SPs)	Number and range of advanced practice clinicians in training Number of SPs Increased capability and capacity for remote clinical assessment and support Improvements around clinical metrics such as Clinical Indicators

Our Workforce Plan

WAST currently employs approximately 4,400 people (March 2023). The largest staff group is Additional Clinical Services at 52%, which includes our Ambulance Care Assistants (ACA1/ ACA2s), all grades of EMTs, and Call Operators, followed by our Allied Health Professional staff group at 26%, which includes our paramedics. This is an increase of 9% (388 FTE) in post compared to December 2020.

48% of our workforce is female, which is an increase of 3% since December 2020. 20% of the workforce is part-time, which has remained at a similar level compared to the previous year. 20% of our workforce is aged 56 or over, suggesting an ageing workforce profile. Our hardest to recruit roles are qualified Paramedics and EMTs, 111 Clinical Advisors (nurses) and Digital Specialists.

WAST's vision and aspiration to expand services to reduce demand on the wider health and social care system is underpinned by an ambitious transformation plan. This is challenging where there is significant demand for high quality candidates, limited supply of qualified candidates alongside increased turnover post pandemic and an aging workforce. The role of the Workforce Planning and Transformation team is to find ways to address these challenges. They are not related to one specific directorate or service but are seen across the organisation. Where there are Workforce and Organisational Development (WOD) solutions to these challenges, these are recognised in the Directorate priorities.

Workforce Challenges

- Delivering a robust workforce transformation plan to deliver on the Trust's strategic ambition incorporating sufficient education commissioning numbers, workforce redesign, service expansion and redistribution activities.
- Creating a culture where workforce transformation becomes the norm and is underpinned by supportive and enabling workforce policies and processes.
- Supporting our existing Emergency Medical Service staff to have the right skills and behaviours to deliver our expanding remote consult and close services and face to face see and treat services in the community (e.g. increasing the numbers of advanced paramedics with prescribing skills).
- Sourcing a supply of additional EMS staff to meet increased demand on our existing conveyance services.
- Extending our C1 licence training offer into 2023/24 to give access to a bigger pool of applicants.
- Focussing on retention of our people to reduce the demand on attracting new candidates.
- Supporting wellbeing initiatives post pandemic to keep people well in work
- Improving resource availability by reducing sickness and abstractions.

- Maintaining the national 111 service and improving 111 retention.
- Equipping staff to utilise new digital technologies.
- Regular review of education commissioning needs to meet organisational demands.

Our **Minimum Data Set (MDS)** has therefore been updated on this basis.

Our Financial Plan

The full revenue and capital financial plan for the Trust is provided in Appendix X.

Revenue – draft

This builds on and updates that provided to WG via an Accountable Officer (AO) letter dated 28th February 2023. The financial plan is presented as a plan that will deliver a balanced revenue financial position for the Trust by the end of the 2023/24 financial year, based on the funding assumptions included with it and additional actions that are expected to continue to be progressed through the early part of the financial year to deliver additional savings and efficiencies in order to achieve balance. Given the current financial environment, this plan inevitably focusses on the 2023/24 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2025/26.

The financial context and outlook for the Trust, along with the rest of the NHS in Wales and indeed the public sector UK wide, is extremely 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 reduced funding uplifts inevitably result in choices and a significant increase in 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.

The upcoming challenging financial outlook for next financial year and beyond has been recognised for a while. As such as early as May 2022 the Trust agreed to establish a range of Financial Sustainability Workstreams with a view to working up what could be achieved to assist in the delivery of a continuing balanced position for the 2023/24 financial year and beyond. Whilst progress has been made across a number of programmes as a result of these work streams, more recently the required step up of delivery has become even more apparent and the Trust has launched the Financial Sustainability Program to recognise this challenge.

This financial plan presents a way forward in the shape of what needs to be done to deliver a balanced financial performance for the 2023/24 financial year. However, it is built on a range of assumptions in relation to both income and funding and expenditure that will need to be delivered in order to do so. It is inevitably going to be a higher risk financial plan that which the Trust has been facing for a number of years and the Trust Board, it's commissioners, Welsh Government and other key stakeholders will need to be comfortable with the level of risk being taken at the outset of the financial year.

The Trust has discussed and explored in terms of the likely choices the Trust will be faced with in order to present a balanced financial plan for 2023/24. One of the key outcomes of the discussion was the need to agree a set of principles by which we would progress this challenging programme, including the following:

a. We will avoid negatively impacting on our strategic ambitions and direction (inverting the triangle);
b. We will seek to protect business critical roles as far as possible;
c. We will seek to agree all changes with commissioners so that they have the required impact on the Trust's finances bottom line;
d. We will apply a "value for patients and staff" lens to all discussions and decisions;
e. We will recognise this programme and its aims as a key priority across the organisation;
f. We will act in alignment with our organisational values;

g. We will apply a greater commercial / efficiency lens to decision making.

Noting the above, the main key elements and assumptions that were included in the financial plan represented in table x below were as follows:

a. The Trust will be entering the 2023/24 financial year in a relatively strong financial position, having, despite the challenging and elevated nature of financial risk managed through the 2022/23 financial year, delivered a balanced position month on month now for a number of financial years. With the exception of a relatively small value identified within this as savings currently being achieved in a non-recurring way, the Trust currently does not have any underlying deficit that needs to be addressed going forward;

b. As per the NHS Wales Allocation Letter, it is assumed that the 1.5% core uplift in funding provided to commissioners will be passed through to the Trust in full. This should be a relatively safe assumption as equivalent uplifts have been similarly fully passed through to the Trust for a number of financial years. The financial impact of the 2023/24 pay award has also been assumed as being fully funded and will have no impact bottom line on the Trust as similar to the 2022/23 pay award the value being treated as both additional income from WG and spend in year;

c. One of the main drivers of the below presented financial gap is the recurring costs of additional investments funded non recurrently in the 2022/23 financial year. By far the biggest element of this is the c£6m cost for the employment of an additional 100 frontline EMS WTEs funded through £3m part year funding made available non recurrently to the Trust in 2022/23;

d. The other main impacts on the Trust's costs movement and resulting financial challenge for the next financial year (and beyond) is therefore the continuing impact of significant levels of inflationary and other pressures in the general economy. This includes significant cost pressures relating to energy and utility (gas and electricity) and vehicle fuel which will not now be subject to any separate in year funding from Welsh Government in the way that it has in the 2022/23 financial year. The costs estimated at this point in time for these items therefore is essentially a two year cost pressure set against that which can be supported from the core funding uplift provided. It is however noted that these costs continue to be extremely volatile and forecasting the costs of significant elements of this through to a period some 15 months hence is almost impossible. Further work has therefore progressed on this collectively across NHS Wales to at least ensure some consistency in forecasting across the system but also to try and factor in some of the more recent positive movements in prices for at least some elements of this. This has therefore now been further refined and updated in the current financial gap for next financial year.

The updated revenue financial plan for 2022/23 is therefore summarised in the following table. The financial plan in Appendix X and the accompanying finance MDS tables provide further details.

Table x: Summary revenue plan

Summary financial plan - 2023/24 AS AT 31/03/23	Opening Budgets 23/24 £m	Planned Savings £m	Savings to be allocated £m	Revenue Set Budgets 23/24 £m
Income	-270.9	-0.7		-271.6
Operating Expenses	262.1	-2.3	-2.6	257.2
Profit on Disposal	-0.2	-0.1		-0.3
Interest Payable	0.1			0.1
Interest Receivable	0.0	-0.3		-0.3
Depreciation and Impairments (Baseline)	14.9			14.9
Total Expenditure	276.9	-2.7	-2.6	271.6
Planned Budget Surplus (-) / deficit	6.0	-3.4	-2.6	0.0

Total Savings required £6m.

Risks

No financial plan is risk free. However, as we head into 2023/24 the level of financial risk of delivering a balanced in year and year end position is clearly much greater than in the recent past. This has therefore already been reflected by the agreed continued inclusion of a risk for this on the Corporate Risk Register, despite the continued good financial performance and delivery through the 2022/23 financial year.

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 made in the EASC IMTP are fully delivered upon;
- The key fundamental risk of being able to work up additional schemes and delivery, at pace, to close the current residual c£2.6m financial gap for the coming financial year. Whilst this may be considered a manageable value going into the financial year, it must also be set in the context of that already assumed at £3.4m within the plan to get to this level of remaining balance;
- The ability to therefore deliver a minimum of c£6m in total savings (£2.6m+£3.4m as noted above) and efficiencies in year. This equates to c4% of the Trusts discretionary income and would see a further c40% increase required in savings delivery from 2022/23 (which in itself has delivered over 50% more savings than that required over the previous two financial years). Finance & Performance Committee (F&PC) will be provided with significantly enhanced monitoring of the savings plan, including as some remaining elements of it are developed and agreed;
- The capacity and ability to focus on the required additional savings to balance during any continued period of Industrial Action;
- The ability to properly resource and support a number of the Financial Sustainability Programmes (FSPs) which in itself could result in further cost pressures. These would very much have to be considered as non-recurring and invest to save therefore;
- The inevitable impact much of this is likely to have on staff morale and Trust reputation;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

Capital - draft

Appendix X also summarises the initial capital programme for the Trust for 2023/24, both from an All-Wales Capital Programme (AWCP) funding and discretionary allocation perspective, noting the already confirmed discretionary capital funding for the 2023/24 financial year.

Delivering Our Plan

12.1   Managing risk

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

A **risk management transformation programme** has been developed to support this which will further strengthen and positively impact the development of the Trust's future strategic ambition and provide clarity on the risks that would prevent us from achieving our organisational objectives.

Having embedded a positive risk culture during 2022/23 with the re-articulation of the principal risks 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 plan.

What we will deliver	How we will do it	What we will measure
Develop and deliver a risk management framework as a key enabler of our long term strategy and decision making	Further develop the risk management framework Transition to a Strategic Board Assurance Framework which reflects our long term strategic objectives Deliver a programme of training and education on the risk framework and the BAF	Approved Corporate Risks Board assurance against our strategic objectives

The **scale of change** required to deliver on this plan and to achieve our ambition is significant, particularly for our people across the service. Whilst, as described above, we will be putting in place a robust **programme management approach** to support the transformation programme, there will nevertheless be risks to delivery which we will need to identify, manage, and mitigate.

Managing risk is a key organisational responsibility and remains an integral part of our governance arrangements that will further strengthen and positively impact the development of the Trust's future strategic ambition and provide clarity on the risks that would prevent us from achieving our organisational objectives.

The Trust Board receives a report on the highly scored operational risks and the Board Assurance Framework at every meeting, and the Board Committees receive reports on risks within their remit for oversight, scrutiny, and challenge. The Audit Committee has oversight of the risk systems and processes in place.

Risks to the delivery of key programmes of work within this IMTP will be monitored by individual programme boards, escalating to STB where necessary and raising to the Corporate Risk Register if Board level awareness and scrutiny is required.

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

- Our ability to develop a **balanced financial plan** – the financial outlook appears 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 (reported monthly through the year).
- **Capacity to deliver** on priorities within the plan
  - **Time available** to devote to priorities, as we are unable to increase staff to undertake key programme and project roles without further investment or an increase in savings.
  - With **resources (revenue / capital) curtailed** our ability to target investment at our strategic plans becomes increasingly difficult
- 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.
- Ongoing disruption through **Industrial Action** – significant resource, time and focus is required at a senior level in the organisation to respond to industrial action, keeping people safe. Without an agreement between governments Board trade unions at the time of writing we anticipate Industrial Action to continue into 2023/24.

- **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** may change – the review of commissioning in Wales may change the governance and commissioning arrangements on behalf of Health Boards. These new arrangements may refocus the priorities for ambulance services, so we must work closely with our commissioners and partners to grasp the corresponding opportunities that may come through the review.

These risks will be captured on the corporate risk register as required, articulated through a full risk description with mitigating actions and controls aligned to this IMTP, quarterly tactical and local operational plans.

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.
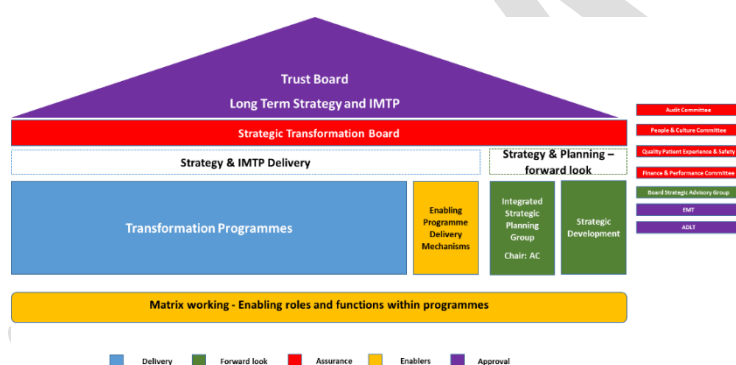
STB has a portfolio management approach and overview to enable and govern IMTP delivery through core service transformation and enabling programmes, underpinned with proportionate programme and project documentation. These programmes were established in 2021 and have embedded themselves as the delivery vehicles for change and transformation.

We will continue to develop 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. We will synergise our quality improvement, innocations and transformation resources and approach under the STB to ensure our strategy development and transformation agenda is underpinned by a **value based, data driven, evidence based, and patient focussed service and quality improvement methodologies**.

The way in which we can seamlessly link improvement activity through research and innovation activity, particularly through our networks, notably **WIIN**, to the transformative programmes of work overseen by STB will enable the scale up of improvements seen in local and regional initiatives to support the challenges in and delivery of this IMTP and our commissioners' intentions.

Conclusion

If you have any questions about our plan or require any of the policies, strategies or plans referred to in this IMTP please contact AMB_Planning_And_Performance@wales.nhs.uk

List of appendices

Minimum Data Set - HB
Ministerial Action Plans
Appendix 1 Detailed review of challenges and opportunities shaping the plan
Appendix 2 EASC Commissioning Intentions inc. EASC IMTP metrics - HB
Appendix 3 Financial plan detail – NK/CT
Appendix 4 Letter of support from EASC – NCCU/HB/RM
Appendix 5 Letter of support from 111 Commissioning Board - RB

AGENDA ITEM No	9
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – January/February 2023

MEETING	Finance and Performance Committee
DATE	21st March 2023
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Mark Thomas – Commissioning & Performance Manager Nicola Quiller – Senior Commissioning & Performance Analyst
CONTACT	Hugh.bennett2@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Nicola.Quiller@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **January 2023** (and where data is available, February 2023).

This report contains information on 26 key indicators. The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust can provide to patients.

RECOMMENDATION

Committee is asked to: -

- **Consider** the January/February 2023 Integrated Quality and Performance Report and actions being taken and determine whether:

    a) The report provides sufficient assurance.

    b) Whether further information, scrutiny or assurance is required, or

    c) Further remedial actions are to be undertaken through Executives.

SITUATION

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **January/February 2023.**

BACKGROUND

2. This Integrated Quality & Performance Report contains information on 26 key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus:-

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

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

4. As previously agreed, the metrics which form a part of this committee/Board report will be updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against our plans (IMTP) and strategies. This annual review is complete and was endorsed at the July 2022 Finance & Performance Committee with a further annual review now planned for Q1 2023/24.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

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

6. **999** answering times have been challenged through significant increases in call demand through the year; however, in January 2023 median and 65th percentile performance were good and the **95th percentile performance returned to three second answer** times, not seen since May 2021. An Intelligent Routing Platform (IRP) was switched on in November 2022, which enables BT to re-route 999 calls between different ambulance services in the UK. These re-routed 999 calls accounted for up to 9% of the Trust's daily 999 demand. This percentage continued to increase during December and on the 21 December 2022 it was suspended, which is a clear factor in the uplift in the Trust's performance. The IRP has now been switched back on as a pilot; however, call volumes at present through this stream are low.

7. No additional funding was secured into 2022/23 for 999 call handlers (relief gap 39 FTEs); however, plans are in place to review rosters to maximise utilisation of existing resource.

8. **111 call answering performance remains poorer** than the Trust would want. December 2022 saw unprecedented levels of demand and very low performance. Performance did improve in January and February 2023 to 34.8% and 28.7% respectively, but remains substantially off target (95%). Negotiations with commissioners earlier in the year suggested that the Trust has broadly the right number of commissioned and funded call handlers in post; however, there has been a recent agreement to uplift numbers by 10 WTE and work is ongoing to recruit these additional staff. Further work is required to reduce capacity lost through sickness absence, aligning capacity with demand and improving the efficient use of resource. A priority is now re-rostering 111.

9. **111 Clinical response:** whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls the Trust has **seen a signfiicant improvement** in February 2022's P2 and P3 call back times, with performance being just shy of the 90% target. Recruitment and retention of clinicians remains a priority, with significant numbers of clinical vacancies. An urgent set of actions within a focused plan are now in place to increase clinician numbers. This includes the introduction of a new base for staff within the Cardiff area, a more focussed recruitment campaign and consideration of expanded numbers of clinical professions. The commissioned number of clinicians for 111 is 140 FTEs i.e. the funded establishment, and discussions are ongoing with commissioners around the most appropriate level.

10. **Ambulance Response** (safety / patient experience): the Red 8 minute response performance for February 2023 was 50.9%, an improvement when compared to January 2023, but still far below the target of 65%. Amber response times also improved; however, Amber 1 waiting times remain far too long, for example, the 95th percentile was five hours 54 minutes. These long response times have a direct impact on outcomes for many patients. Actions within the Trust's control include:

    Capacity:
    • Recruitment: the Trust has received an additional £3m in 2022/23 which has allowed the Trust to recruit 100 FTEs over and above the existing establishment. The Trust expects to deliver most of the additionality by the end of quarter four. Some additional funding has also been made available to pilot an Amber Virtual Ward in partnership with St John Cymru. The Trust has indicated to commissioners that further growth of 100 WTE could be possible if funding was secured next year.

    • Additional Unscheduled Care Service (UCS) Capacity: the Trust has made additional funding available for third party capacity. Four vehicles a day, seven days a week have been secured with funding through to the end of the financial year.

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

    • The Ambulance Response roster review completed its go live in November 2022. This has been a complex large-scale project involving 1,800 staff, 146 rosters, and 60 working parties. This will have had the equivalent performance impact of +72 FTEs. A project evaluation is planned for quarter four.

- A Managing Attendance Programme has been agreed with EMT, which includes seven work-streams. This is now live and being reported to EMT every two weeks).

- Discussions with trade union partners on a range of other potential workforce efficiencies have paused due to industrial action.

Demand Management

- The increase in Clinical Support Desk capacity has meant that the Trust has been able to increase its consult and close rates, achieving 14.2% in February 2023.

11. One of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. 19,110 hours were lost in February 2023, a continued reduction compared to the +32,000 hours in December 2022; however, the levels are still so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss. Despite urgent and high-level discussions taking place between the Trust, Health Board CEOs and the Minister, required improvements have not been made. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus. Immediate Release figures for February 2023 were: Red 112 accepted and 5 declined; and Amber 1 76 accepted and 90 declined.

12. Clearly, the on-going industrial action will affect quality and performance. The Trust has robust arrangements in place for managing industrial action (IA) days, health boards have increased their focus on hospital handover reduction and TU partners have negotiated with the Trust on derogations for high acuity incidents. Red performance has reduced on IA days, but the real impact has been seen in the Amber 1 category, with the median exceeding three hours on some days. Inevitably long waits in the Amber 1 category have led to a spike in severe/catastrophic harm reports.

13. **Ambulance Care (formally NEPTS) (Patient Experience)**: performance remains above target for enhanced renal patient arrivals prior to appointment (December 2022). Discharge performance declined to 79% (target 90%) caused by IA impact and the implementation of changes to the CLERIC software that supports the planning and management of NEPTS transport. Overall demand for the service continues to increase, although it has not yet recovered to pre-CoVID-19 levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of efficiencies and improvements, for example: improved procurement through the plurality model, aligning clinic patient ready times to ambulance availability, re-rostering (NET Centre and NEPTS transport) and addressing oncology performance.

14. **National Reportable Incidents (NRIs) / Concerns Response**: The Trust reported twelve NRIs to the Delivery Unit in February 2023, compared to five in January 2023; sixteen serious patient safety incidents were referred to health boards in February 2023. It should be noted that the relatively small numbers may represent a delay in referral across rather than an actual drop in numbers of serious cases. In February 2023 complaint response times remained low at 24%, failing to meet the 75% target. In the main, many of these incidents will be because

of continued longer response times and the actions outlined above therefore are key. The Trust has put more capacity into the Putting Things Right (PTR), which has had a positive impact for the Legal Team and answering the PTR in-box, however, vacancies and the level of concerns continues to severely affect the team. The Trust is concerned for the welfare of the team, given the nature and volume of what colleagues are reviewing. Consideration is being given to what further support can be provided in terms of the team's welfare; and an organisational change process discussion is due to start in April 2023.

15. **Clinical outcomes**: the Trust is unable to fully report on the performance of all clinical indicators whilst work continues to link ePCR with the CAD and quality assure metrics. The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 76.2% in January 2023**,** below the 95% performance target. The introduction of ePCR enables the collection and sharing of information and data in a more timely and accurate manner. This will enable the Trust to better showcase clinical care provided to patients. Work is ongoing on the new call to door time-based metrics for STEMI and Stroke using the following roll out plan:

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

   <u>Our People (workforce resourcing, experience, and safety)</u>

16. **Hours Produced**: The Trust produced 105,568 Ambulance Response ambulance unit hours in February 2023. Emergency ambulance unit hours production (UHP) was 95% in February 2023, achieving the 95% target. CHARU UHP increased month on month to 86% in February 2023 (note this is 86% of the commissioned level, which is not the full roll out). Key to the number of hours produced are roster abstractions, which remain above benchmark, but are reducing i.e. improving and the completion of planned recruitment into the CHARUs and the 100 FTEs. It is important to note that the Trust is not fully funded for the CHARU service (52 FTEs v a modelled need of 153 FTEs).

17. **Response Abstractions:** Abstraction levels decreased to 36% in February 2023, remaining higher than the 30% benchmark, but reducing. EMS Response sickness abstractions stood at 10.22% in January 2023 (benchmark 5.99%).

18. **Trust sickness absence:** the Trust's overall sickness percentage was 10.64% in December 2022 and improved to 8.94% in January 2023. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level.

19. **Staff training and PADRs:** PADR rates did not achieve the 85% target in February 2023 (78.7%), compliance for Statutory and Mandatory training also dropped significantly below the target achieving 60.1%. The reasons for this decline in Statutory & Mandatory training are being reviewed with a possible reason being new courses.

20. **Financial Balance**: The Trust has reported outturn performance for January 2023 with a surplus of £5,000, and a forecast to the year-end of breakeven. At present the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit for 2022/23.

21. **Post-production lost hours**: the efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). The reasons for PPLHs are many and varied. Dialogue between the Trust and TU partners on options for change has paused due to industrial action.

Partnerships/ System Contribution

22. **Shift left:** much of Trust's work relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **consult and close** rates after 999 calls; and the Trust achieved 14.2% in February 2023, close to the Trust's 2022/23 IMTP ambition of 15%.

23. The Trust **conveyed** 39% of patients to emergency departments in January 2023. This figure needs to be treated with caution as analysis shows that conveyance rates are linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls, with many patients cancelling the ambulance due to the long response times. In February 2023, over 6,500 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 220 callers. In the longer term, as the Trust knows, the system needs to transform if it is to become more sustainable. A formal programme to take forward "inverting the triangle" has been established. The Trust has proceeded with growing the numbers of APPs in training. The current focus is on developing a "strategic case for change" and a stakeholder engagement process.

Summary

26. The indicators used in this high-level report paint a continued poor picture in terms of the quality and safety of the EMS. 111 call answering rates remain problematic, but the clinician call back rates are above or close to target. EASC, WG and the 111 Programme Board have been very supportive of the Trust through the pandemic, investing in a range of mitigations; however, funding for further initiatives is currently limited and is expected to worsen significantly in 2023/24. For 111 and Ambulance Care (NEPTS) the Trust can look to take a range of actions to optimise the balance between patient demand and capacity; however, for EMS the Trust cannot take sufficient actions within its control to mitigate the impact of the extreme handover lost hours. As a result, all three committees have expressed serious concern about the impact of handover lost hours on patient safety and staff well-being. The Trust has received further funding (£3m) for +100 FTEs into EMS, which is welcome, but it remains critical to patient safety that handover lost hours are reduced in line with Ministerial expectation and that further actions to shift patient demand left are supported.

   RECOMMENDATIONS

Committee is asked to: -

- **Consider** the January/February 2023 Integrated Quality and Performance Report and actions being taken and determine whether:

  a) The report provides sufficient assurance.

  b) Whether further information, scrutiny or assurance is required, or

  c) Further remedial actions are to be undertaken through Executives.

REPORT APPROVAL ROUTE	
Date	**Meeting**
15 Mar-23	**Executive Management Team**
21 Mar-23	**Finance and Performance Committee**

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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

Monthly Integrated Quality & Performance Report

January / February 2023

Annex 1 – Top Indicator Dashboard

Our Patients - Quality, Safety and Patient Experience

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Jan-23	Feb-23	2 Year Trend	RAG
NHS111 Abandoned Calls	< 5%	18.60%	16.0%	14.9%		R
999 Call Answer Times 95th Percentile	95% in 00:00:06	00:52	00:03	-		G
999 Red Response within 8 minutes	65%	55.2%	48.9%	50.9%		R
999 Amber 1 Median	00:18	01:10	00:50	00:55		A
Stroke Patients with Appropriate Care	95%	TBD	76.2%	-		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	TBD	42.3%	-		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	74%	71%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	90.0%	78.6%		R
National Reportable Incidents reports (NRI)	Reduction Trend	5	5	12		R
Concerns Response within 30 Days	75%	61%	21.0%	24.0%		R

Our People

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Jan-23	Feb-23	2 Year Trend	RAG
Capacity						
EMS Abstraction Rate	29.92%	42.00%	39%	36%		R
Hours Produced for Emergency Ambulances	95%	95.0%	97%	95%		G
Health and Wellbeing						
Sickness Absence (all staff)	8.00%	10.48%	8.94%	-		A
EMS Operations Sickness Rates	8.00%	7.76%	10.22%	8.98%		A
Staff Turnover Rate	Reduction Trend	8.71%	10.69%	10.86%		A
Statutory & Mandatory Training	>85%	82.3%	76.51%	60.10%		R
PADR/Medical Appraisal	>85%	60%	79.1%	78.7%		A
Value						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	-		G
Post-Production Lost Hours (EA, RRV, UCS)	Reduction Trend	TBD	9275	8057		A
Partnerships / System Contribution						
NHS111 Consult and Close	Increasing Trend	TBD	811	949		A
Combined 999 & NHS111 Consult & Close	15.0%	TBD	14.9%	14.2%		A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	TBD	10.72%	-		TBD
Number of Handover Lost Hours	25% reduction from Oct-21 position	15,955	23,525	19,110		R

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

Welsh Ambulance Services NHS Trust

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

R | FPC

Influencing Factors – Demand and Call Handling Hours Produced

NHS111 Calls Answered vs Calls Abandoned within 60 Seconds

Legend: % 111 calls answered within 60 seconds of the end of the message | % of 111 Offered Calls Abandoned After 60 Secs | 111 Call Answered Target = 95% in 60 Seconds | 111 Calls Abandoned Target = <5%

Total NHS111 Calls Offered

NHS111 Call Handler - Total Actual Shift Fill

NHS111 Call Handler Sickness Absence

Legend: Sickness (Includes COVID Sick) | Linear (Sickness (Includes COVID Sick))

Analysis
111 call abandonment is a key patient safety indicator for the service**. February 2023** saw an abandonment rate of 14.9%, an improvement when compared to January 2023 (16%), but still failing to meet the 5% target.

The percentage of 111 calls answered within 60 seconds of the end of the message decreased in February 2023 to 28.7%. This was despite 111 call demand also decreasing when compared to January 2023.

Capacity (staff hours) has generally been increasing in line with planned roll-outs, however this is impacted by sickness abstractions for Call Handlers (which includes COVID-19 Sickness). However, a significant reduction was seen in January 2023, with sickness absence levels falling to 11.28%.

Remedial Plans and Actions
The key to improving call answering times is having the right number of call handlers, rostered at the right time to meet demand, and to maximise efficiency.
- Agreement has been reached with commissioners that 188 WTE call handlers will be funded this year. We are currently broadly at that number with no vacancies.
- Work continues with sickness absence in line with the Trust's managing absence work programme to increase capacity.
- Work is underway to look at the rosters and ensure that capacity is aligned to demand, and to try and even out performance through the week. A particular area of focus is to develop a new Resource Policy.
- Work also continues in reviewing the use of the Clinical Advice Line which is available to call handlers who want some clinical advice whilst on call with the patient.

Expected Performance Trajectory
With call handler numbers broadly at commissioned levels, call answering times will only be improved through improved efficiency gains (reducing sickness absence, re-rostering, reducing time for CAL line).
If demand continues to be so high performance will be affected due to levels of call handlers and clinicians not matched.
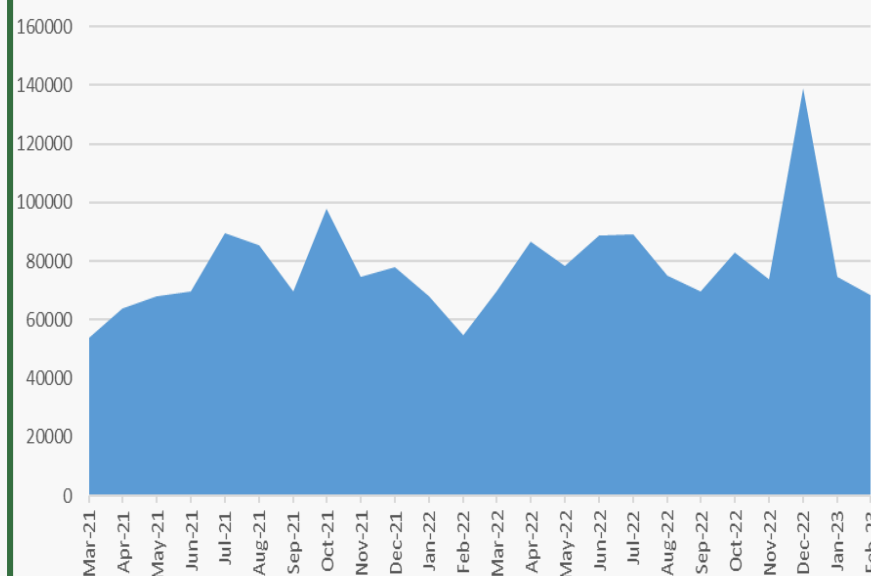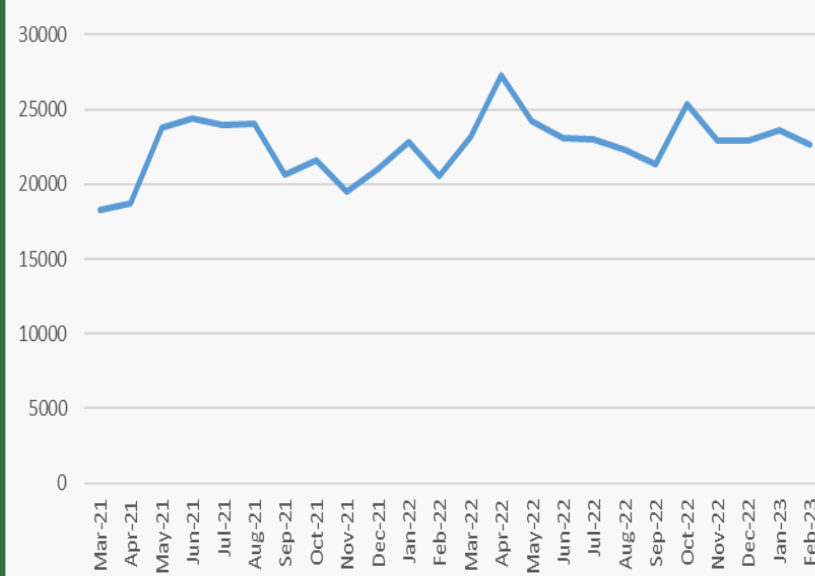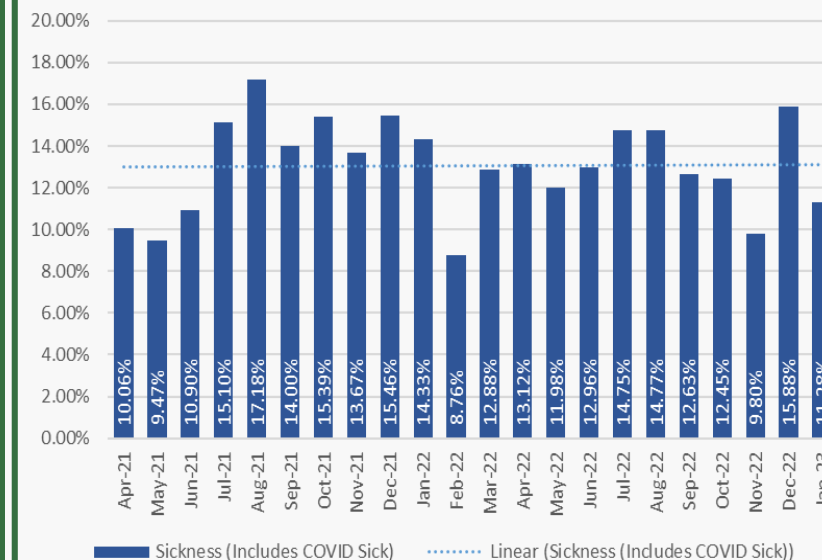
(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

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

Influencing Factors – Demand and Clinical Hours Produced

P1CT
G

FPC

NB: Feb-23 Abstraction data not yet published

111 Timely Clinical Triage of Patients

- % of calls prioritised as P1CT that started their first definitive clinical assessment within 20 Minutes of the end of the first contact
- % of calls prioritised as P2CT that started their first definitive clinical assessment within 2 Hours of the end of the first contact
- % of calls prioritised as P3CT that started their first definitive clinical assessment within 3 Hours of the end of the first contact
- Target 90%

NHS111 Clinicians - Total Actual Shift Fill

NHS111 Clinician Sickness Absence

Analysis

The performance of **111 calls receiving a timely response to start their definitive clinical assessment saw an increase across the priorities. The highest priority calls, P1CT, continues to achieve the 90% target (which it has done for the past 2 years), with the figure for February 2023 increasing to 99.1%.**

For lower category calls (P2CT & P3CT) the was just shy of the 90% target, with P2CT achieving 89.5%. Following unprecedented levels of demand in December 2022 (138,782), call volumes have since reduced, with the February 2023 figure being 68,284.

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

12,243 hours were filled by clinicians in February 2023 a decrease when compared to 14,588 in January 2023. Clinician sickness absence decreased from 21.4 % in December 2022 to 14.3% in January 2023. At present there are 101.1 (FTE) nurses and paramedics employed within NHS111 and 39.01 FTE vacancies *(data correct as of 12/01/23 and therefore subject to change)*.

Remedial Plans and Actions

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

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

Expected Performance Trajectory

Risks have been highlighted in previous reports about the ability to recruit sufficient clinicians and this is now being seen. Although urgent actions are in play as set out above, performance is likely to be below levels expected until these bear fruit into Q4. Demand for the 111 service is also more difficult to forecast as it is often linked to government announcements or media coverage.
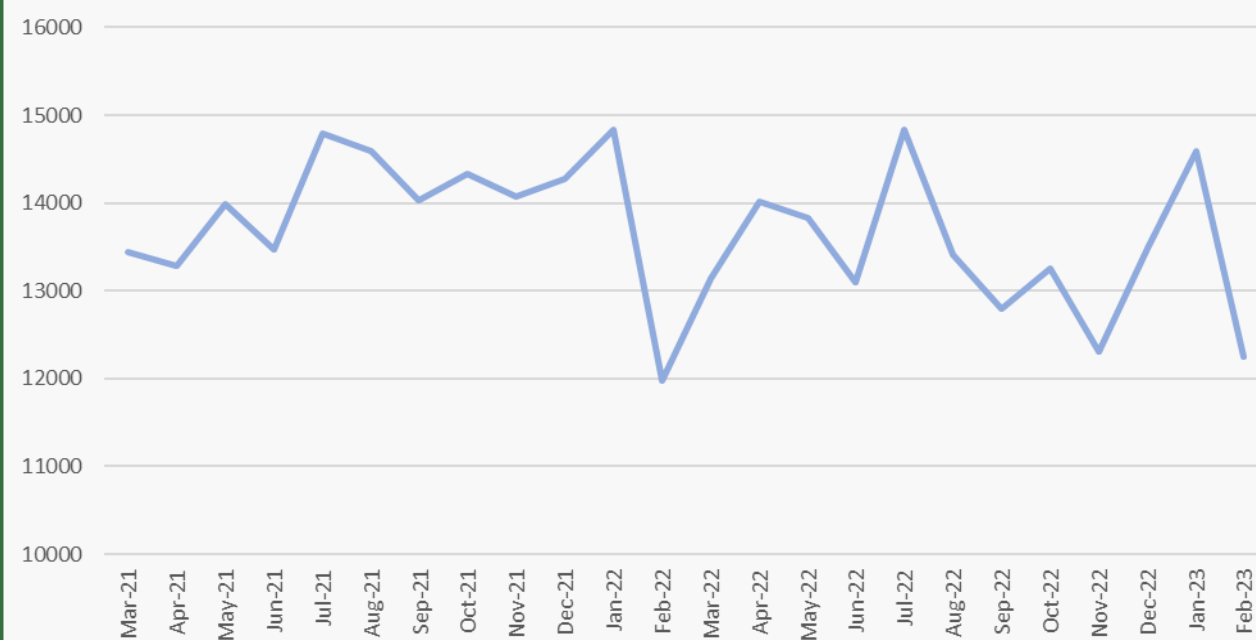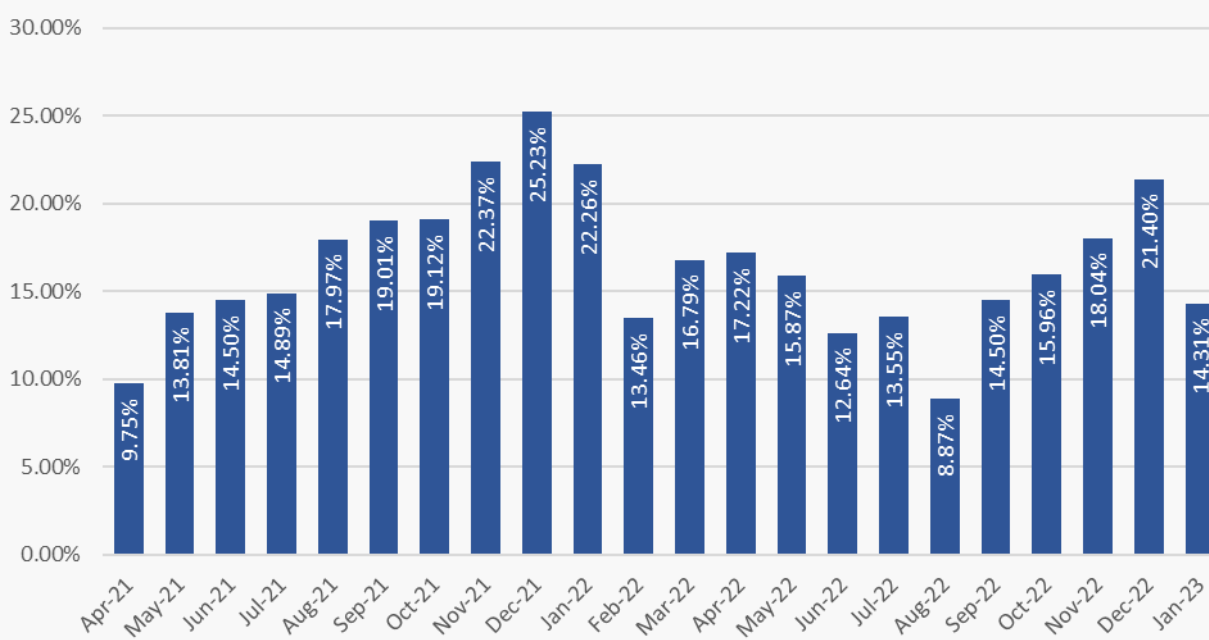
(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

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

Influencing Factors – Demand and Hours Produced
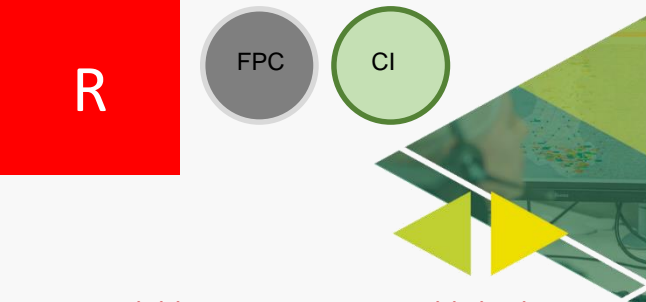
NB: Feb-23 call Volume & Performance data unavailable as ASIs not yet published

R   FPC   CI

95th Percentile 999 Call answer times

999 Call Volumes

Median & 65th Percentile 999 Call Answer Times

— Median 999 Call answer times   — 65th Percentile 999 Call answer times

Pan Wales CCC Abstraction Hours - Sickness and Other Abstractions

— Sickness   — other (incl. TOIL & Maternity Leave)
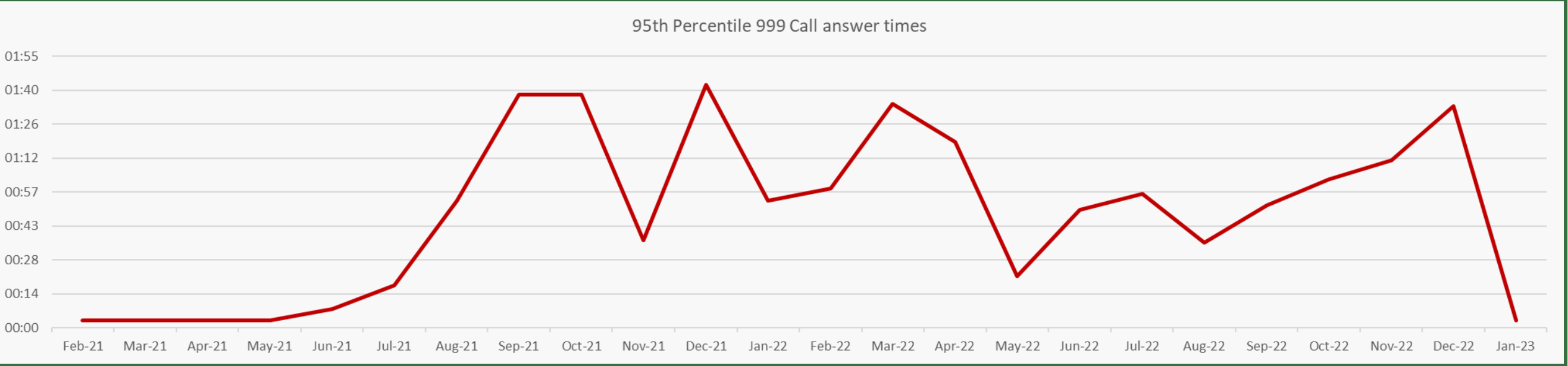
Analysis
The 95th percentile 999 call answering performance decreased in January 2023 to 3 seconds, a significant improvement when compared to 1 minute 34 seconds in December 2022. This is the first time since May 2021 that the Trust has seen a return to the usual 3 second answer time. In January 2023 99.1% of calls were answered within 6 seconds.

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

The Trust received 36,455 emergency 999 calls in January 2023, a significant decrease from the 56,612 received in December 2022. January 2023 also saw a decrease in sickness abstractions, in line with the planned trajectory.
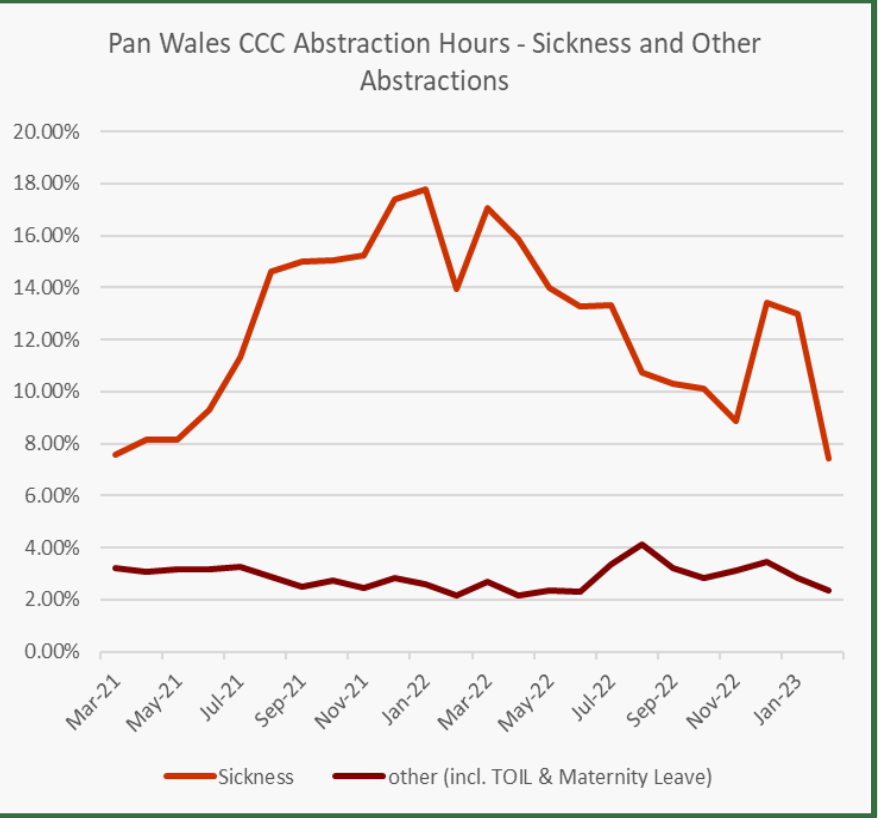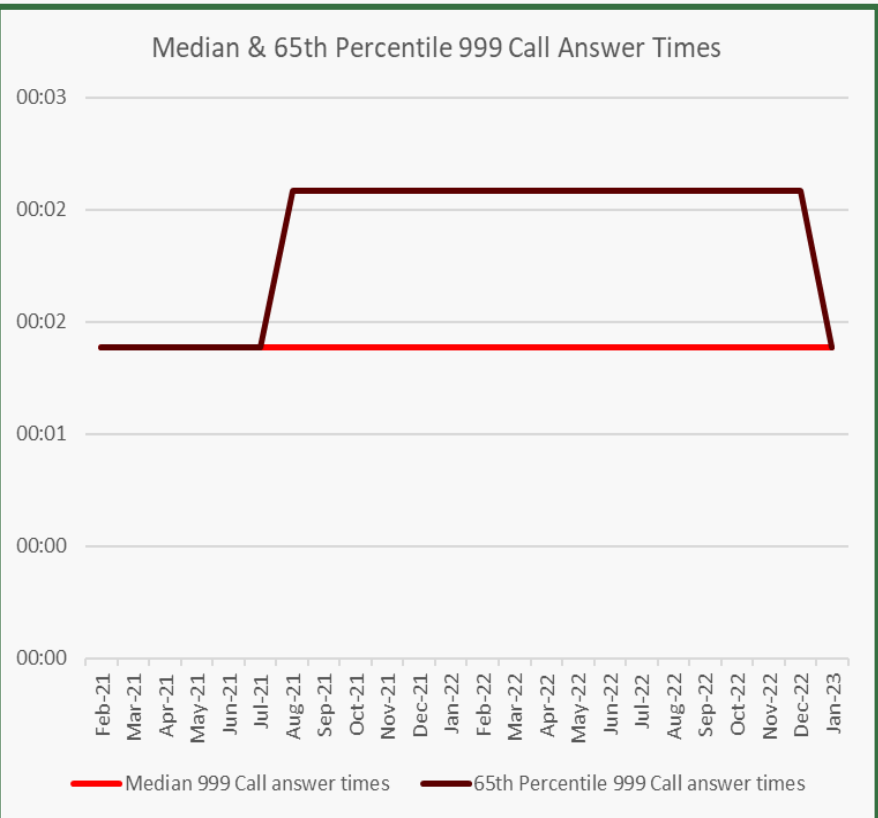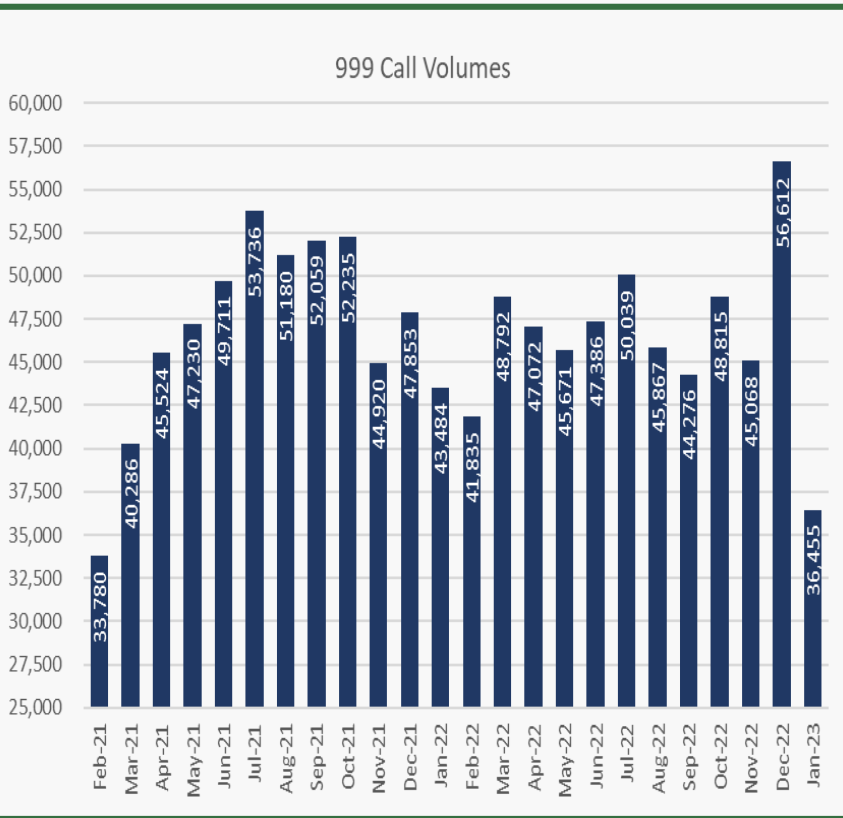
Remedial Plans and Actions
- EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately.
- No additional funding is available this year to increase numbers of call handlers.
- Increased pressure and sustained levels of 999 demand is impacting on staff attrition and wellbeing.
- CCC FTE is currently 123.34 *(data correct as of 16/01/23)*.
- Switching off the Intelligent Routing Platform and reduction in demand.
- Additional EMD training cohorts becoming operational.

Expected Performance Trajectory
Switching off the IRP has had a significant impact on performance with the 3 second 95the percentile being achieved for the first time since May 2021.
Future performance levels will be dependent on stable demand and sufficient capacity.
There remains a 39 FTE relief gap and an unfunded proposal for a revised management structure.

(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust
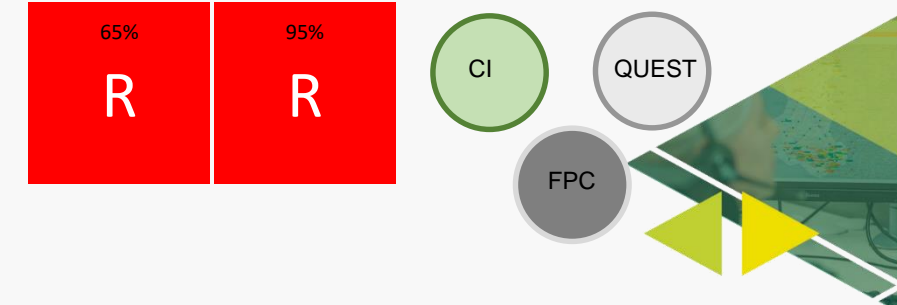
% Of Emergency Responses to Red Calls Arriving Within (up to and including) 8, 9 & 10 Minutes Against Red Calls 95th Percentile

Legend: 8 minute | Target 65% | 10 minute | 9 minute | Red Calls – 95th percentile response time

Monthly 8-minute values (Mar-21 to Feb-23): 62.50%, 61.00%, 60.60%, 60.60%, 57.80%, 57.60%, 52.30%, 50.00%, 53.00%, 51.10%, 52.50%, 55.00%, 51.10%, 51.20%, 54.50%, 50.80%, 52.00%, 50.70%, 50.00%, 48.00%, 48.00%, 39.50%, 48.90%, 50.90%

Total EMS Actual Hours Produced

Legend: EA Actual Hours | UCS Actual Hours | RRV Actual Hours | APP Actual Hours | DOM Actual Hours | CHARU Actual Hours

Red Median Response Times Against Lost Hours to Notification to Handover Delays

Legend: SB Lost Hours | AB Lost Hours | BCU Lost Hours | C&V Lost Hours | CTM Lost Hours | HD Lost Hours | Powys | RED Median

RED Demand

RED Demand monthly values (Mar-21 to Feb-23): 2469, 2658, 3070, 3292, 3589, 3384, 3914, 4121, 3855, 3935, 3391, 2935, 3590, 3613, 3604, 3735, 4134, 3502, 3561, 4551, 4605, 5961, 4084, 3697

Analysis

Red performance improved in February 2023, with Red 8 minute performance achieving over 50% for the first time in six months; however, it still remains below the 65% target; which has not been achieved since July 2020. Although there was variation between the health boards, none of the seven achieved the 65% target. Red 10-minute performance was 63.5% in February 2023, which was continued improvement from the 60.9% seen in January 2023.

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

Red demand over the past 2 years had seen a steadily increasing trend, which was outside of normal expected variation and was impacting upon response times. This reached a peak in December 2022, with demand at 5,961, but has declined over the past two months, with the figure for February 2023 being 3,697. Although this is an improving picture, demand is still above levels recorded for the same period last year.

The lower centre graph demonstrates the correlation between overall Red performance and hospital handover lost hours. After peaking at over 32,000 lost hours in December 2022, this area also shows an improving picture, with the lost hours figure for February 2023 being 19,110. Although still high compared with pre-2022 rates, this is the lowest figure recorded since September 2021, and may indicate that reduction plans are beginning to have a positive impact. However, these levels are still extreme and continue to have an impact on overall service.

There are however other factors which affect Red performance, including additional time taken to don level 3 PPE to Red calls relating to some respiratory disease/issues. Lower hours produced will also have an impact and in February this has been affected by the shorter month and the days where Industrial Action has taken place.

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

Expected Performance Trajectory
Modelling is currently being undertaken on the impact of various remedial actions, in particular, full roll out of CHARUs, improved management of Red demand and reduced handover. Another factor in future trajectories will be the impact of continued industrial action.
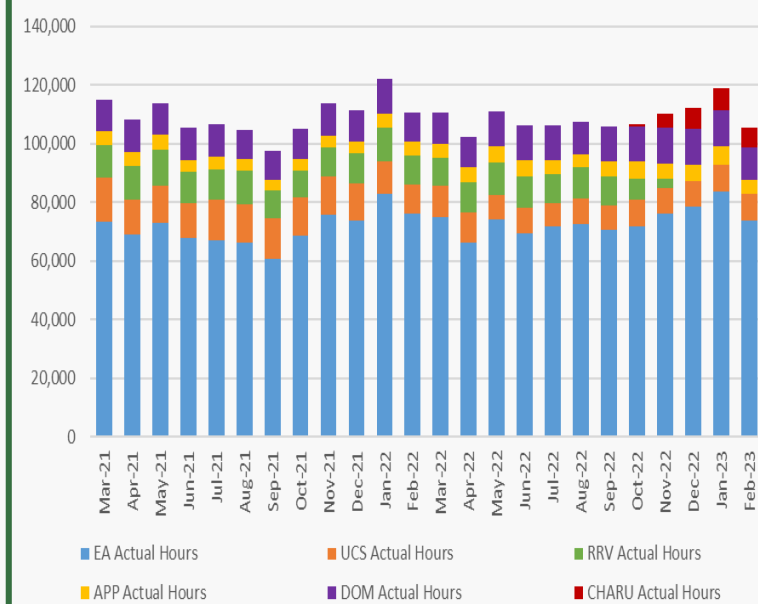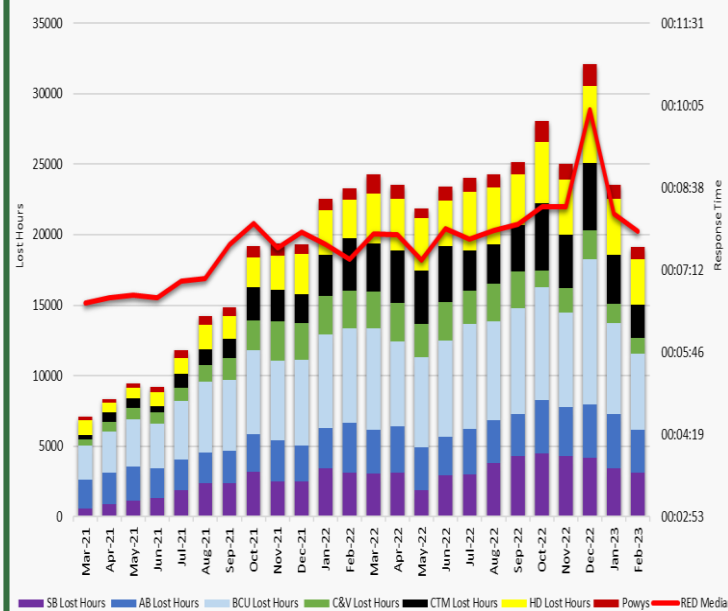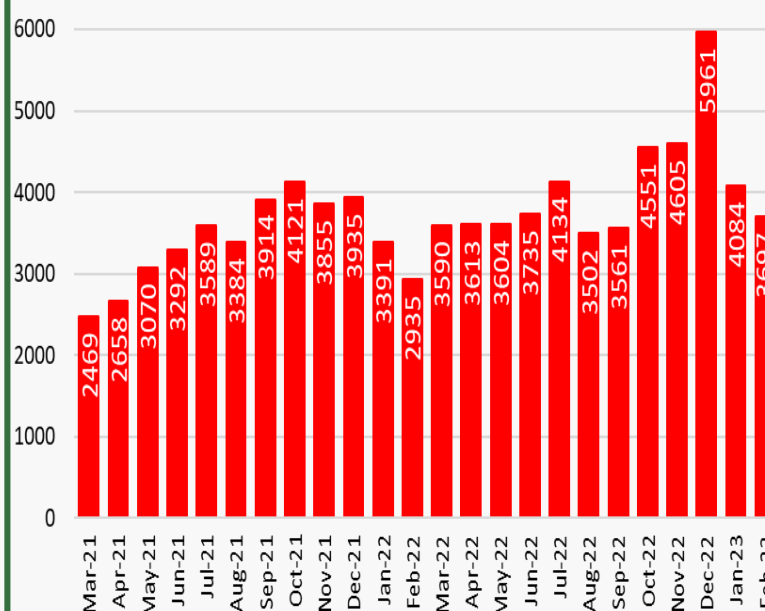
NB: Data correct at time of abstraction

A   CI   FPC   QUEST
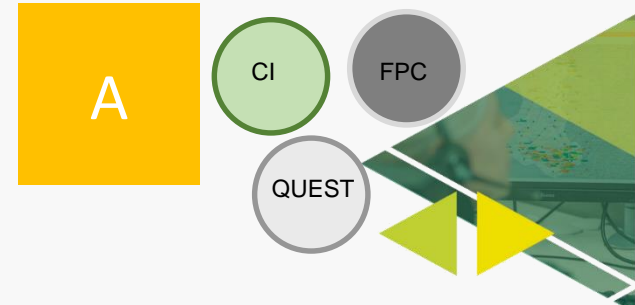
Amber 1 - Median Percentile
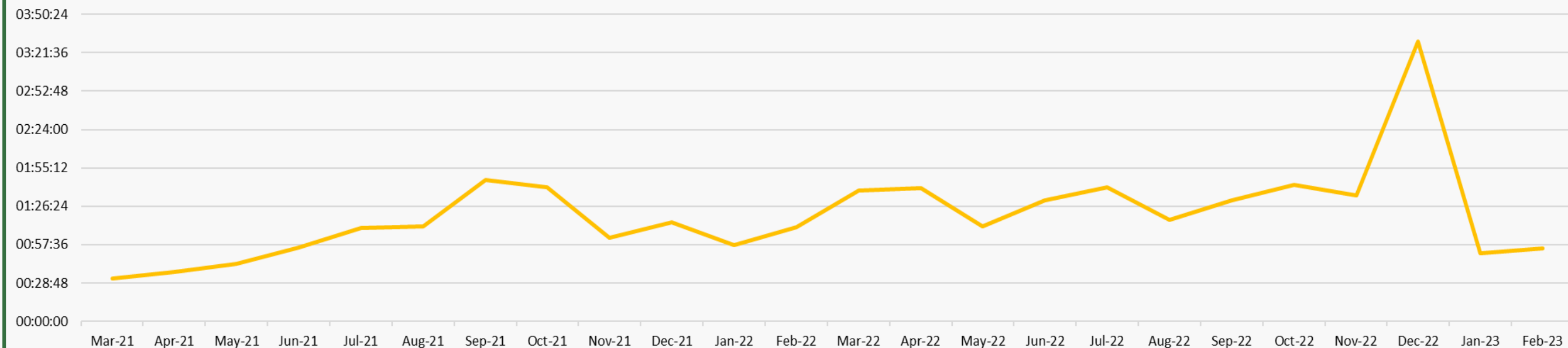
Analysis
Following significant improvement in the Amber 1 median response time during January 2023, it declined slightly in February to just over 55 minutes. The ideal Amber 1 median response time is 18 minutes. However, the Amber 1 95th percentile continued to fall, and was under 6 hours for the first time since August 2022.

There were still some very long patient waits in February 2023, with 389 patients (all categories, not just Amber) waiting over 12 hours; although this is a significant reduction compared to December 2022 (2,064), and is the lowest number reported since July 2021.

Amber demand decreased further in February 2023 following a large decline in January 2023, to its lowest level for 2 years.

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

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

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

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

Amber Median Response Times against Lost Hours to Notification to Handover Delays
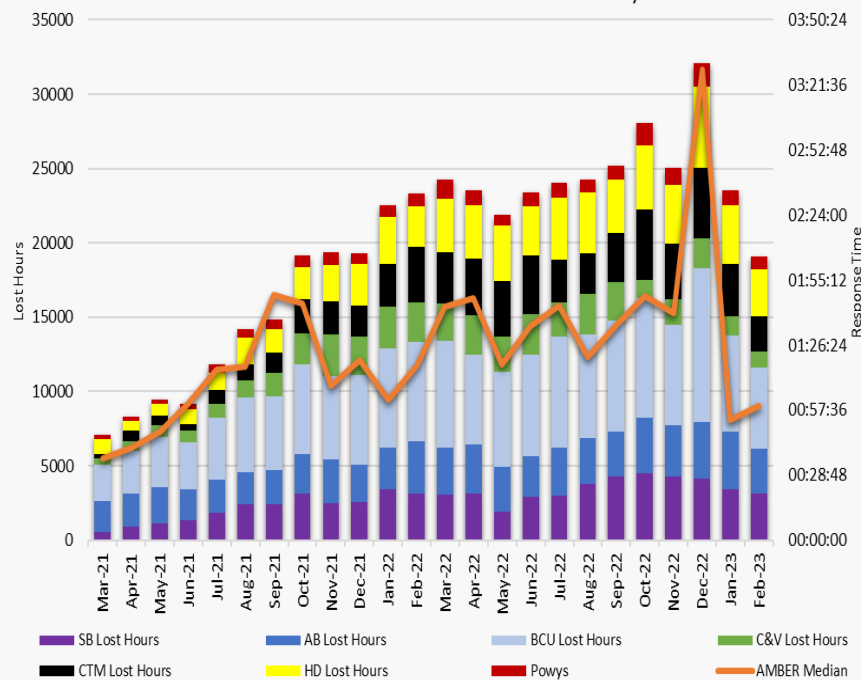
Total Verified AMBER Demand
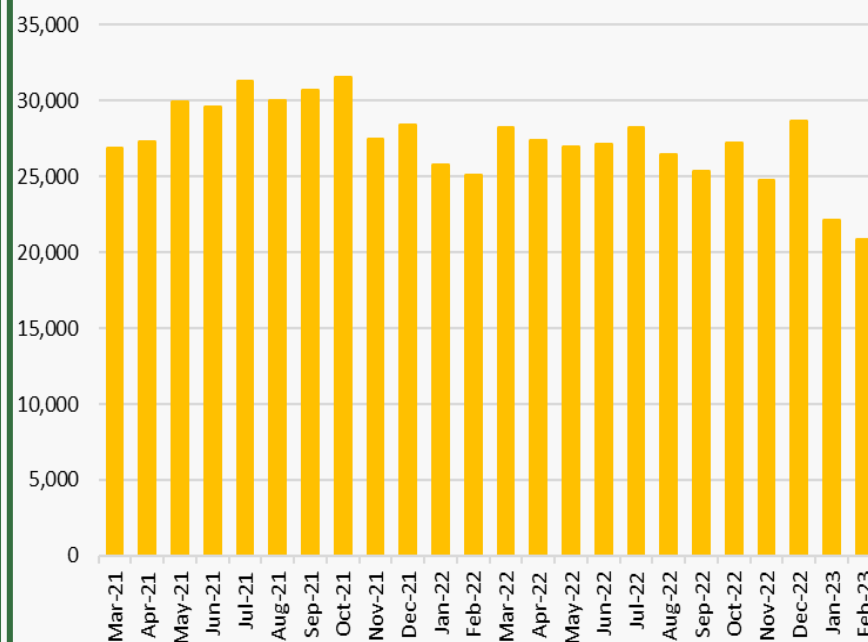
Amber 1 & 2 - 95th Percentile
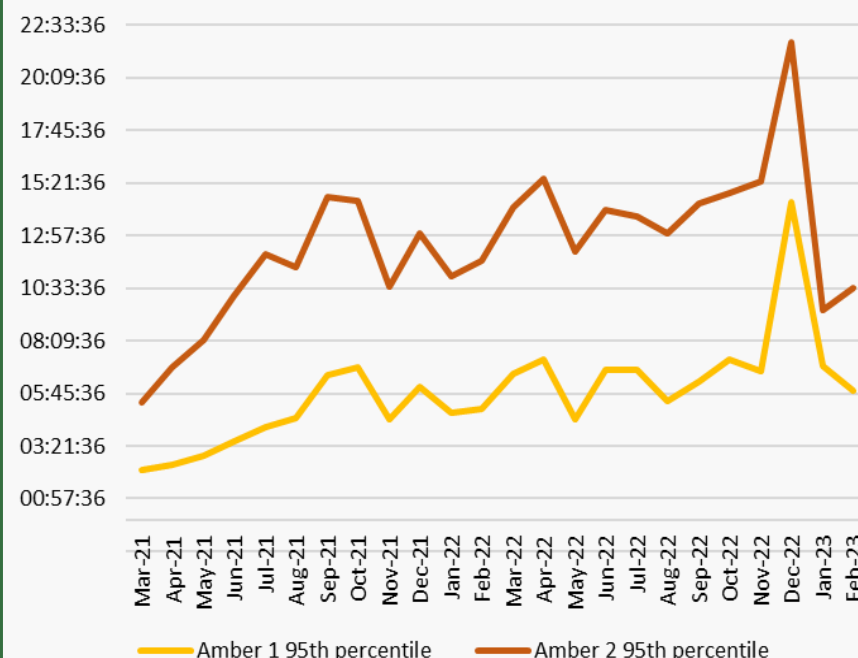
Our Patients: Quality, Safety & Patient Experience Clinical Outcomes Indicators

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

Stroke/Hip Fracture/Hypo glycaemic. **R**

Self Assessment: Strength of Internal Control: Moderate

QUEST

NB: Feb-23 data unavailable as ASIs not yet published

STROKE

Return of Spontaneous Circulation (ROSC) at Hospital

ST Elevation Myocardial Infarction (STEMI)
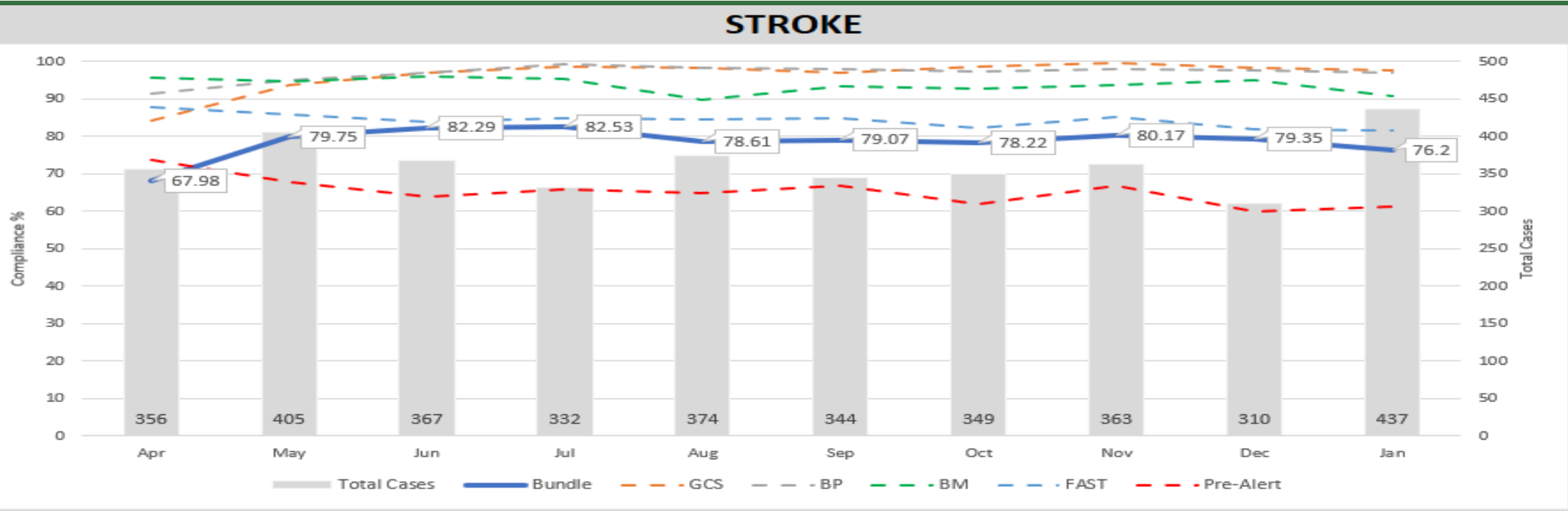
Analysis

The Trust currently uses ePCR to report on five clinical indicators (CI) to the Emergency Ambulance Service Committee (EASC) , Fractured Neck of Femur (#NOF), Stroke, ST elevation Myocardial Infarction (STEMI), Hypoglycaemia and Return Of Spontaneous Circulation (ROSC at hospital). Work continues to develop, and quality assure metrics. The Trust is not achieving the 95% targets at this time and ROSC is below the Trust's ambition linked to CHARUs.

It is likely that as the system continues to embed within clinical practice, that users are still getting used to an adjusted workflow and data points might be missed. An improvement approach has been taken and a series of 'Top Tips' posters have been circulated and shared with Senior Paramedics to support their conversations with WAST clinicians as part of the ride-out process. This is based on deep dive audits conducted for each of the CIs and reported through the Clinical Intelligence Assurance Group prior to approving publishing CI data as Ambulance Service Indicators to EASC. In addition, the deep dive audits are contributing to recommending improvements that can be made to the ePCR user interface to enable better data capture in future versions.

Remedial Plans and Actions

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

New agreed indicators for this year (commissioning intention) include call to door time for STEMI and Stroke and Reporting on Outcomes (by response type). There is a lot of work required to agree and then report on these indicators, with the following roll out plan:

Q3 (Oct – Dec 2022)
A decision will be made on the criteria to define 'call to door' and 'at hospital' for the STEMI & Stroke time-based metrics, Following this the team will begin developing a reporting dashboard.
Establish initial requirements with the NCCU for Reporting on Outcomes (by response type).

Q4 (Jan – Mar 2023)
Work continues with CIAT/HI/NCCU to decide on the most appropriate data points, taking into consideration those used by English Ambulance Trusts.
Finalise the time-based metrics dashboard and test the data internally to include data from April 2022.
Review potential data points for use as test data/discuss with NCCU
Test reporting with initial data points/discuss with NCCU

April 2023 - Approve time-based metrics for ASI reporting

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.

Expected Performance Trajectory
Clinical: As shown throughout the UK, the implementation of CHARUs will aid the Trust in successfully increasing ROSC rates. Once CHARU has been implemented it is anticipated that ROSC rates should increase.
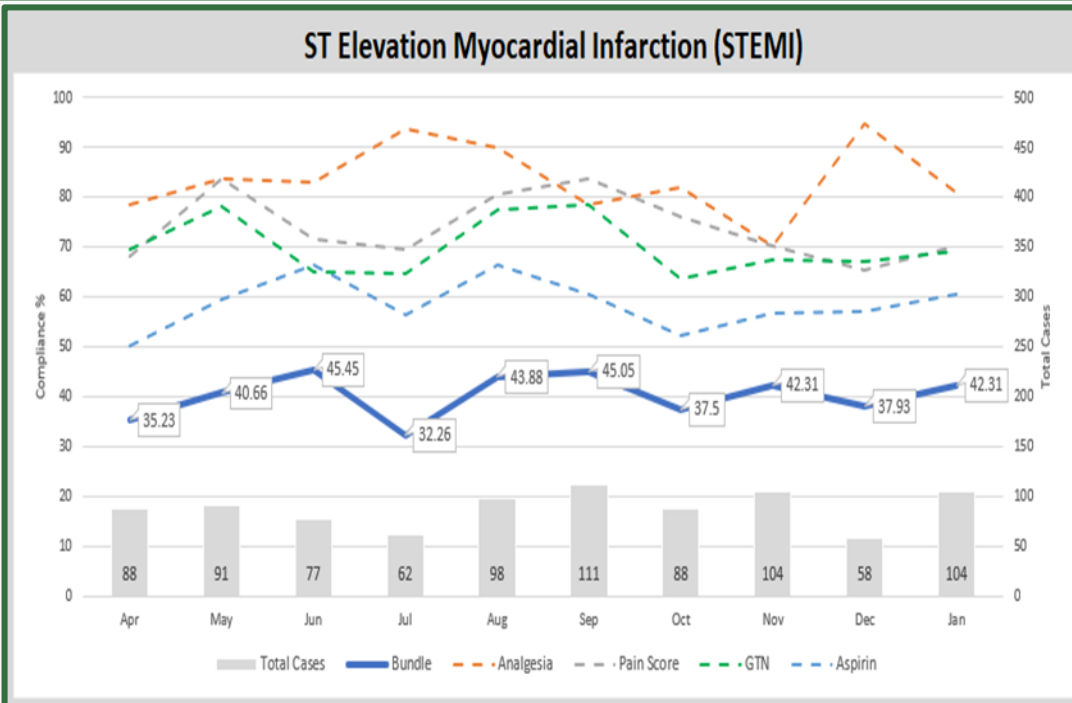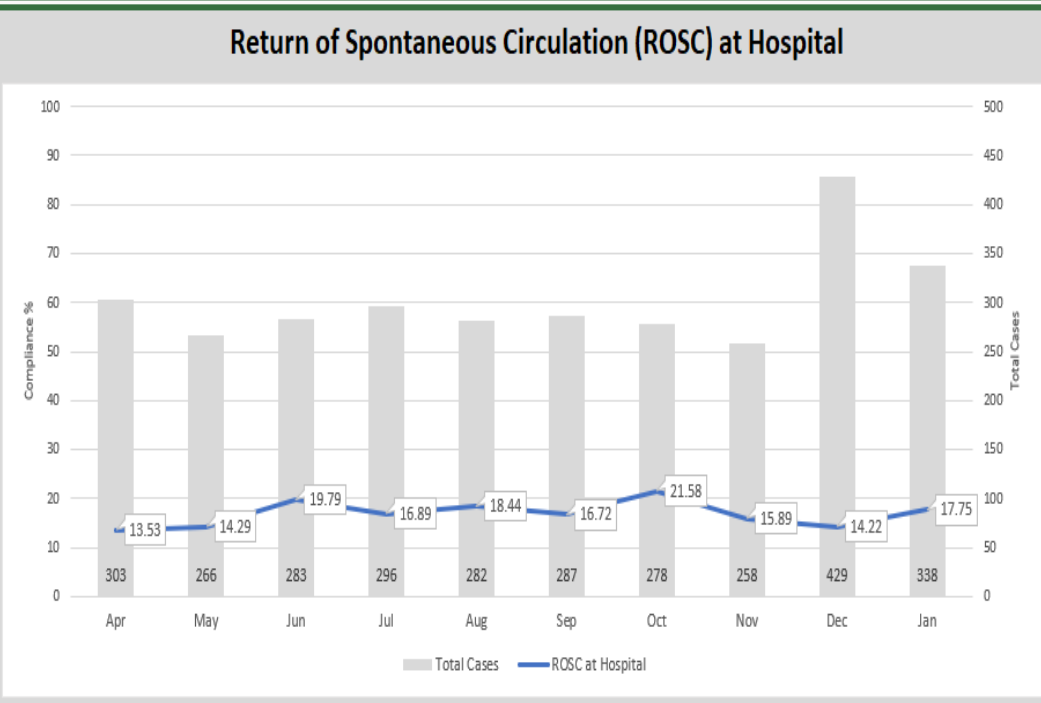
(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust

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

Renal **G** | D&T **R** | CI | FPC

% Of Enhanced Renal Journeys - Arrival Times (NEPTS)

- % of enhanced renal journeys arriving within 30 minutes prior of their appointment time (NEPTS)
- % of enhanced renal journeys arriving after their appointment time (NEPTS)
- % of enhanced renal journeys arriving within 30 minutes prior of their appointment time - Target 70%
- % of enhanced renal journeys arriving after their appointment time - Target no more than 10%

% of Discharge & Transfer Journeys - Collected less than 60 minutes after their booked ready time (NEPTS)

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

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

Analysis
Ambulance Care (NEPTS element) performance has deteriorated slightly during February 2023. 71.4% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target, but down slightly on the previous month and presenting as the lowest figure over the reporting period.

79% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, which is the first time in four months that the 90% target has not been achieved.

Key factors affecting these indicators are demand and capacity:

- Overall demand has been increasing since the initial reduction at the beginning of the pandemic, but overall it is still not quite at pre-pandemic levels.
- As the Trust emerges out of pandemic response and the health system is "re-set" it is anticipated that further demand increases could be experienced at which point capacity may be an issue. This has been modelled and mitigations put in place.
- Days of continuing Industrial Action have adversely affected the Trust's capacity during the past few months.

Remedial Plans and Actions
- D&C Project: currently awaiting feedback from tests of change for revised roster keys. Once received, the draft PID will be completed. Aim was to deliver by Nov-22, but delayed linked to escalation levels.
- NEPTS Operational Improvement: Discharge Lounge trial restarted on 21st November. However, HB operational pressures have brought the very brief start to a halt. WAST will again be engaging with BCUHB to establish a trial to be completed in the face of escalation. WAST may need to look at another HB to trial.
- Transfer and Discharge Project: Work is in progress with regards to the modelling with aim to complete by end of the financial year.
- Transfer and Discharge Service: work is in progress with regards to the modelling (ToR created and data collection almost complete with weekly project call now in place). Aim is to have the modelling complete by year end..
- Transport Solutions: Training of Health Boards for the online booking system is on track to be completed within December 2022, after which telephone bookings from HCP's will no longer be accepted. A position paper on eligibility is being created and has been discussed with NCCU with the view of then sharing with WG.
- NEPTS CAD Upgrade: second penetration (PEN) test took place on 28th November and all identified issues were rectified. The scheduled go live has been postponed twice now due industrial action dates and has been rescheduled with the go live day being the 31st January 2023.

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

(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

SCIF.
R

Self Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard Health - Safe Care / Timely Care
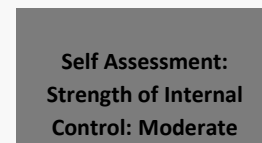
Number of SCIF cases reported as National Reportable Incidents (NRI) By Date Reported to the Delivery Unit by WAST

Values by month: Mar-21: 7, Apr-21: 9, May-21: 1, Jun-21: 4, Jul-21: 4, Aug-21: 5, Sep-21: 8, Oct-21: 7, Nov-21: 9, Dec-21: 4, Jan-22: 5, Feb-22: 2, Mar-22: 7, Apr-22: 3, May-22: 11, Jun-22: 3, Jul-22: 2, Aug-22: 10, Sep-22: 7, Oct-22: 8, Nov-22: 2, Dec-22: 0, Jan-23: 5, Feb-23: 12

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

Percentages: Mar-21: 78%, Apr-21: 68%, May-21: 62%, Jun-21: 63%, 62%, 57%, 45%, 47%, 56%, 70%, 66%, 64%, 76%, 53%, 41%, 13%, 22%, 24%, 28%, 28%, 24%, 27%, 21%, 24%

Legend:
- Concerns Reponse (% of concerns that received a response (Reg 24, or Interim Reg 26) within the 30 working day timeframe, from the date concern was first received, by "due date")
- Target > 75%

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

Legend: AMBER1, AMBER2, GREEN2, GREEN3, RED

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

Legend: Aneurin Bevan, Betsi Cadwaldr, Cardiff & Vale, Cwm Taf Morgannwg, Hywel Dda, Powys

Analysis

The percentage of responses to concerns in February 2023 increased marginally to 24% against a 75% target. Several factors continue to affect the Trust's ability to respond to concerns, including, a rise in the number of inquests, continuing volumes of Nationally Reportable Incident's (NRIs) and timely response to requests for information from key parties. The number of total concerns continues to decrease with 67 complaints being received in February 2023.

Six Serious Case Incident Forums (SCIF) were held during the month and 51 cases were discussed. Following discussion 12 serious patient safety incidents were reported to the NHS Wales Delivery Unit and 16 cases were referred to HBs for investigation under the Joint Investigation Framework. The Trust did not receive any referrals from Health Boards under the Joint Investigation Framework during the period.

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

In February 2023 there were no NRIs relating to Red calls, 2 relating to Amber calls and 1 in relation to Green calls. There were 9 NRIs prioritised as Amber that should have been red. As reported earlier, in February, 389 patients waited over 12 hours for an ambulance response, a continued reduction month on month, also a reduction when compared to 614 in February 2022, but an increase compared to 41 in February 2021.

The cases within the Complex Case Panel and Redress figures, indicate the number of cases within the reporting period, where the Trust has potentially breached its duty of care to the patient. In January 2023 there were 45 open redress cases; 4 cases have been re-opened to undertake CRU appeals. Actions with the complainant/patient/family have been concluded.

36 Compliments were received from patients and/or their families in February 2023, a decrease compared to the previous month (56).

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 CCC Team. An organisational change process is planned across the putting things right functions.
Delayed community response (Risk 223) and handover of care delays at hospitals (Risk 224) are the two highest rated risks on the Trust's Corporate Risk Register (both rated 25) and include detailed mitigations and current actions.
The Joint Investigation Framework pilot (to replace the 'Appendix B' process) continues to have good engagement from system partners overall.
Immediate improvement actions following the SCIF include education and training for individual staff, updates to operating procedures and circulation of bulletins to share learning and provide updates.
The Trust submitted the quarter 3 complaints return to Welsh Risk Pool on 03.03.2023 which was validated and subsequently forwarded to Welsh Government in line with reporting requirements on 06.03.2023.
The key strategic action is the EMS Operational Transformation Programme.

Expected Performance Trajectory

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

NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change.
NB: Complex Case Review will always report 1 month in arrears

NRI & Concerns Data source: Datix / Longest Waits Data Source: Report Manager
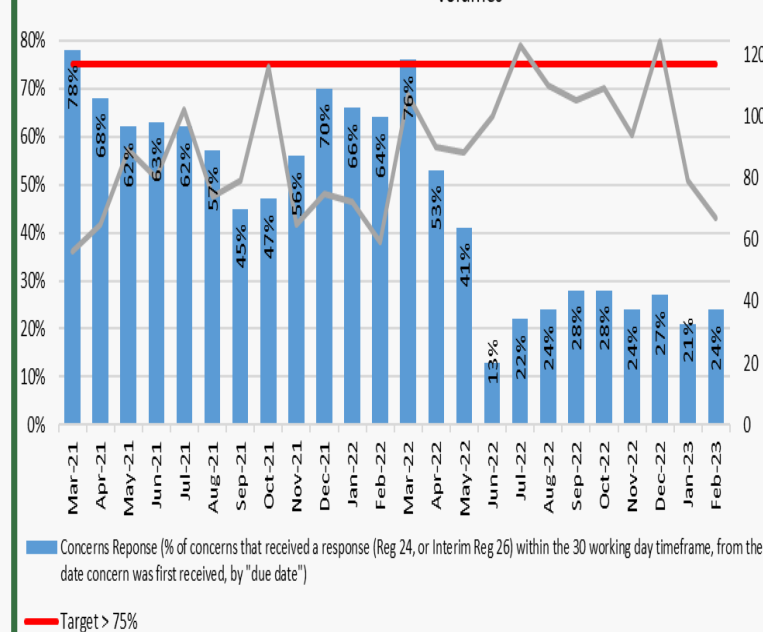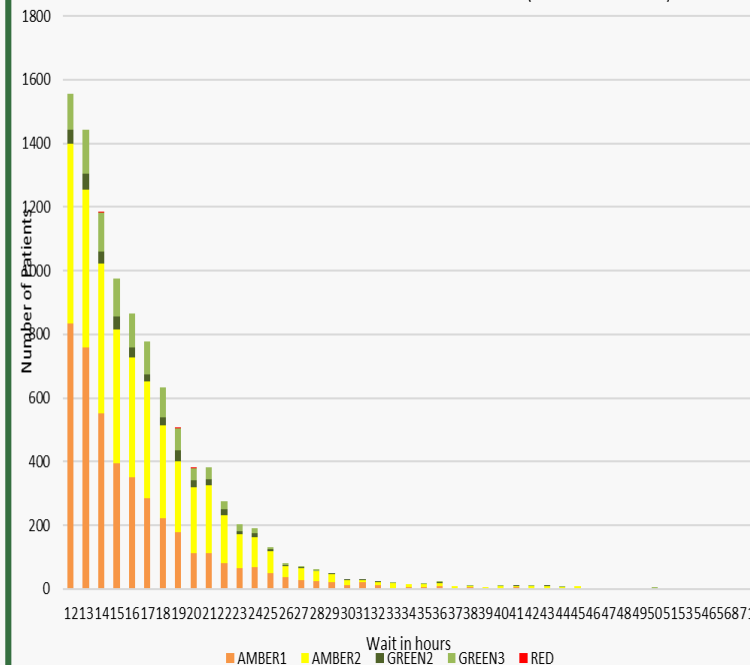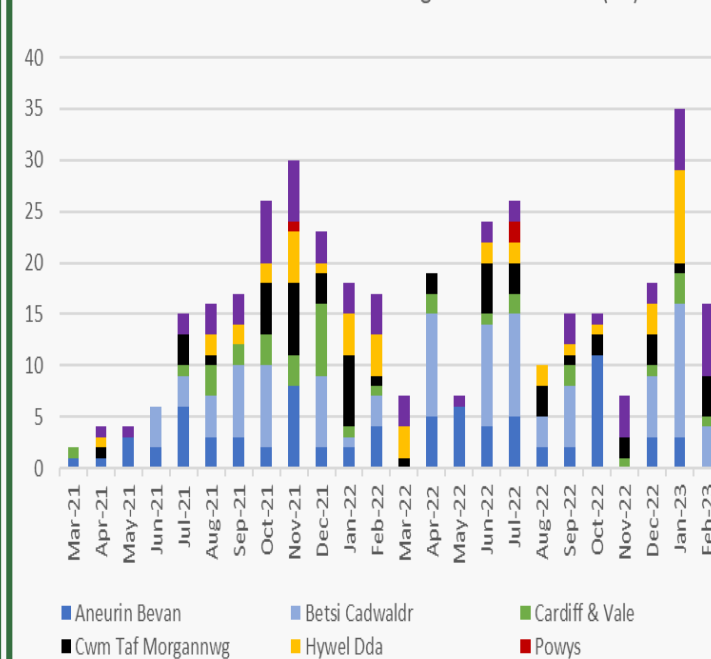
Our Patients: Quality, Safety & Patient Experience
Patient & People Safety Indicators

Self Assessment:
Strength of Internal
Control: Moderate

PCC

Health & Care
Standard
Health – Safe Care

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

Legend: Catastrophic, Severe, Moderate, Minor

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

Legend: No Harm / Hazard, Catastrophic, Major, Moderate, Minor

Slide under Development: Future iterations of the report will include: 12 Month Rolling Percentage RIDDOR Reported Within HSE Timescale

Analysis
The number of patient safety adverse incident volumes submitted on Datix Cymru via frontline crews, health boards, the Operational Delivery Unit (ODU) and CCC during February 23 decreased to 266 when compared to 394 in January 23. The 266 reports relate to incidents where the outcome for our patients was:

- No harm or hazard – 103
- Minor harm – 74
- Moderate harm - 38
- Severe Outcomes - 14
- Catastrophic - 37

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. 245 cases were closed in February 2023. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

Remedial Plans and Actions
Workload for all members of the team has increased during the current pressures resulting in a backlog of PTR concerns. Additionally, during periods of escalation and industrial action members of the team have been undertaking roles outside of their usual PTR functions.

An organisational change process is planned which will consider our local and national priorities and resources to meet the needs of our patients and families, aligning to the Duty of Quality and Duty of Candour (2023).

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

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

Data source: Datix

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

Number of Coroner Requests by Health Board

Legend: Aneurin Bevan · Betsi Cadwaldr · Cardiff & Vale · Cwm Taf Morgannwg · Hywel Dda · Powys · Swansea Bay
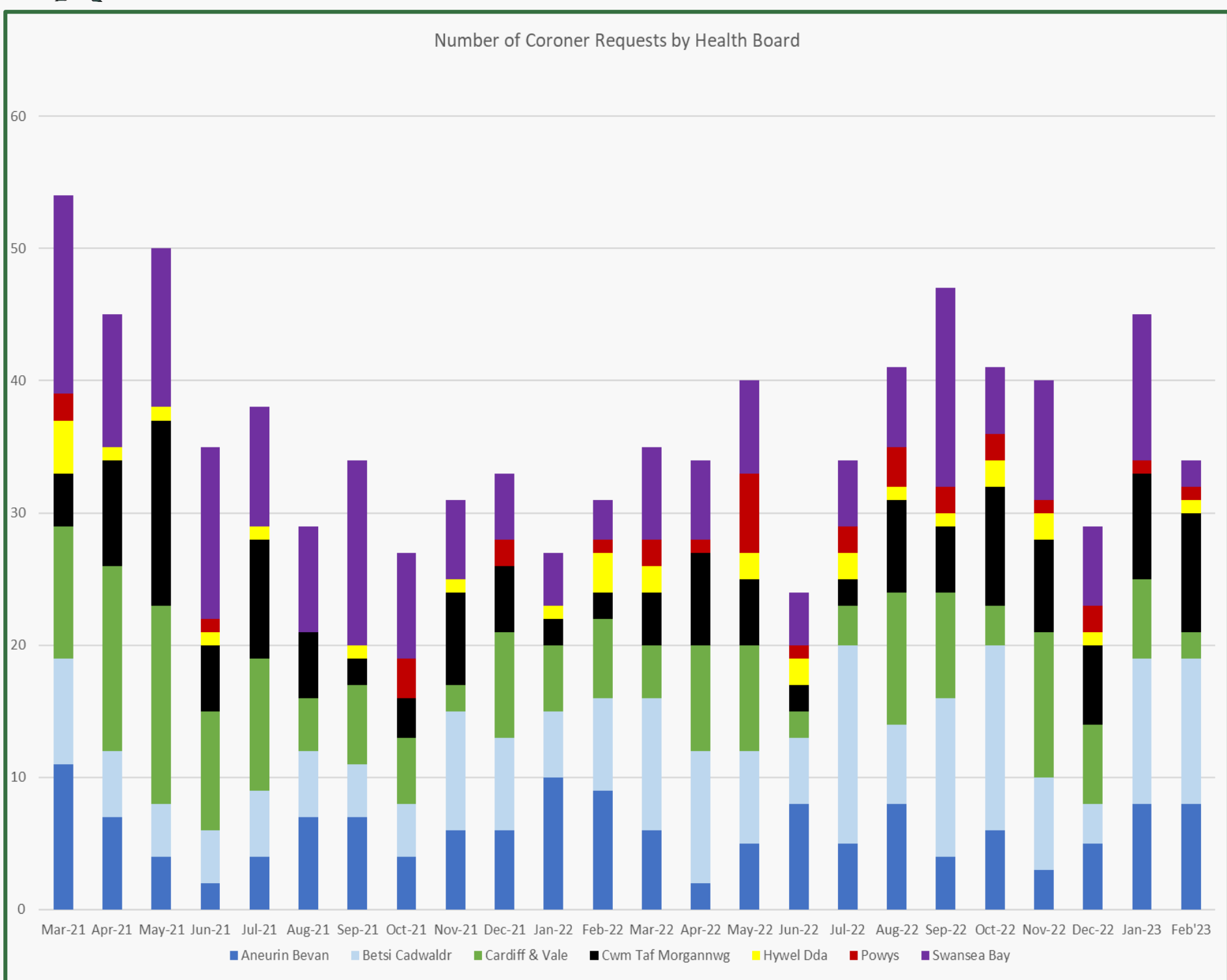
Analysis

Coroners: The number of in month request continues to be higher than pre pandemic. The increased numbers continue and have now become the 'new normal', rather than the exception. The Trust has received a further Regulation 28 this month and these do appear to be increasing in numbers. During 2022 the Trust received 6 Prevention of Future Deaths reports and have received 2 already this year.

At the end of February 2023 there are 437 claims open; these relate to Personal Injury (80 Claims); Personal Injury - Road Traffic Accidents (52 Claims), Clinical negligence (122 claims); Road Traffic Accident (170 claims) and Damage to Property (13 claims).

Ombudsman: There are currently 14 open Ombudsman cases in February 2023. At present cases are not being investigated, which supports the Trusts actions.

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

Remedial Plans and Actions

Coroners: Cases continue to be registered and distributed in a timely manner. If there is likely to be a delay in responding the Trust ensures that the coroner is kept informed of the expected date of response. Inquests are now being arranged into April 2023. Whilst the Team has now recruited to vacancies, and following some training , the numbers on hand were expected to reduce, one experienced Team member has worked for 111 services for 6 weeks. This has affected the Teams capacity.

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 under the new approach as requested by the MES. The All-Wales Mortality Working Group led by the NHS Wales Delivery Unit meets at least bi-monthly which has WAST representation.

Expected Performance Trajectory

Coroners: The number of cases on hand remains high due to some delays in obtaining statements, which require an MPDS audit.

Ombudsmen: A report in relation to lessons learned is prepared and taken to the Patient Safety and Experience Learning and monitoring Group.

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

Mortality Reviews Data source: Internal Web Application *Data source: Datix*

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

NB: Feb-23 GDPR data and Public Engagement update unavailable at time of reporting

Volume of High Level Breaches of the UK General Data Protection Regulation (GDPR) 2018 (Date Reported)
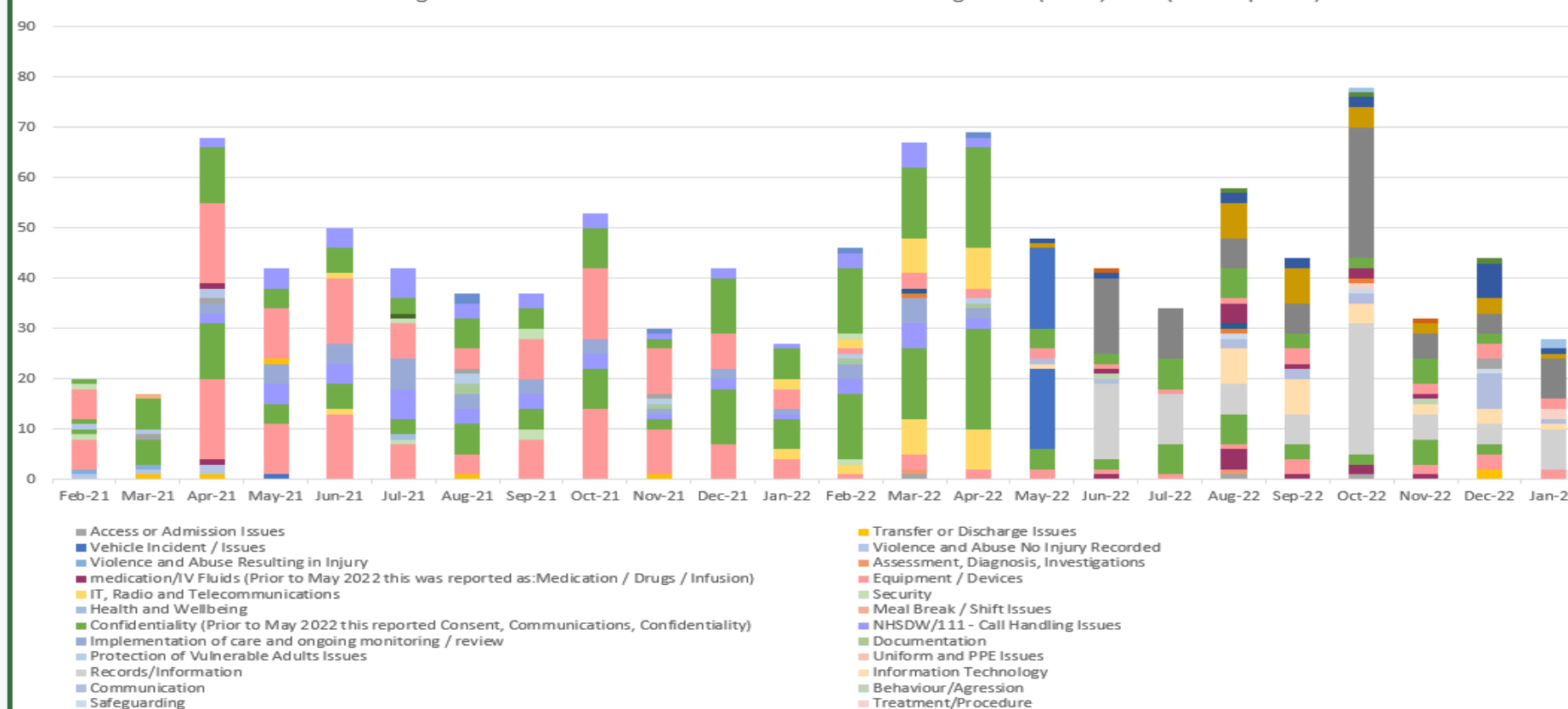
Number and Percentage of Adult at Risk Reports sent within 24 Hours
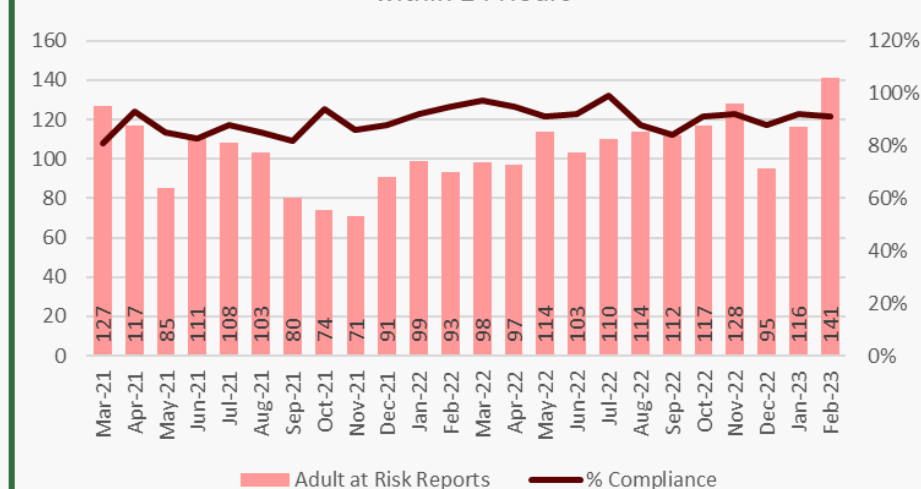
Number and Percentage of Child Safeguarding Reports sent within 24 Hours
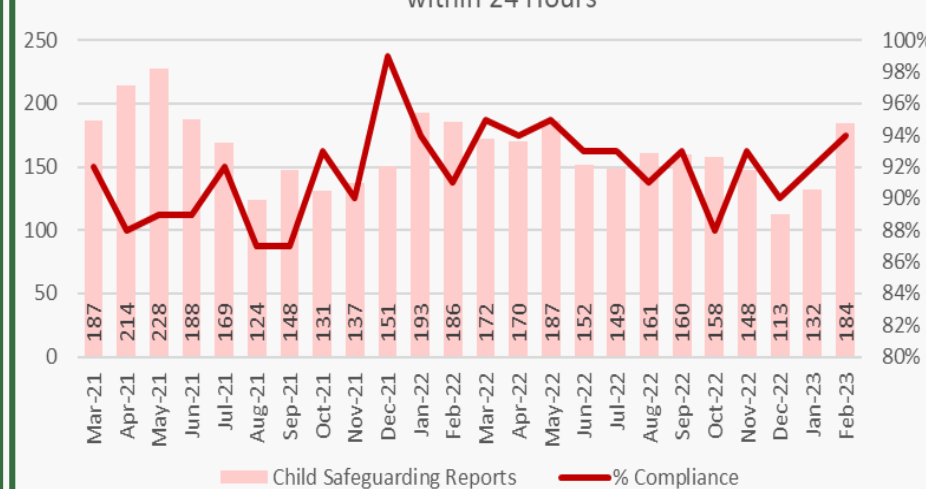
Analysis

Safeguarding: In February 2023 staff completed a total of 141 Adult at Risk Reports, 91% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 383 referrals were received and processed to the local authority during this reporting period.
There have been 184 Child Safeguarding Reports in February 2023, 94% of these were sent within 24 hours.

Data Governance: In January 2023 there were 14 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach, a decrease when compared to the previous month. Of these 14 breaches, 1 related to communication, 1 Information technology, 8 records/information, 2 treatment/procedure and 1 equipment / Devices.

Public Engagement: During January, the PECI Team attended 13 engagement opportunities, engaging with 92 people. At engagement evets throughout the month, we continued to place an emphasis on sharing information about pressures being experienced by the Trust and wider NHS and were able to provide information about other services people can access in their communities, such as the Common Ailment Scheme. Outcomes of our engagement are continuing to tell us that people are concerned that help will not be available when they need it. People have also experienced or expect to experience problems and delays in accessing primary care services, such as GP appointments. People who have called 999 were concerned about long waits for help to arrive. 111 callers have told us that they experienced long waits for their calls to be answered and reported long waits for call backs. NEPTS users told us that overall, they continue to be happy with the transport they receive but experience long delays when making their initial telephone booking.

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

Data Governance: During the reporting period, of the 14-information governance related incidents reported on Datix, 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). Incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate.

Progress continues to be made with the IG Toolkit improvement actions. The next submission was due to open in January 2023 which has since been delayed and is now expected to open in February.

Public Engagement: Community involvement and engagement with patients/public will form an integral part of the Trusts ambition to 'invert the triangle' and deliver value-based healthcare evaluated against service users' experiences and health outcomes. The work delivered by the PECI 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 PECI 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. Throughout December the Trust faced severe to extreme pressures and declared a critical incident. The team supported the push in public messaging to promote NHS 111 Wales and its health information website. Key public health concerns were predominately driven by; Respiratory issues; Strep A; Flu and Covid. People have been encouraged to share their concerns which have mainly focused around length of wait for an emergency ambulance; length of wait for calls to be answered by NHS 111 Wales and accessibility of information on the NHS 111 Wales website. The team also engaged with local communities as a response to the demands on the Trust in the provision of information on a range of other services across communities that could help when faced with a health emergency. This included attendance at a large number of Food Banks; engaged, listened and captured people's feedback and experiences through face-to-face meetings; online events and experience surveys and reported back to communities to strengthen relationships and confidence that the Trust is listening and acting to improve services. All feedback received has been shared with relevant Teams and Managers and continues to be used to influence ongoing service improvement.

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

Data Governance: Progress continues to be made with the IG Toolkit improvement actions. The next submission is due to open in January 2023.

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

Safeguarding Data source: Doc Works

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

(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust

Our Patients: Quality, Safety & Patient Experience
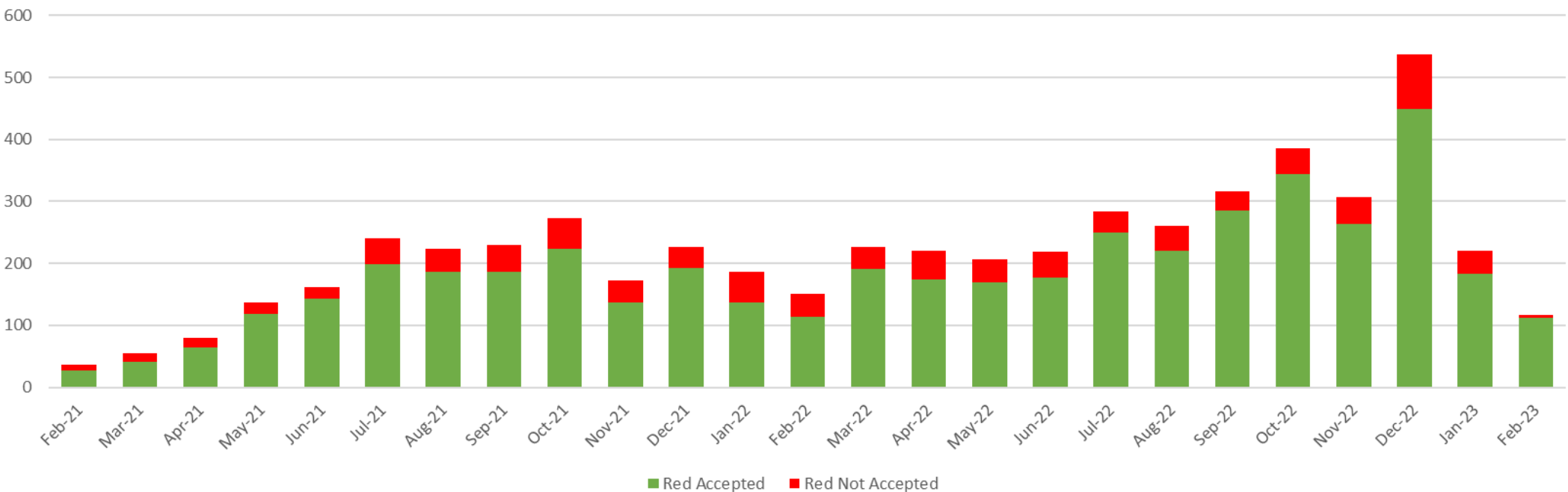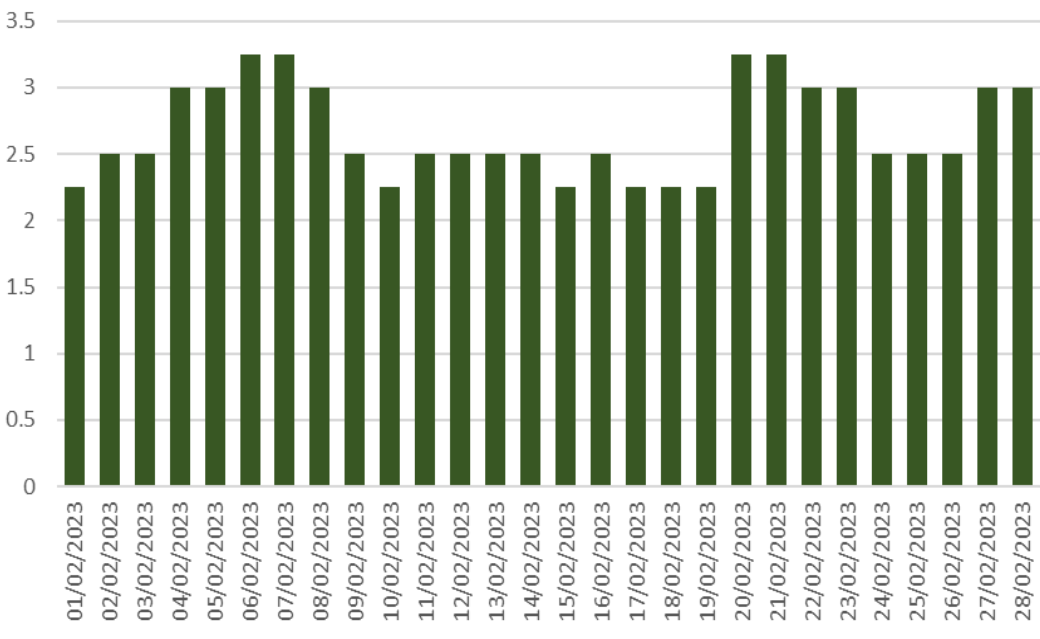# Health & Safety (RIDDORS) Indicators
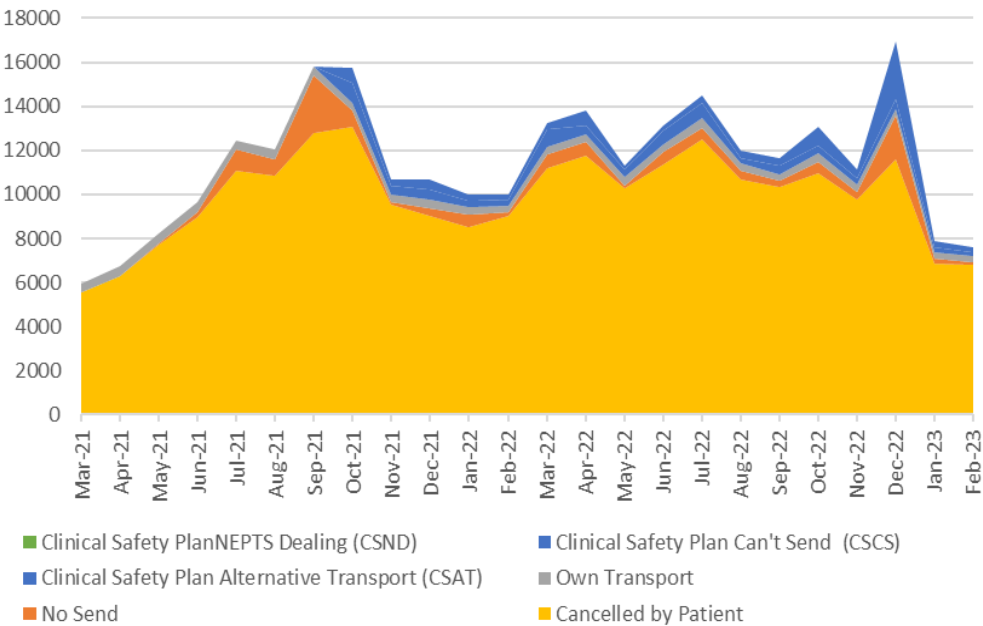
Volume of RIDDOR Reports by Month
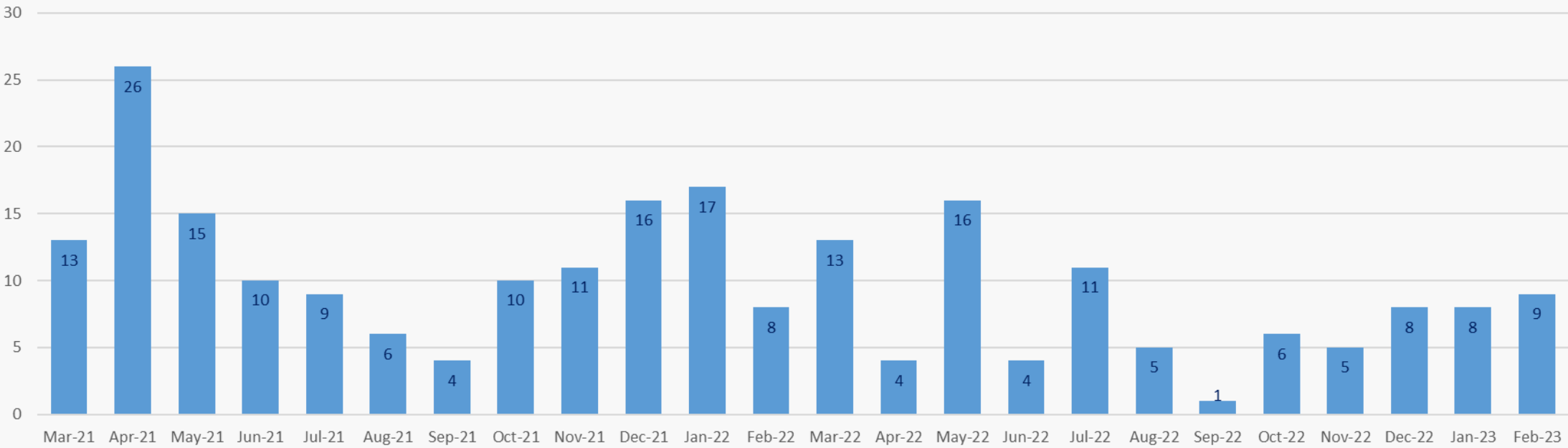
Volume of RIDDOR Reports by Health Board

Legend: 111 Aneurin Bevan, Aneurin Bevan, Betsi Cadwaladr, Cardiff & Vale, Cwn Taf Morgannwg, Hywel Dda, Powys, Swansea Bay, 111 Swansea Bay
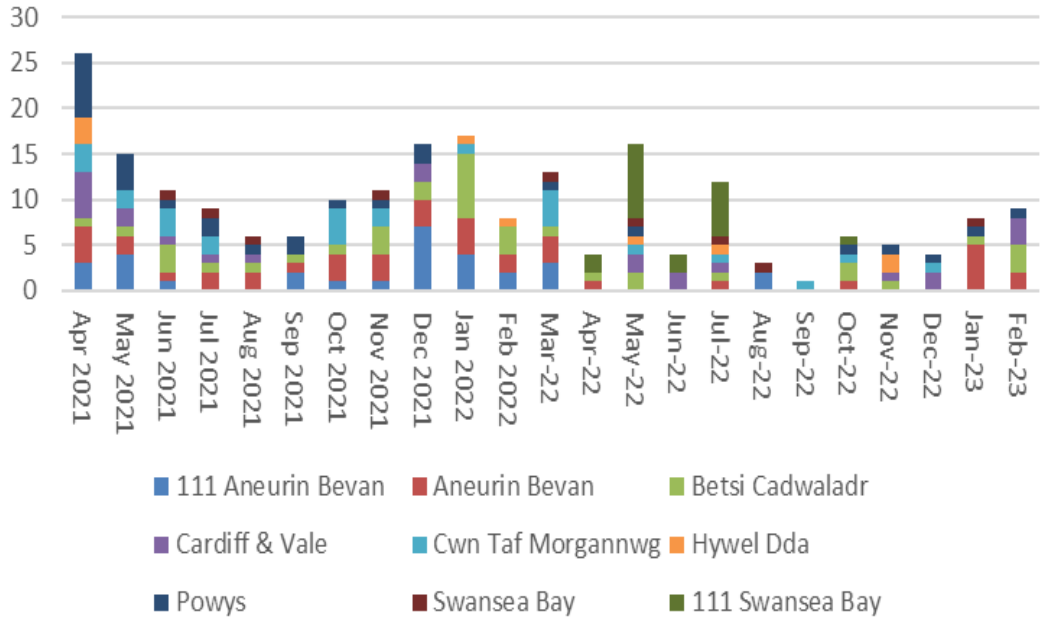
Total Violence and Agression Reports by Month
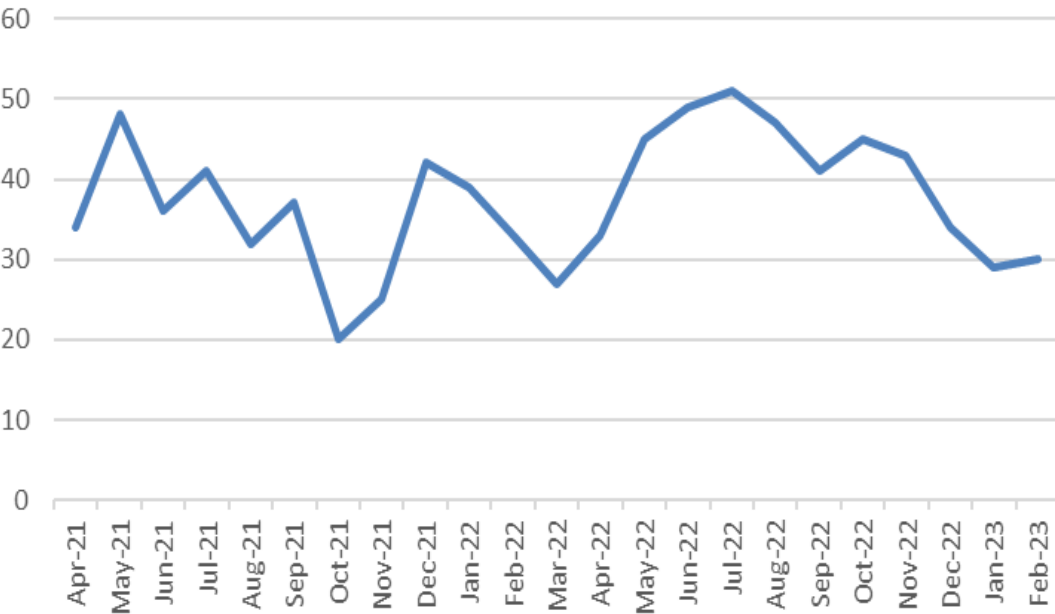
Analysis

RIDDOR: Whilst there is a strong level of internal control with respect to metrics provided to the Health & Safety Executive (HSE), challenges around incident reporting times or handlers confirming staff sickness absence to the H&S function continue to impact on the timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE).

9 RIDDORS were reported in February 2023, with all being reported in-line with HSE requirements. Over 7-day injuries continue to be the highest reported for RIDDOR reportable category. Manual handling of patient's injuries continues to be the highest reported RIDDOR trend in February 2023. Many encountered extricating patients from own homes. Work is planned to understand the main issues and provide training where required as part of the safety annual plan 2023/24.

Violence and Aggression: 30 incidents for physical behaviour were reported in February 2023.

Incidents have reduced in recent months but remain consistent the same period last year.

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

Remedial Plans and Actions
RIDDOR: DATIX incident review meetings continue to be held on a weekly basis to review non-patient safety incidents to check for potential RIDDORS and associated coding and allows for further scrutiny. Non patient health and safety incidents are reviewed daily by the Health and safety Advisors. RIDDOR performance is presented in monthly reports and service units business meetings.
Violence and Aggression: The V&A Manager was appointed into the function in Q3 2022. The postholder will undertake a strategic lens in relation to V&A processes within the Trust with an evaluation report to be presented during Q4 2022.
Collaborative working is ongoing with Training team in the review of V&A training.
Re-establishment of working relationships with all four Welsh police forces have been undertaken.

Expected Performance Trajectory
RIDDOR: Work is underway in the development of utilising Power BI to allow for intelligence to be relevant when required removing the challenges with data inconsistencies due to fluctuation as investigations are closed out and associated coding's changed. RIDDOR compliance is to be presented at EMS business meetings for visibility and allow for further scrutiny at local levels . This should further improve performance data to a consistent 80-90% compliance.
Violence and Aggression: Work is underway in the development of further DATIX dashboards to allow for further scrutiny into V&A incidents to influence strategic interventions where required.
Board-level Health & Safety Metrics: Work has commenced in Feb 23 to revise the Board-level metrics contributing to the MIQPR, the desired outcome is a wider breath of safety performance information that is available to Board members.

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

Data source: Datix
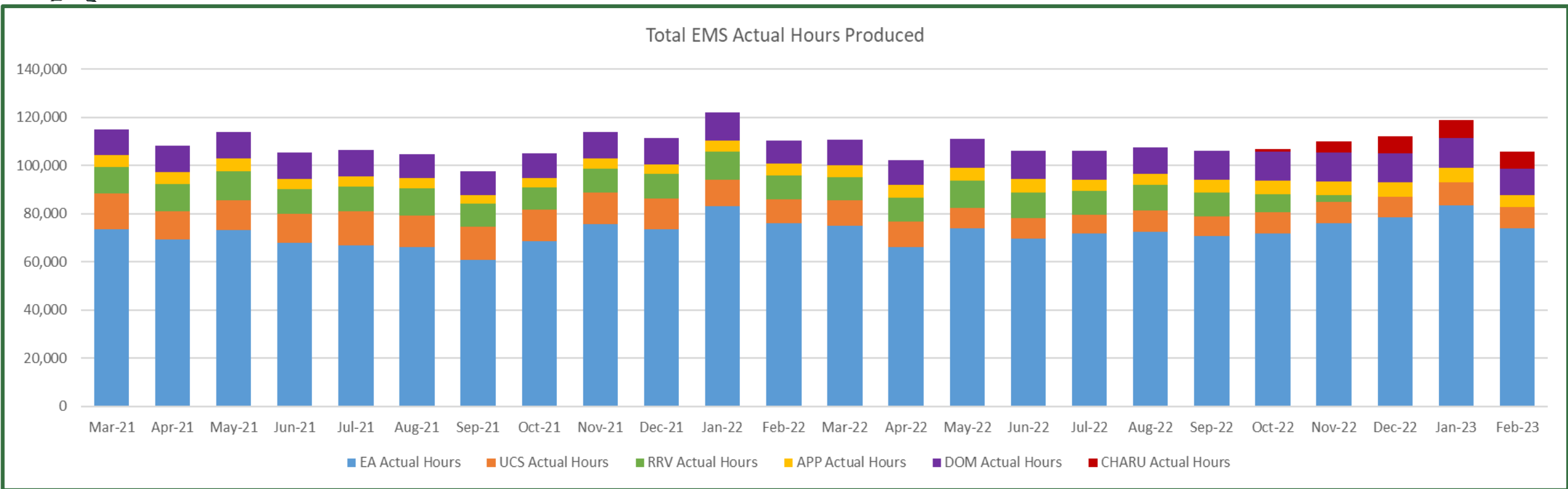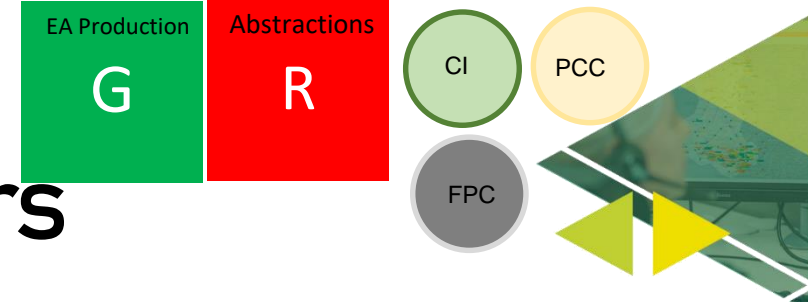
Pan-Wales Immediate Red Release

Legend: Red Accepted, Red Not Accepted

Maximum Daily CSP Level

Numbers of Patients with No Send or Cancelling Ambulance

Legend:
- Clinical Safety PlanNEPTS Dealing (CSND)
- Clinical Safety Plan Alternative Transport (CSAT)
- No Send
- Clinical Safety Plan Can't Send (CSCS)
- Own Transport
- Cancelled by Patient

Analysis

There were 283 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in February. Of these 112 were accepted and released in the Red category, 5 were not accepted. In conjunction to this, 76 ambulances were released to respond to Amber 1 calls, but 90 were not.

In February 2023, 157 ambulances were stopped due to CSP alternative transport and 220 were stopped as a result of CSP Can't send options. In addition, 9,816 ambulances were cancelled by patients (including patients refusing treatment at scene) and 291 patients made their way to hospital using their own transport.

In January 2023 CSP levels for the Trust were:

CSP Level	No Of Days in February 2023	RED	AMBER 1	AMBER 2	GREEN	HCP
0	0	Business as Usual				
1	0	Respond	Respond	ETA – Alt Transport Respond to Exceptions		
2a	0	Respond	Respond	ETA – Alt Transport Respond to Exceptions		
2b	6	Respond	65th ETA Script ALT Transport Respond to Exceptions			
2c	11	Respond	65th ETA Script ALT Transport Respond to Exceptions	Can't Send Respond to Exceptions		Can't Send Pass to ROU or EMG
3a	7	Respond	90th ETA Script ALT Transport Respond to Exceptions	Clinical Screening	Can't Send	Can't Send
3b	4	Respond	Clinical Screening	Can't Send	Can't Send	Can't Send
4a	0	Clinical Screening		Can't Send	Can't Send	Can't Send
4b	0	Clinical Screening	Can't Send	Can't Send	Can't Send	Can't Send

Remedial Plans and Actions

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

Expected Performance Trajectory

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

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

EA Production	Abstractions
G	R

CI PCC FPC

Total EMS Actual Hours Produced

Legend: EA Actual Hours, UCS Actual Hours, RRV Actual Hours, APP Actual Hours, DOM Actual Hours, CHARU Actual Hours

Pan Wales EMS Total Rota Abstraction Hours

Legend: Annual Leave, Sickness (Inc COVID-19 Sickness), Alt - Alternative Duties Other, Alt - PRTW, Alt - Temporary Redeployment, Training - Inducation, Training - Other, Maternity, Other inc TOIL, Special Leave, TU, COVID-19 (non-sickness), Benchmark
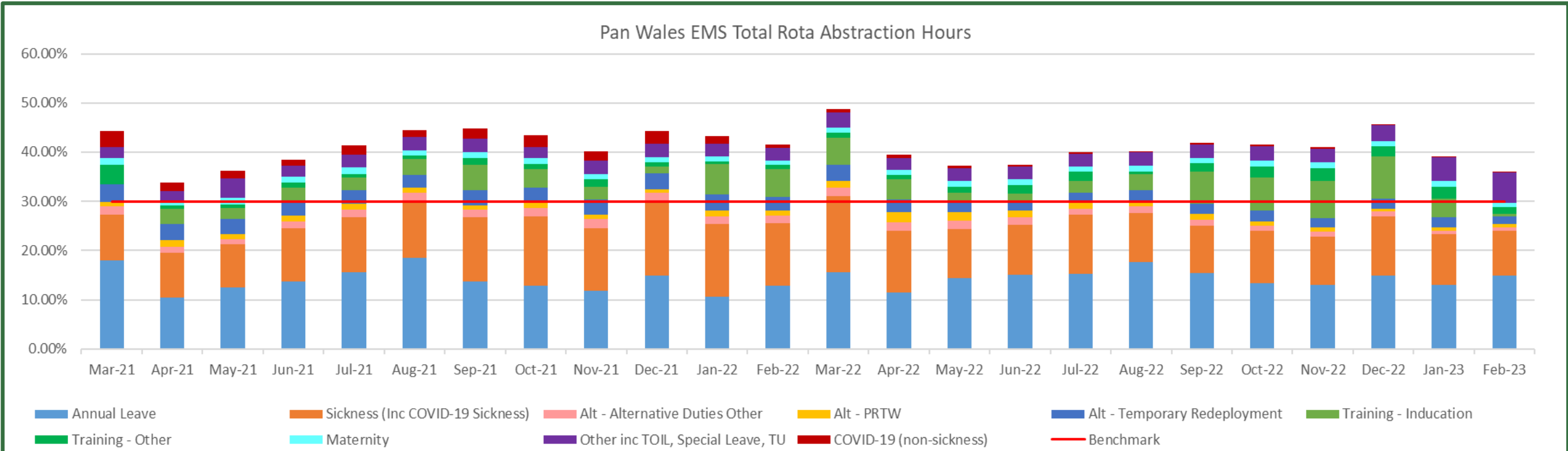
Analysis
As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In February 2023, total abstractions stood at 35.9%. This compares to a benchmark set in the Demand & Capacity Review of 30% which the Trust was achieving pre-COVID-19. The highest proportion was Annual Leave at 14.99% and sickness at 8.98%. Sickness abstractions for February 2023 were lower when compared to the previous year (12.76%). COVID-19 (non-sickness) related abstractions decreased again in February 2023 when compared to the previous month and when compared to the same period last year accounting for 0.10% of overall abstractions.

Emergency Ambulance Unit Hours Production (UHP) was 95% in February 23 (73,778 Actual Hours), therefore achieving the 95% benchmark. CHARU UHP achieved 81% (6,918 Actual Hours) compared to 76% in January 2023. The total hours produced is a key metric for patient safety. The Trust produced 105,568 hours in February 2023, which is lower than the figure produced in January 2023, but in February hours were affected by the shorter month and the IA days which took place.

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

The Trust has a budgeted establishment of 1,661 FTEs for 2022-23. The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 100 WTE to be recruited this year. The original target date was by 23 Jan-23. Due to higher than forecast attrition this date has been pre-programmed to the end of Mar-23.The new EMS Response rosters are now live; implementation of rosters, which concludes a two and a half year project.

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

Monthly Sickness Absence

Legend: 2019, 2020, 2021, 2022, 2023

EMS Sickness Absence Level vs Trajectory

Legend: Trajectory, Actual ESR
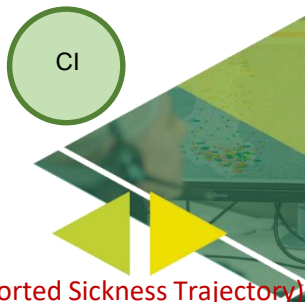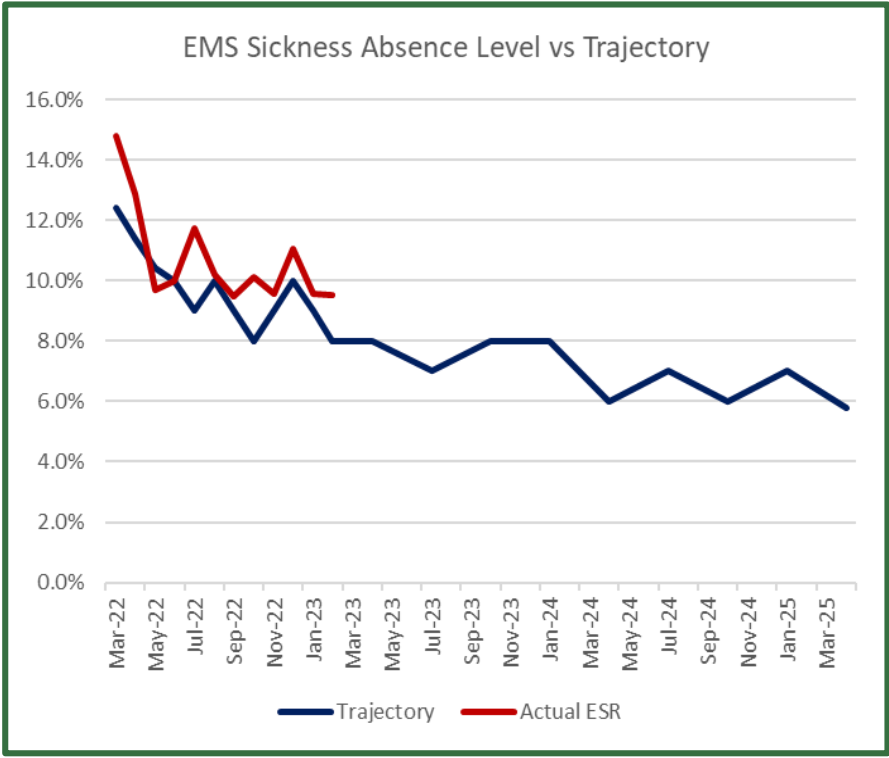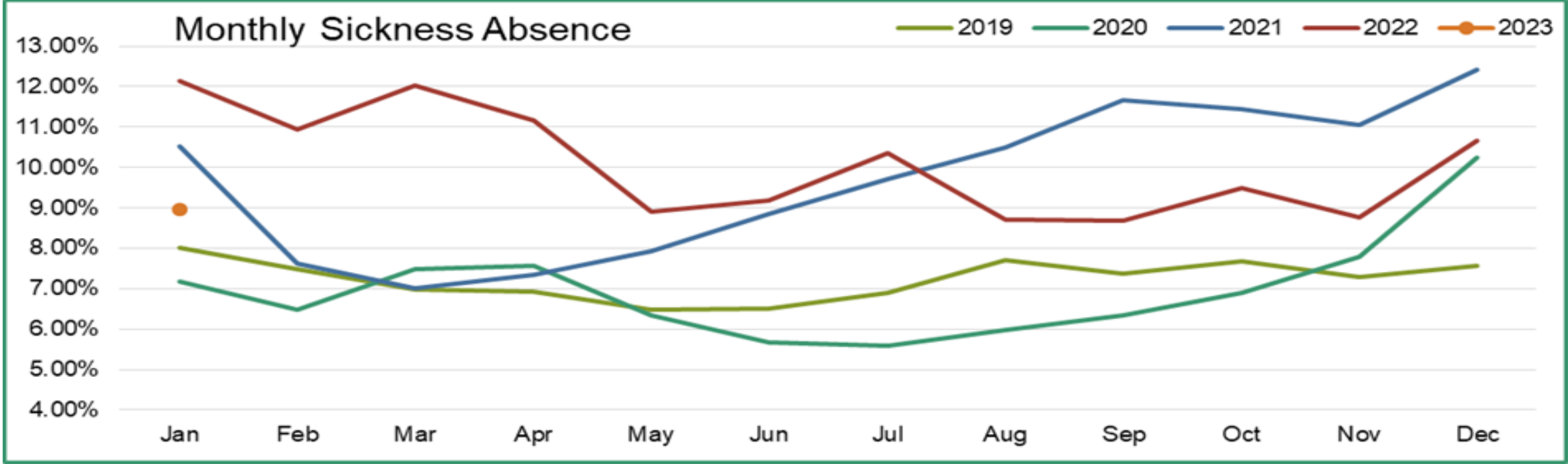
Average working days lost per FTE (Annual)

22.38 days

Single month Absence %

8.94%

Long Term	Short Term
5.69%	3.25%

Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.35%	1.04%

January 2023

All Sickness Reasons LT/ST %

Legend: Long Term, Short Term, Total Absence %
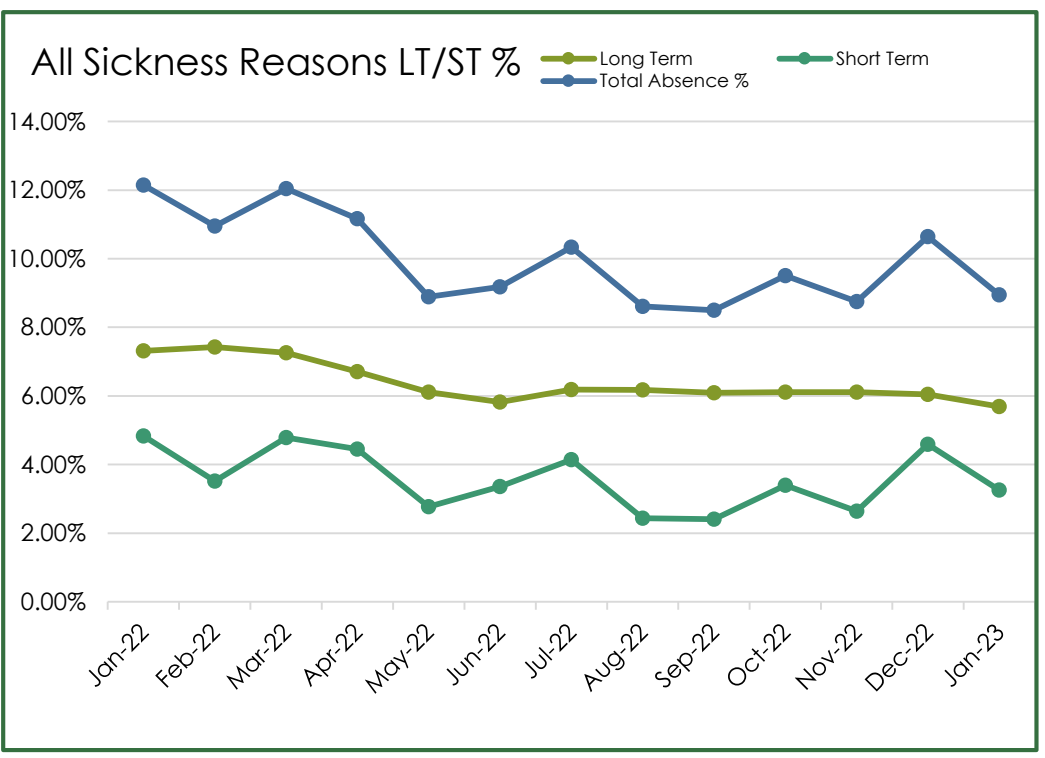
Analysis
- Sickness decreased in January across the Trust, falling from 10.64% in December to 8.94% in January, with short-term sickness (recorded as COVID and seasonal illnesses) declining by 1.35%.
- The number of individuals off with long COVID continues to remain low (currently 7).

Remedial Plans and Actions
- Targeted support continues to be directed to current 'hotspot' areas with a recent case review in one HB area which is an outlier. Investigations noted the need for more accurate reporting of reasons for absence and that most absences last 8-14 days. Senior Manager review meetings to track sickness and provide support are undertaken each month.
- 16 Bitesize training sessions have been delivered with 354 managers attending. These sessions were paused mid-January & February 2023 due to Industrial Action. Further sessions are being scheduled from mid-March 2023.
- Long term sickness case management continues and indicative figures for February 2023 shows a decrease to 5.10% from 6.08% in January.
- Occupational Health continue to engage with Health Board colleagues to fast track appointments and treatment to reduce length of absences

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

Staff Turnover Rate FTE (% Employees leaving the Organisation) (12m)

Month	Rate
Mar-21	7.09%
Apr-21	7.01%
May-21	7.08%
Jun-21	7.62%
Jul-21	8.02%
Aug-21	8.43%
Sep-21	8.58%
Oct-21	9.31%
Nov-21	9.54%
Dec-21	9.44%
Jan-22	9.51%
Feb-22	9.70%
Mar-22	10.33%
Apr-22	10.85%
May-22	11.29%
Jun-22	11.54%
Jul-22	11.64%
Aug-22	11.50%
Sep-22	11.35%
Oct-22	11.11%
Nov-22	10.70%
Dec-22	10.64%
Jan-23	10.69%
Feb-23	10.86%
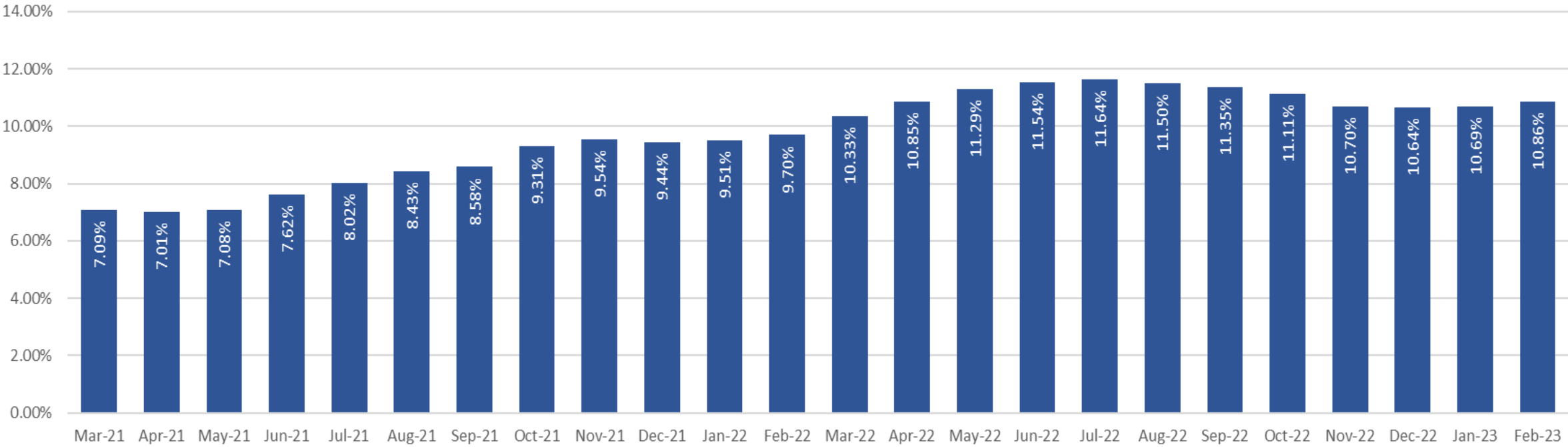
Total Shift Overrun Time (All Resource Types)
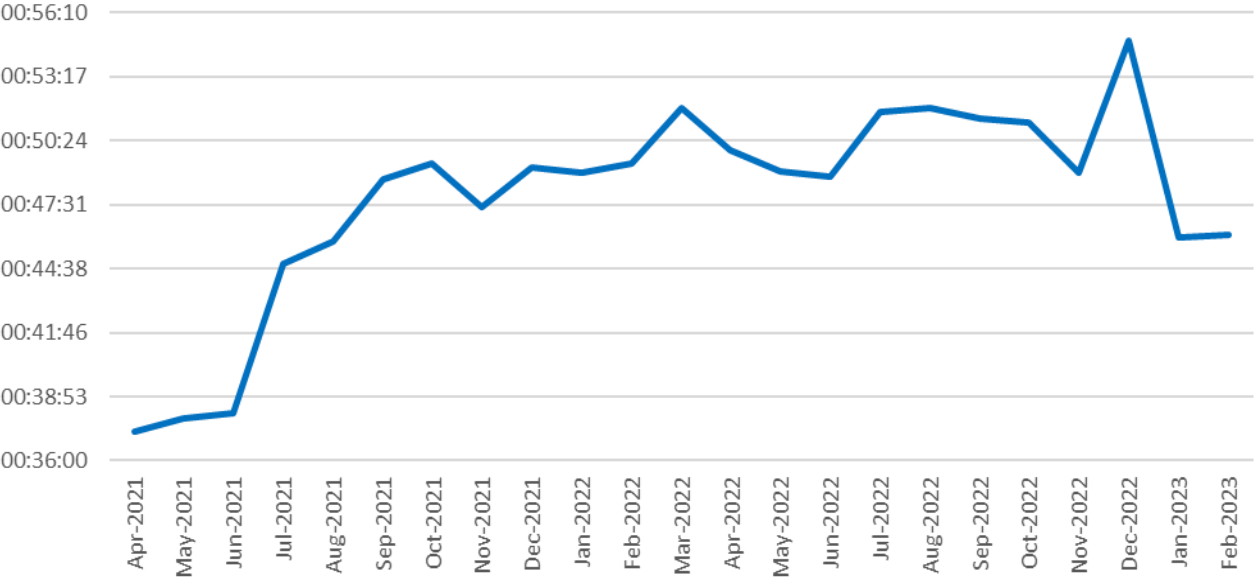
February 2023

Org L4	FTE by Month		
	2022 / 12	2023 / 01	2023 / 02
020 Ambulance Care L4 (NX10)	881.43	893.79	894.14
020 Emergency Medical Services L4 (DX04)	1,800.69	1,792.67	1,802.21
020 Integrated Care L4 (DX03)	409.17	418.25	430.41
020 National Operations & Support L4 (DX02)	154.72	153.22	154.22
020 Resourcing & EMS Coordination L4 (DX05)	355.16	367.97	356.97
Grand Total	3,601.17	3,625.90	3,637.95
Ambulance Response			1,543.69

Analysis

Staff turnover rates in February 2023 were 10.86%. In comparison staff turnover rates were 9.70% in February 2022. As highlighted in the Staff & Wellbeing Deep Dive presented to People and Culture Committee in September 2022, the number of staff leavers has increased over the last 3 years with rates remaining high, but relatively static, between 10.5% and 11.7% over the past year. These rates were considerably lower pre-pandemic. Staff leave the Trust for a variety of reasons including promotions, relocations and due to the pressures of NHS working.

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

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

Remedial Plans and Actions

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

The Swansea University Report into Staff Wellbeing undertaken at the end of 2021 – beginning of 2022 has been received and its recommendations are being considered which may drive forward further actions regarding Wellbeing of staff. Information is also submitted to the Board regarding Occupational Health & Wellbeing plans and actions which compliment this work

Expected Performance Trajectory

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

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

Our People
Inclusion and Engagement

WAST Employee FTE Rates by Age Band (February 2023)

Age Band	FTE
<=20 Years	43.32
21-25	294.71
26-30	462.36
31-35	512.72
36-40	420.36
41-45	412.01
46-50	586.48
51-55	592.02
56-60	490.67
61-65	246.31
66-70	46.32
>=71 Years	3.16
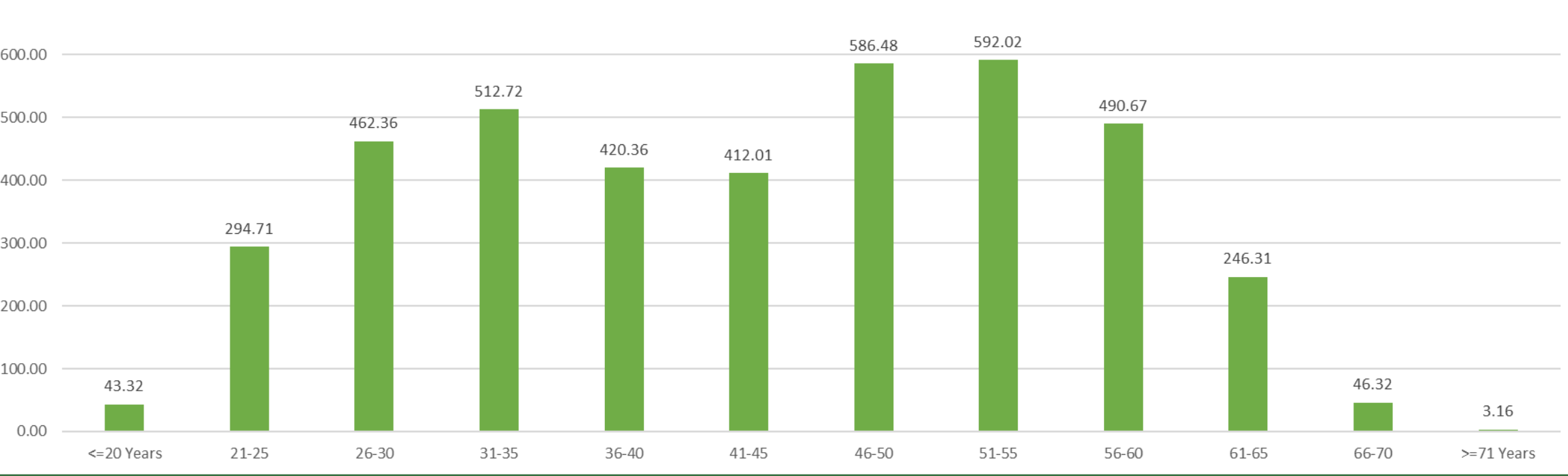
Equality and Diversity Statutory & Mandatory Compliance

Equality & Diversity Compliance — Target >85%

Month	Compliance
Mar-21	91.40%
Apr-21	91.33%
May-21	92.22%
Jun-21	92.37%
Jul-21	92.29%
Aug-21	92.18%
Sep-21	92.35%
Oct-21	92.90%
Nov-21	92.57%
Dec-21	92.40%
Jan-22	92.65%
Feb-22	93.21%
Mar-22	92.70%
Apr-22	91.20%
May-22	87.88%
Jun-22	84.48%
Jul-22	79.73%
Aug-22	79.84%
Sep-22	76.28%
Oct-22	71.82%
Nov-22	67.75%
Dec-22	66.57%
Jan-23	68.61%
Feb-23	68.79%
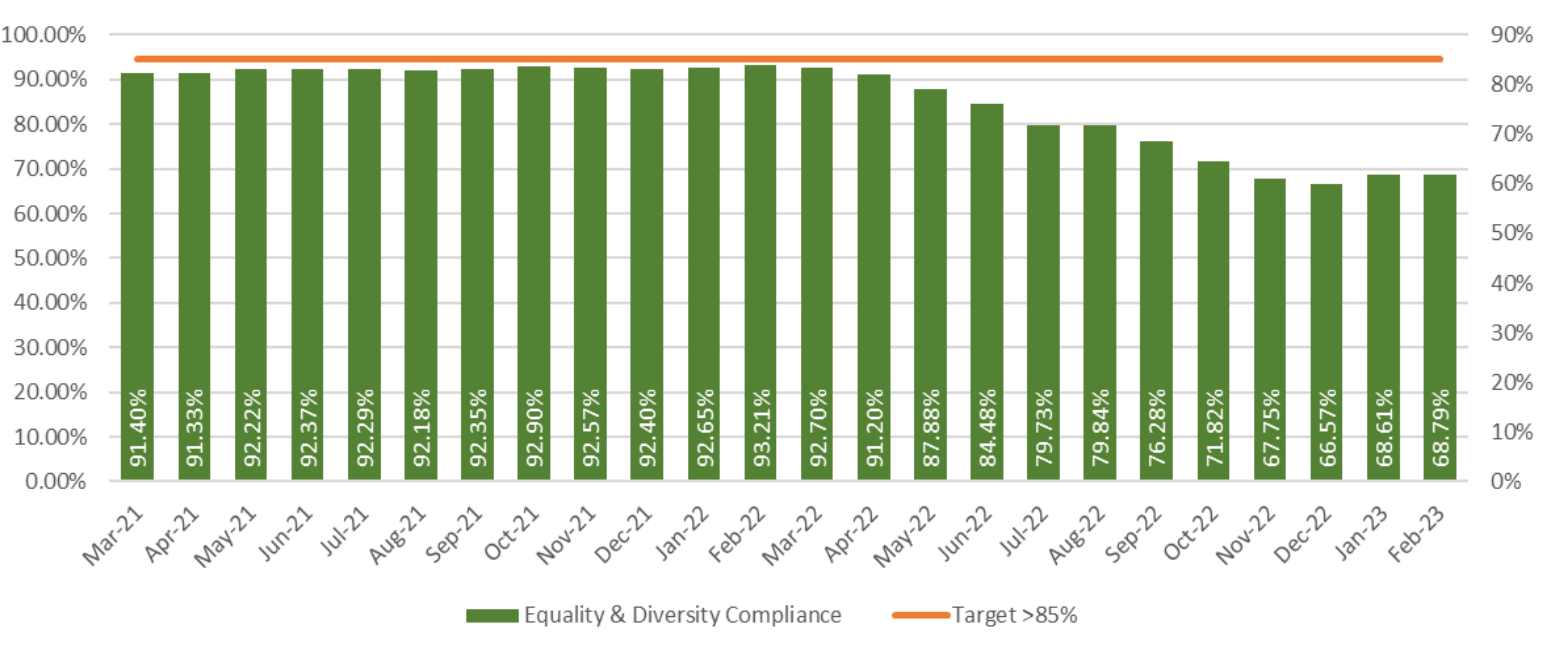
February 2023	Female	Male
Band 2	1.24	1.39
Band 3	17.40	14.45
Band 4	8.31	10.41
Band 5	4.99	4.21
Band 6	11.95	13.13
Band 7	2.94	5.07
Band 8 - Range A	0.93	1.26
Band 8 - Range B	0.50	0.42
Band 8 - Range C	0.17	0.50
Band 8 - Range D	0.13	0.11
Other	0.23	0.27

Analysis

In February 2023 of the 4,092 employees at the Trust, 0.97% fall in the under 20 category and 0.36% in the over 71 age category. 86.39% of staff employed at the Trust define themselves within the White ethnic grouping; with 71.62% of staff identifying within the White, British category, 0.8% within black ethnic groups, 0.7% within Asian ethnic groups and 0.67% are of mixed heritage. 0.11% of staff fall into other ethnic groups. 4.33% fall in the unspecified category and 8.01% have not stated their ethnicity.

As of February 2023, 68.79%, of staff have completed mandatory Equality and Diversity Training a slight increase compared to January, however still failing to meet the 85% target.

Gender pay as a percentage of the workforce indicates that in February 2023 for those employed within bands 2 - 5 employment is more equally distributed, with 31.93% of females and 30.46% of males fulfilling those roles; however, there are higher levels of men employed within the more senior grades. 14.89% of females are employed in Band 6 and 7 roles compared to 18.20% of males and of those employed within Band 8 roles 1.72% are females and 2.29% are males.

100 colleagues have begun Allyship journeys, including Board members, and the programme continues to be well received; work is underway to ensure the programme is updated and bespoke wherever possible to ensure greater engagement.

Remedial Plans and Actions
EMT focused on the fall in E&D compliance. This is currently under review, initially checking there is no issue with the data. Once this is completed mitigations will be developed. The roll out of the Allyship programme has been positive and it is now being reviewed to ensure it is fit for purpose and valuable to staff.

The slide will be developed further with metrics around Welsh language. The accuracy of the various metrics available to the Trust is currently being assured.

Expected Performance Trajectory
Having listened to feedback from communities, stakeholders and colleagues the Trust has developed seven new behaviours to ensure we can always be our best and is more committed than ever to improving the future and embracing new ways of working.

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

Our People
Staff Vaccination Indicators

% Uptake of the Influenza Vaccination amongst WAST Frontline Healthcare Workers

Legend:
- % uptake of the influenza vaccination (All Staff) 19-20
- % uptake of the influenza vaccination (All Staff) 20-21
- % uptake of the influenza vaccination (All Staff) 21-22
- % uptake of the influenza vaccination (Frontline) 22-23
- Target

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

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

Analysis

1,813 flu vaccines have been administered by Occupational Health Vaccinators and Peer Vaccinators (this includes flu vaccines administered to PHW staff / Students / HCS staff etc.) since the launch of the 2022/23 campaign.

1,601 WAST staff received their flu vaccine in a WAST setting with a further 289 WAST staff receiving the vaccine elsewhere (i.e., GP Surgery / COVID-19 Booster Setting). A total of 1,890 WAST staff are now protected against the flu, equating to 44.5% of the overall workforce.

Since the launch in September 2023, the Trust has surpassed the overall flu vaccine uptake figure of 38.5% from last year's (2021/22) Flu Campaign and the 2019/20 Flu Campaign of 42.2%.

There has been further engagement from 247 WAST staff who have completed the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine. Bringing the overall engagement rate to 50.3% passing the 40.7% engagement in the last campaign.

As of February 2023, front line (Patient Facing and Non-Patient Facing staff), 94% (4,403) of staff have received a first dose COVID-19 vaccination, 94% (4,374) have received a second dose and 35% (1014 Staff) have received the SPIKEVAX booster vaccination.

Remedial Plans and Actions
- Planning commenced earlier than ever for the 2022/23 campaign, with 48 Flu Leads (across all EMS localities and all Directorates, unlike previous years) being appointed in July 2022.
- Monthly Flu Update meetings have now come to an end but a closure meeting is set to take place over the coming weeks as a final engagement with the team and Flu Leads.
- Vaccines were delivered in September in a bulk order to 4 delivery points (Matrix One, Ty Elwy, Hensol and Caernarfon), as opposed to being delivered over several months and therefore, preventing vaccine supply issues that have occurred in previous years
- The Flu Siren page launched, with all details of clinics, Flu Leads, Peer Vaccinators.
- The Digital Directorate is currently creating an online booking page for staff to directly book flu vaccinations with the Occupational Health Department (this is a new idea, as previously if staff wish to have their flu vaccine with OH, they have had to phone a booking line)
- The Trust aim to have 146 signed off and competent Peer Vaccinators for the 2022/23 campaign as opposed to (Approx.) 50 in previous years
- The flu consent / opt-out form has been simplified with fewer questions in a bid to encourage the staff who do not wish to have the flu vaccine or have had the vaccine elsewhere to let us know, which will hopefully increase engagement across the Trust.

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

NB: Due to a technical error in the downloading of data for the Trust are unable to report monthly flu data for January & February 2022.
NB: COVID Vaccinations are reported using the WAST definition of Frontline Patient Facing employees and therefore includes those employed within Clinical Contact Centres.
NB: Flu data accurate at time of publication and subject to change.
:NB: Spikevax vaccination data correct at time of publication and subject to change.
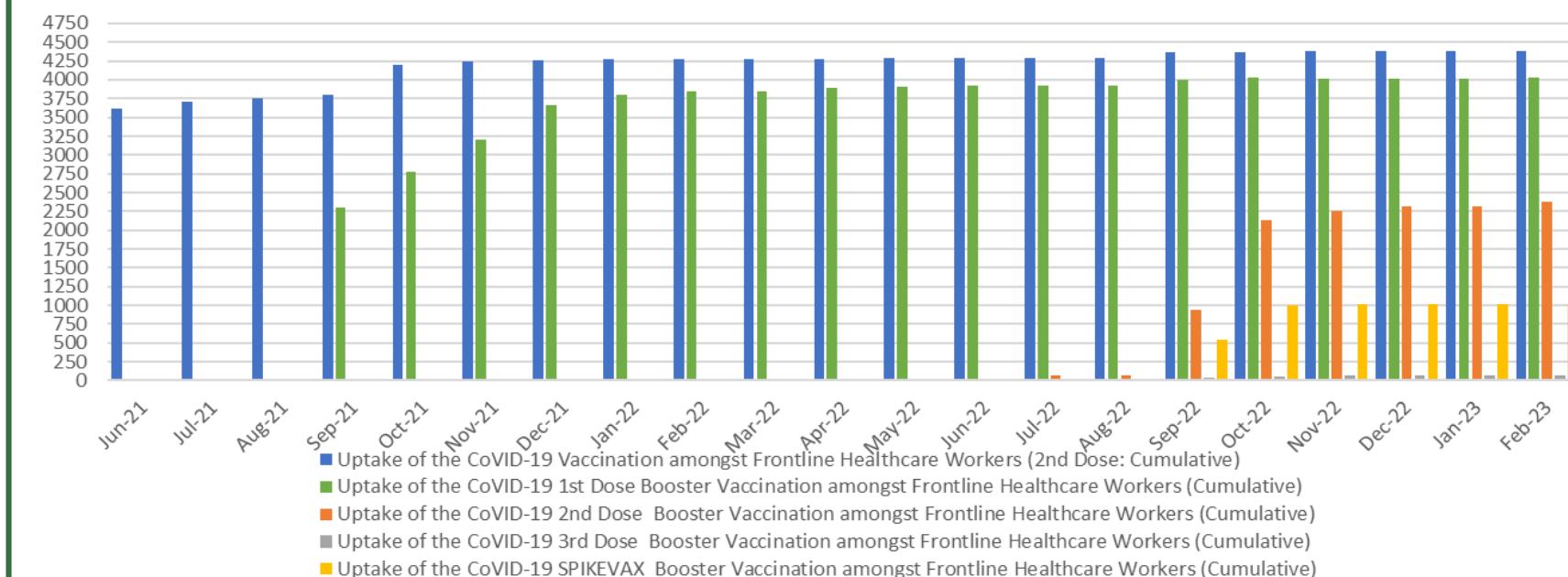
Our People
Health and Wellbeing – PADR and Training Rates Indicators

A

Self Assessment: Strength of Internal Control: Strong

CI   PCC

Health & Care Standard
Health – Staff & Resources

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

Mar-21: 56.60%, Apr-21: 61.42%, May-21: 63.19%, Jun-21: 65.25%, Jul-21: 64.55%, Aug-21: 63.23%, Sep-21: 61.10%, Oct-21: 59.28%, Nov-21: 58.84%, Dec-21: 57.87%, Jan-22: 58.34%, Feb-22: 54.19%, Mar-22: 51.46%, Apr-22: 52.89%, May-22: 56.05%, Jun-22: 59.25%, Jul-22: 64.66%, Aug-22: 73.66%, Sep-22: 78.75%, Oct-22: 80.49%, Nov-22: 80.75%, Dec-22: 87.89%, Jan-23: 79.12%, Feb-23: 78.71%

■ % of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc. Doctors and dentists in training)   ── Target 85%

% Compliance Statutory and Mandatory Training (10 CSTF Modules)

Mar-21: 82.69%, Apr-21: 83.01%, May-21: 80.69%, Jun-21: 81.40%, Jul-21: 81.80%, Aug-21: 82.03%, Sep-21: 81.78%, Oct-21: 82.63%, Nov-21: 82.82%, Dec-21: 82.06%, Jan-22: 82.23%, Feb-22: 83.34%, Mar-22: 84.15%, Apr-22: 84.64%, May-22: 85.24%, Jun-22: 85.13%, Jul-22: 85.17%, Aug-22: 85.44%, Sep-22: 85.60%, Oct-22: 85.58%, Nov-22: 85.40%, Dec-22: 84.63%, Jan-23: 76.51%, Feb-23: 60.10%

■ Statutory & Mandatory Training   ── Target >85%

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

■ % compliance for each completed Level 1 competency within the Core Skills and Training framework by organisation   ── Target 85%

Analysis

PADR rates for February 2023 declined compared to the previous month to 78.71%, therefore failing to achieve the 85% target. Over the reporting period this target was only achieved once in December 2022, although current rates are much higher than the same period last year.

In February 2023 Statutory & Mandatory Training rates reported a combined compliance of 60.10%; only Safeguarding Adults (90.39%) and Dementia Awareness (88.88%) modules achieved the 85% compliance target; however, Violence Against Women, Domestic Abuse & Sexual Violence (83.50%), Moving & Handling (78.91%), Information Governance (73.04%), Fire Safety (70.53%), Equality & Diversity (68.79%) and Paul Ridd (16.66%) fell below the 85% target.

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

Remedial Plans and Actions

In December 2022, the Trust had scheduled MIST days but due to the Escalation to REAP4, 3 of them were cancelled.

As we move into Q4 of 2022/ 2023 the Trust scheduled a significant number of MIST days pan Wales commencing W/S 30th January. These dates have been advertised on Siren, Yammer and the Learning Launchpad. Colleagues within the education and training team are monitoring the bookings and as the delivery date draws closer, those sessions with fewer bookings will be highlighted and the team will liaise with relevant ops managers in those areas to encourage uptake.

The Stat & Mand reduction is under review.
A possible cause may be new courses e.g. Paul Ridd (16.66%)

Phase 2 of the PADR Refresh process is underway with a toolkit and bitesize session developed in order to support colleagues and managers through the revised PADR process. This bitesize session has been piloted with colleagues and is designed to improve the completion rate of PADRs. Work on Phase 3 of the revised process has begun. The form is now on Siren (the new PADR form) however, the digital form (ESR) is still under development by the ESR team. Due to resource issues this has not yet been completed and we are trying to get a timeframe on this.

Expected Performance Trajectory

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

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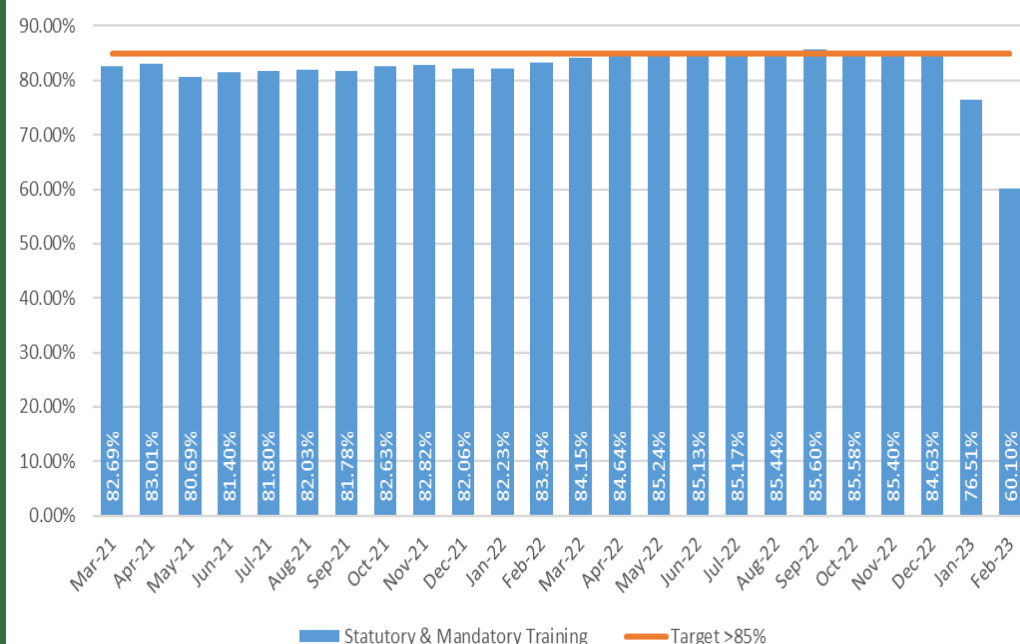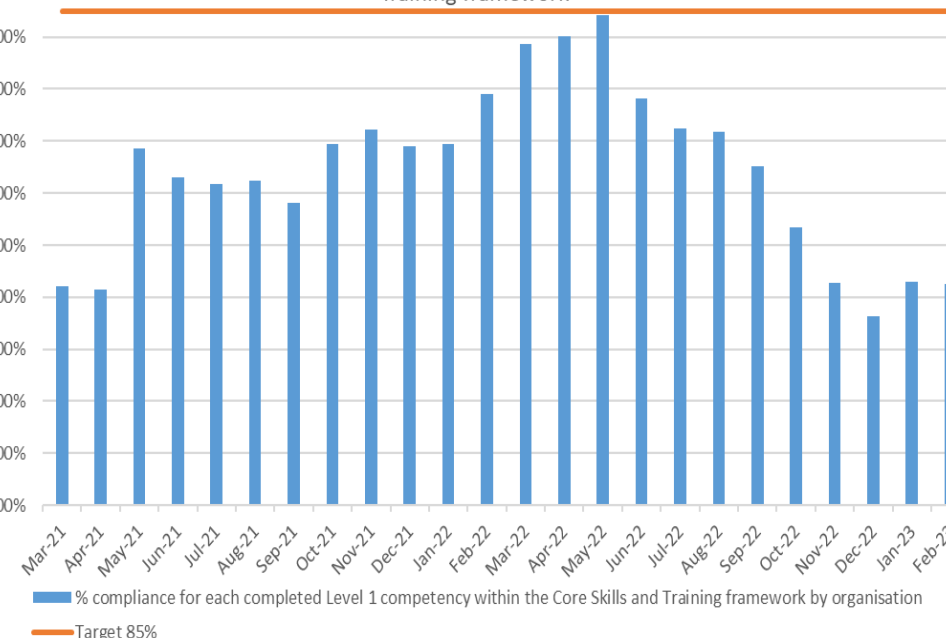
Data source: ESR

Finance, Resources and Value
Finance Indicators

G   FPC

NB: Feb-23 data unavailable as not yet published

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

Actual Trust Surplus/(Deficit) YTD - £000

Actual Savings YTD as % of Planned Savings YTD

YTD % of Non NHS Invoices Paid Within 30 Days - By Number & Value
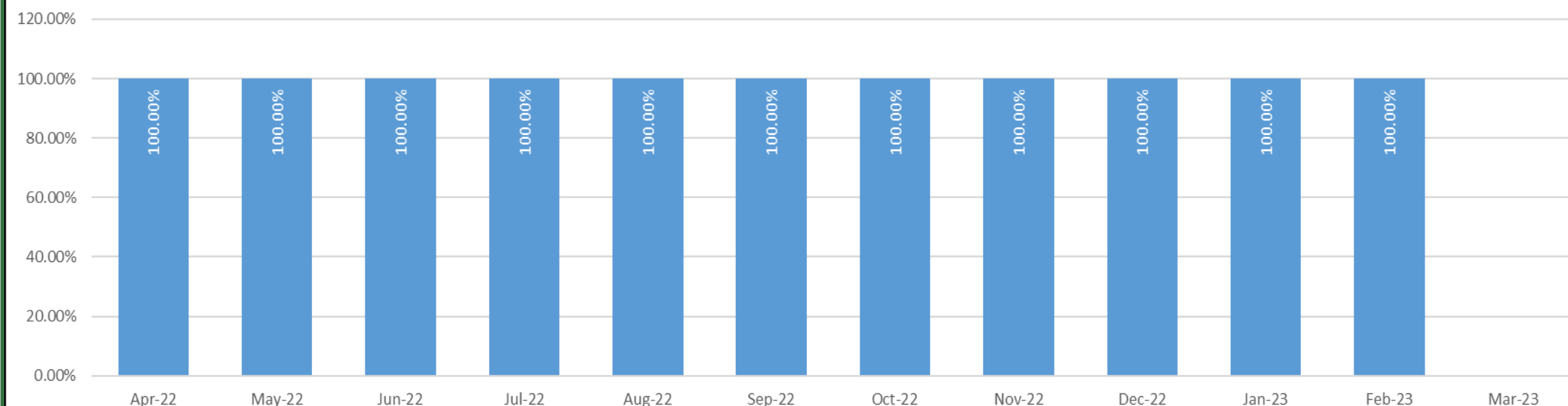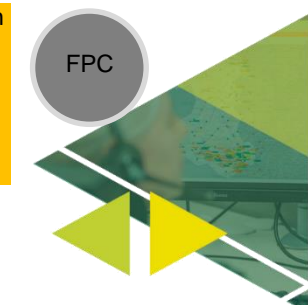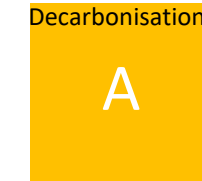
Analysis
The reported outturn performance at Month 11 is a surplus of £12k, with a forecast to the yearend of breakeven.

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

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

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

Remedial Plans and Actions
The Trust's financial plan for 2022-25 has been built on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the 2022-25 financial plan was submitted to WG following Board sign off on 31st March 2022.
No financial plan is risk free. Financial risk management forms a key element of the project plans which underpin both the Trust's ambitions and savings targets. The Trust continues to seek to strengthen where it can its financial capacity and corporate focus on finance, and as an organisation have structures in place to drive through the delivery of our financial plan.
Key specific risks to the delivery of the 2022/23 financial plan include:
•·Continuing financial support from Welsh Government in relation to Covid costs;
•·Availability of capital funding to support the infrastructure investment required to implement service change, and the ability of the Trust to deliver the revenue consequences of capital schemes within stated resource envelope;
•·Financial impact of EASC Commissioning Intentions, and confirmation of the EMS financial resource envelope as assumed within our financial plan;
•·Ensuring additional avoidable costs that impact on the Trust as a result of service changes elsewhere in the NHS Wales system are fully recognised and funded;
•·Ensuring any further developments are only implemented once additional funding to support these is confirmed;
•·Delivery of cash releasing savings and efficiencies;

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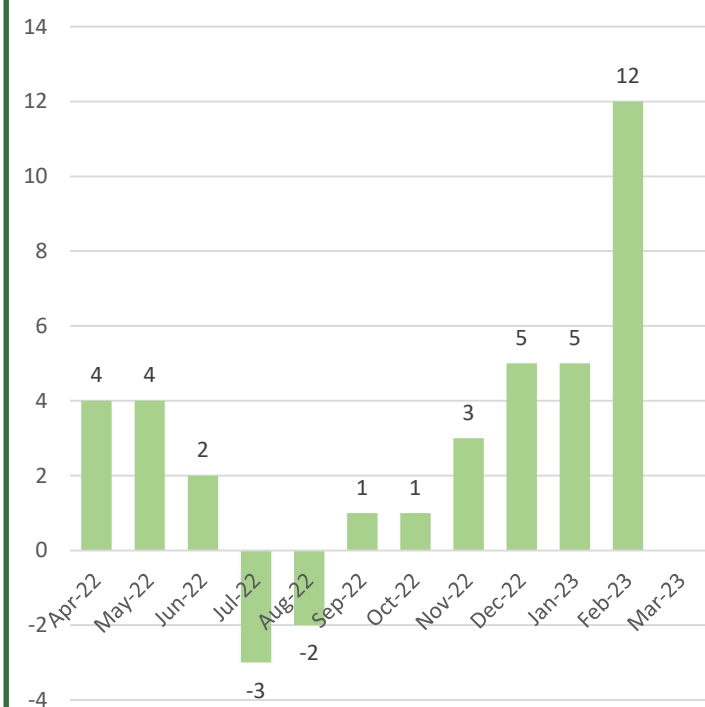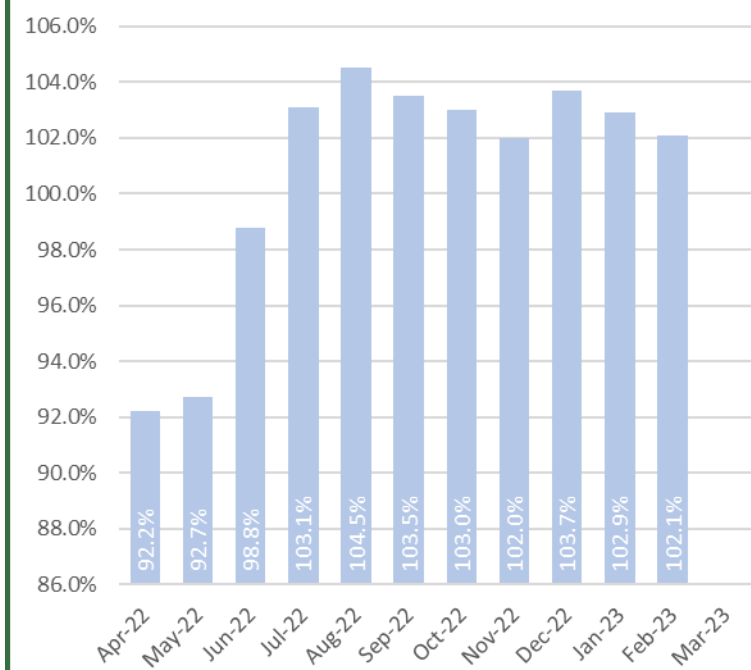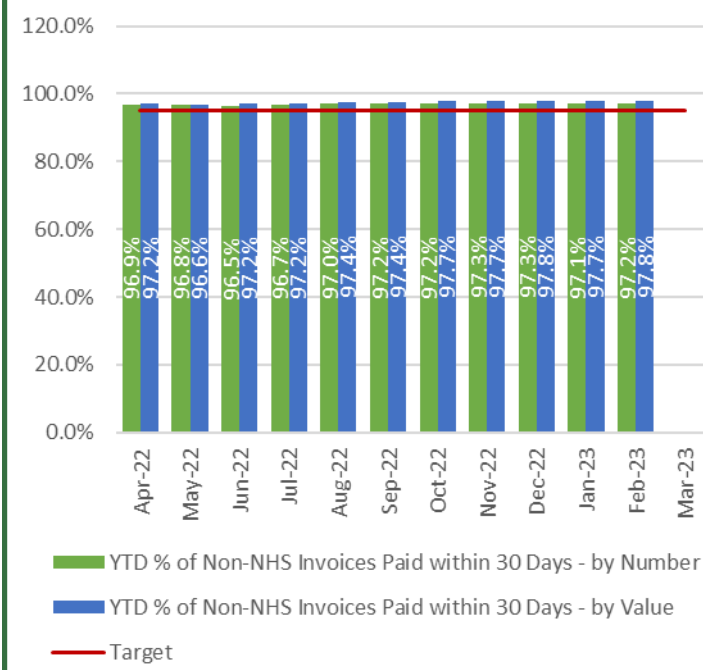
(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust

Decarbonisation
A

FPC

Average Job Cycle by Vehicle Type (EA, RRV, APP & UCS)

Legend:
- Average Job Cycle - APP (hh:mm:ss)
- Average Job Cycle - RRV (hh:mm:ss)
- Average Job Cycle - EA (hh:mm:ss)
- Average Job Cycle - UCS (hh:mm:ss)

Average Jobs per Shift by Vehicle Type (EA, RRV, APP & UCS)

Legend:
- Emergency Ambulance
- Rapid Response Vehicle
- Advanced Paramedic Practitioner
- Unscheduled Care Services
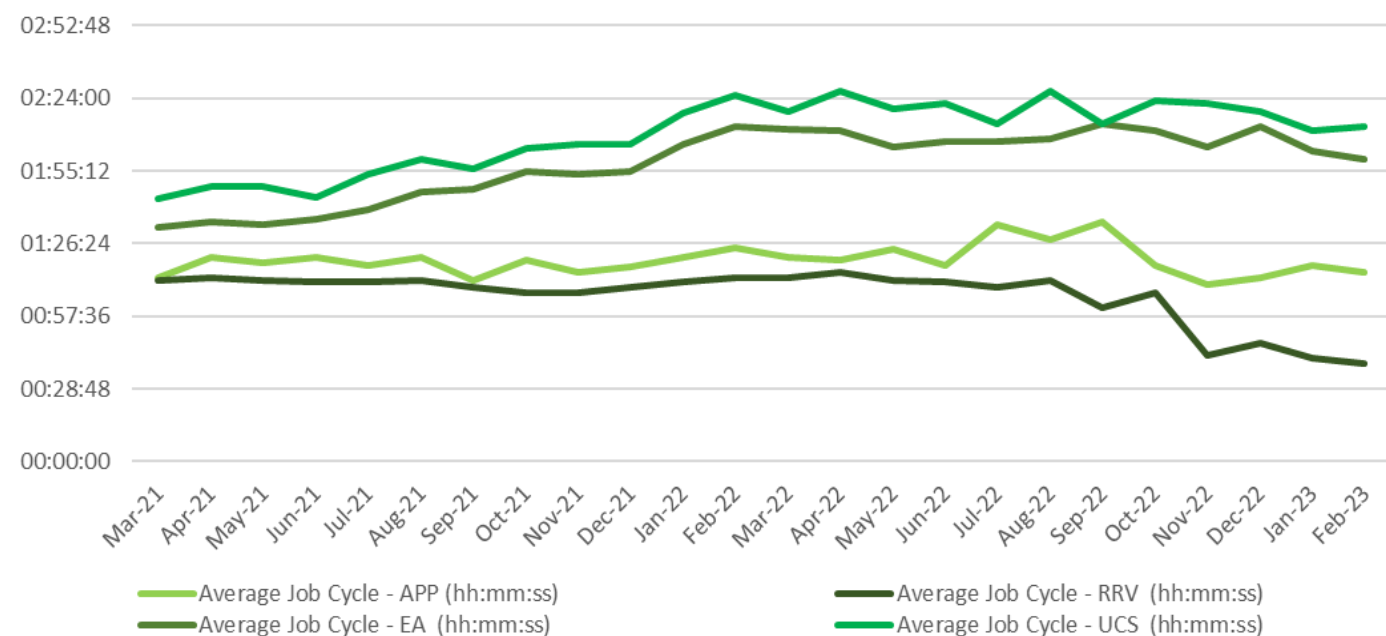
Value – Job Cycle and Volume Analysis

As demonstrated in the top graph, the average job cycle decreased in February 2023 for all vehicle types, except for UCS crews. EA calls averaged exactly 2 hours while UCS crews saw their average increase to 2 hours 13 minutes.

Average shifts attended by all crew types increased in February 2023, except for UCS crews. APPs attended on average 3.62 jobs per shift, EAs 2.41 jobs per shift, UCS crews 1.72 jobs per shift and RRV's 1.85 jobs per shift.

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

Remedial Plans and Actions

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

Expected Performance Trajectory

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

**NB: Average jobs per shift only includes data where the full shift worked is less than 20 hours.
Total shift hours currently includes the meal break for the shift
Total shift hours also includes Postproduction Lost Hours

NB: CHARU data is not yet available

Resource - Decarbonisation Analysis

In 2021-21 the Welsh Government approved funding for major decarbonisation projects at:
- AAC Flintshire (Dobshill)
- Lampeter Ambulance Station
- Porthcawl Ambulance Station
- Bargoed Ambulance Station

The projects aimed to reduce carbon emissions from operational energy, whilst upgrading the sites building infrastructure.

This was achieved by installing a PP array and battery storage, plus replacing old natural gas heating with an air source heat pump. The AAC Flintshire project also included redevelopment of 2 hectares of surrounding land, planting 2,500 British native trees to enhance the existing woodland.

These 4 projects are projected to reduce the operational carbon emissions at those sites by an average of 60%, and due to their success, the Trust has been successful in securing funding to complete 8 more projects over the next 2 years.

Remedial Plans and Actions

WAST Decarbonisation Action Plan is currently reporting internally as Amber with items of progress with funding from the Welsh Government in the 2022/23 year and 24/25 Estates and Facilities Advisory Board funding. This will allow for investment in Building Management Systems, a design guide for retrofit of estate to continue being developed, however, further funding will be required. The Trust is also scoping WAST estate infrastructure for EV charging and work is ongoing with Welsh Government Energy Services on rapid EV charging. Establishment of programme management arrangements and first Decarbonisation Programme Board meeting to take place at end of January 2023.

Responses to both internal audit report and Audit Wales report

Confirmation of successful bids against 23/24

Expected Performance Trajectory

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

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

Legend:
- L3 PPE Cool Down
- U/A Equipment
- U/A HALO Duties
- U/A Leave- Not Available
- U/A Meeting
- U/A Patient Documentation
- U/A RTB Stand Down Mealbreak
- U/A Soiled Uniform
- U/A Staff Illness/Injury
- U/A Traumatic Incident Stand Down
- U/A Vehicle Cleaning
- U/A Vehicle Defect
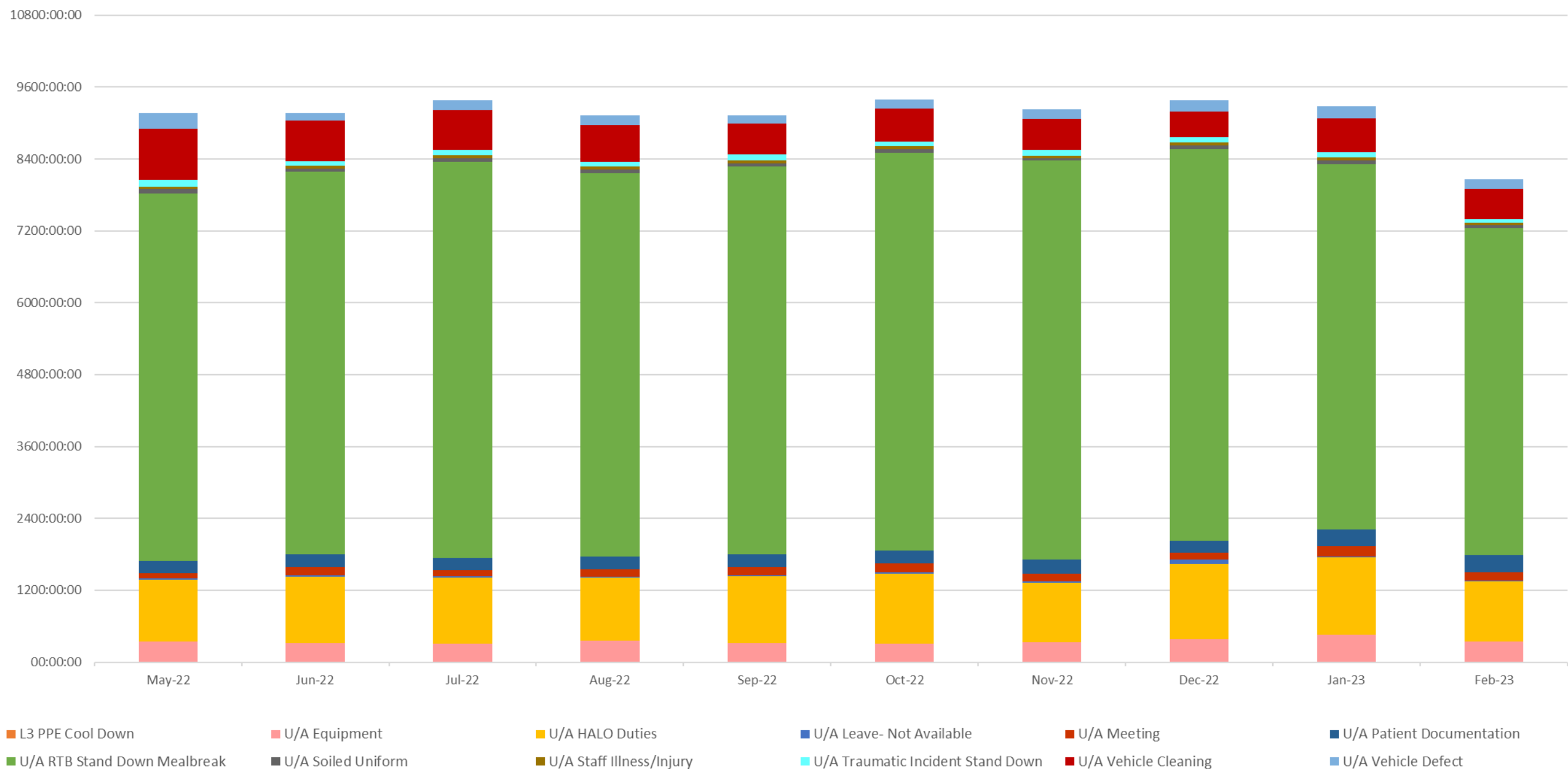
Analysis

There were 8,057 postproduction lost hours (PPLH) across EA, RRV/CHARU & UCS vehicles in February 2023; a decrease when compared to January 2023 (9,275). PPLH are due to numerous factors, as outlined in the bar chart, which demonstrates they have remained relatively consistent from May 2022 (the month a retrospective fix was undertaken for the under-reporting of U/A RTB Stand Down Mealbreak code).

Remedial Plans and Actions

The Trust will not be able to eliminate PPLH, however, efficiency options continue to be worked through, and PPLH are monitored and scrutinised closely, forming part of the weekly performance meeting. In relation to the U/A RTB Stand Down Mealbreak reason, the rest break automation initiative has been paused due to industrial relation.

Expected Performance Trajectory

The current data needs to be treated with a degree of caution. As stated above, the Trust will not be able to eliminate PPLH. Although delayed handover hours outside EDs in January 2023 (over 23,000 hrs) is a marked improvement from December 2022, the lost hours for Jan 2023 were still almost triple that of the same month in 2021 (c.8,000), meaning resources are returning to base for rest predominantly outside of the rest break window, resulting in an unavailable status being assigned.

NB: PPLH Data correct at time of extract

(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

Partnerships / System Contribution
NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced

NHS111 Successful Consult & Close Outcome Volumes via AS1 (By Type)

111 Calls By Final outcome
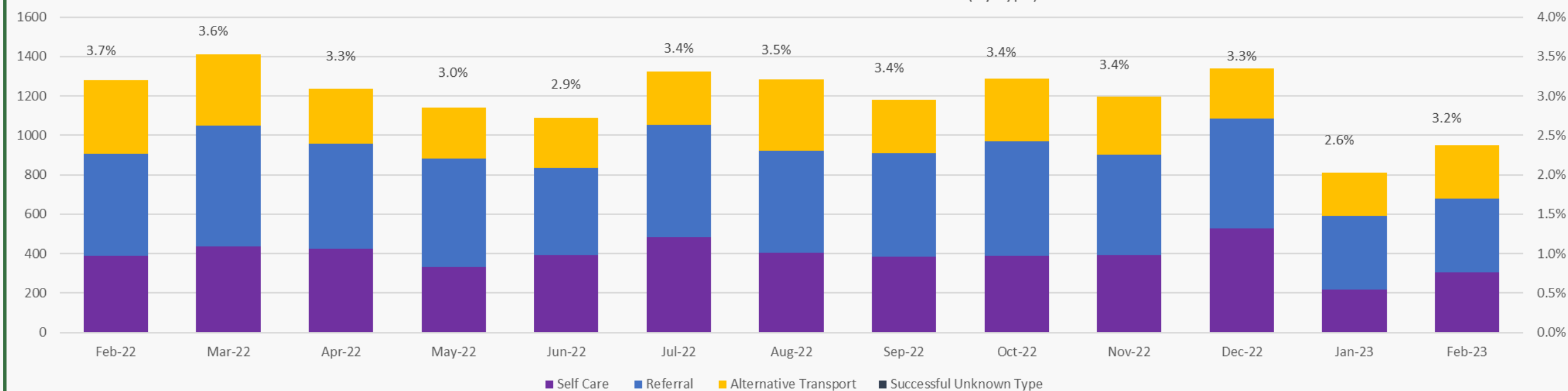
Analysis
The top graph depicts the outcomes for calls handled through NHS111 Consult and Close. In February 2023 referral was the top outcome for calls handled by NHS111 followed by self-care and alternative transport.

In February 2023, calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 42% of all calls.

56,917 calls were received into the 9 categories displayed in the bottom graph during February 2023, a decrease when compared to 61,900 received in January 2023; and the lowest number of calls recorded since March 2022.

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

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

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

(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

Partnerships / System Contribution
Consult & Close Indicators

NB: Feb-23 Re-Contact data unavailable as ASIs not yet published

Successful Consult and Close Outcomes (By Type)

Legend: Self Care · Referral · Alternative Transport · Successful Unknown Type · Total · Target

Re-Contact % within 24hrs of Telephone Triage (Consult and Close)

Consult and Close Volumes by Service Type

Legend: Clinical Service Desk · NHS111 · APP · PTAS
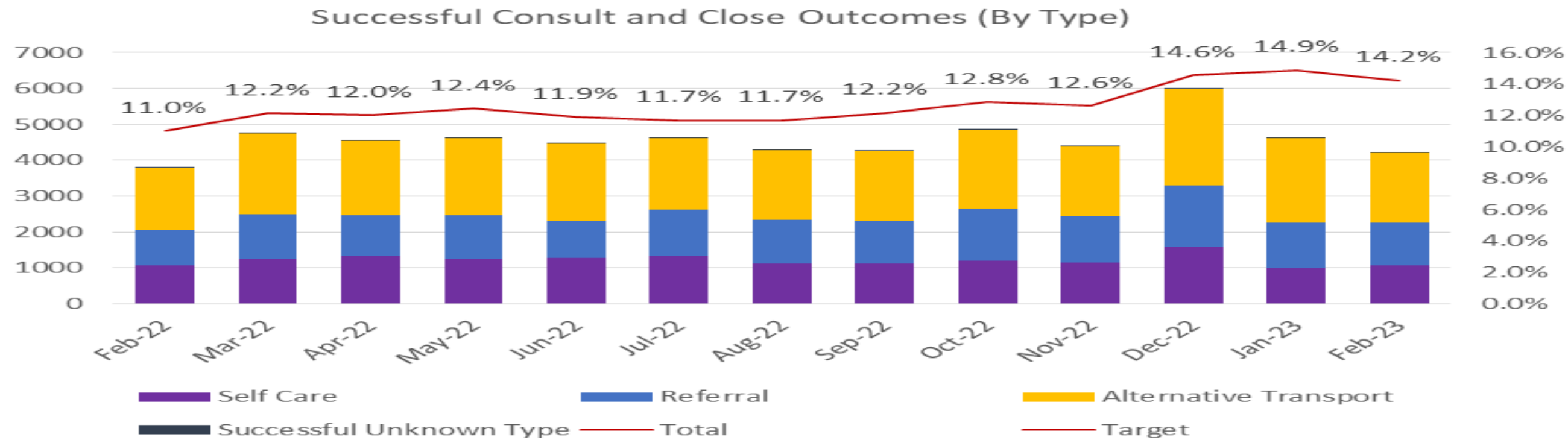
Analysis

The **Clinical Service Desk (CSD) and NHS111 (Consult & Close)** achieved 14.2% performance in February 2023 which was a slight decline on the 14.9% obtained during January 2023. It continues to achieve the historical 10.2% benchmark, but remains just short of the new 15% target figure.

10.3% of Consult & Close volumes were achieved by the CSD (3,121 calls) in February 2023. In comparison, 3.3% of Consult & Close were by NHS111 (949 calls) and 0.6% were triaged by PTAS (84 calls) and APP's (58 calls).

Of the calls successfully closed in February 2023, 1,039 patients received an outcome of self care; 1,130 patients were referred to other services (including to Minor Injury Units and SDEC) and 1,901 were advised to seek alternative transport services in order to acquire treatment.

Re-contact rates in January 2023 were 7.3%, an increase compared to 5.5% in January 2022, but a decrease compared to 7.5% in January 2021.

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

Expected Performance Trajectory
The current target for this year is 15% hear and treat rate for 2022/23 as part of the development of the 2022-25 IMTP and associated forecasting and modelling.
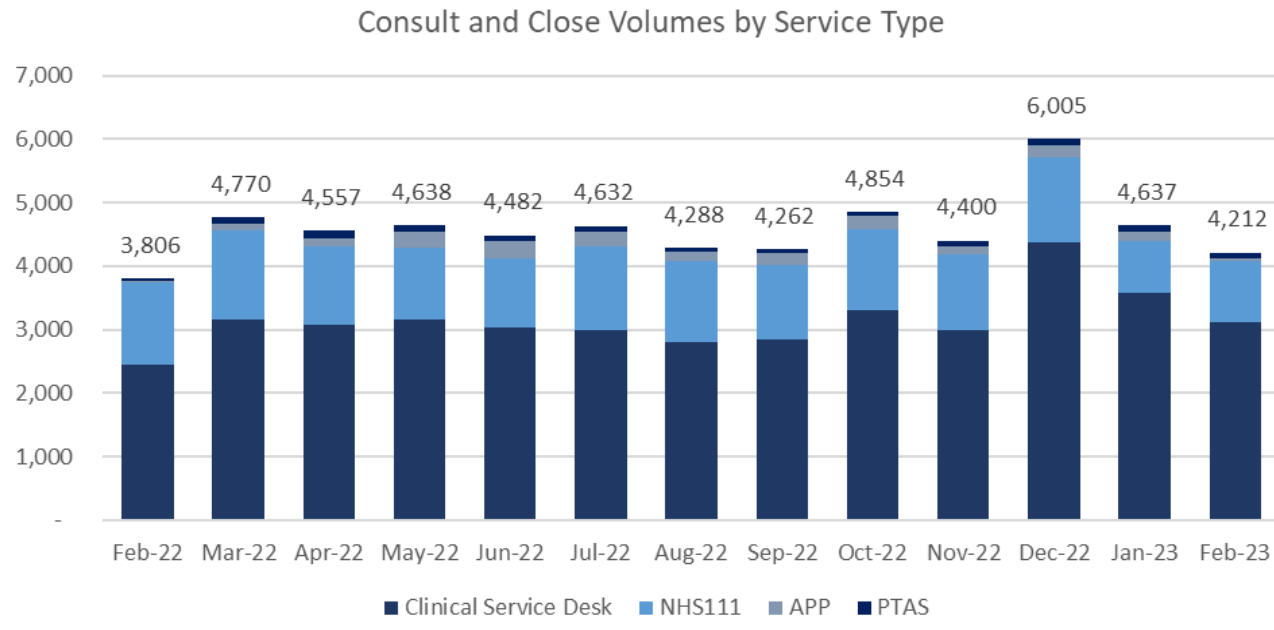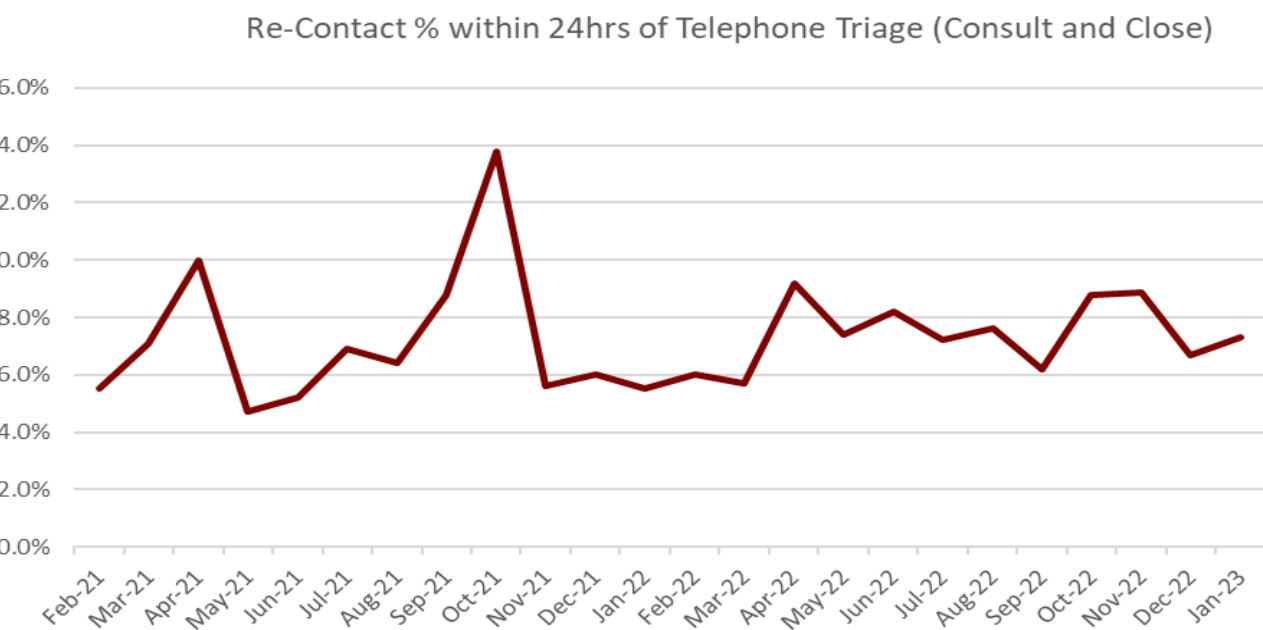
(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

Partnerships / System Contribution Conveyance to ED Indicators

A
FPC

Ministerial Measure

NB: Feb-23 Conveyance % Incidents data unavailable as ASIs not yet published

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

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

— No. of incidents that were referred to an alternative provider   — No. of incidents which were treated at scene

APP vs Non-APP Conveyance Rates

— APP Conveyance   — Non-APP Conveyance
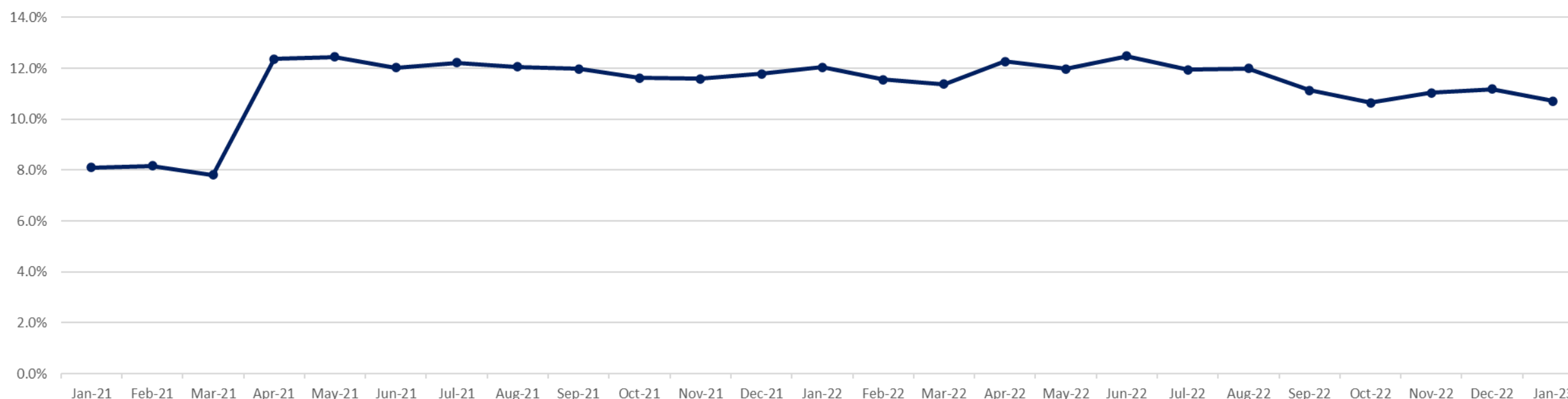
Analysis

In January 2023 10.72% of patients (1,446) were conveyed to a service other than a Type One ED. Although not shown here, the percentage of patients conveyed to EDs increased compared to the same period last year. In January 2023 conveyance to EDs as a proportion of total verified incidents was 38.69% (compared to 36.65% in January 2022).

The combined number of incidents treated at scene and referred to alternate providers decreased marginally in December 2022. 1,559 incidents were referred to alternative providers in December 2022 and 1,812 incidents were treated at scene; however, a review of other outcomes shows that there are several incidents where there was a no send due to escalation of the Clinical Safety Plan (CSP).

Remedial Plans and Actions

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

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%. This modelling has been provided to both EASC and WG. The percentage increase in conveyance to services other than EDs is a Ministerial Priority. The Trust's ability to improve this figure is dependent on pathways that are open to the Trust, for example, SDECs.

It is not clear what the cause of the APP conveyance rate is. This is now being reviewed.

Expected Performance Trajectory

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

NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change.
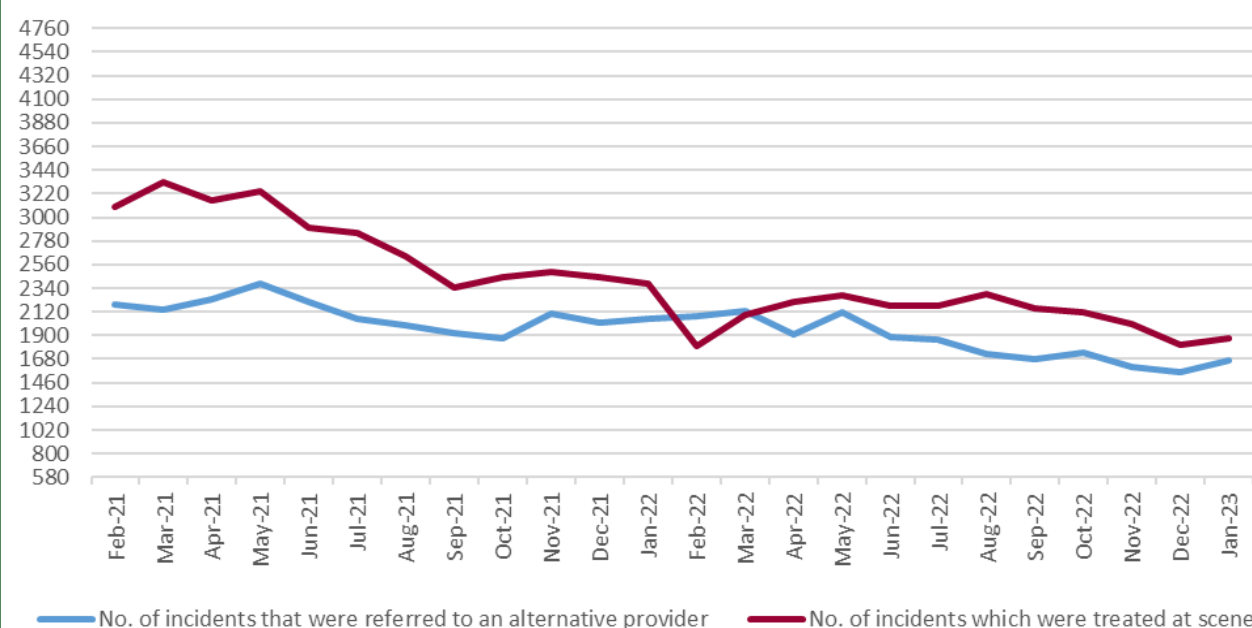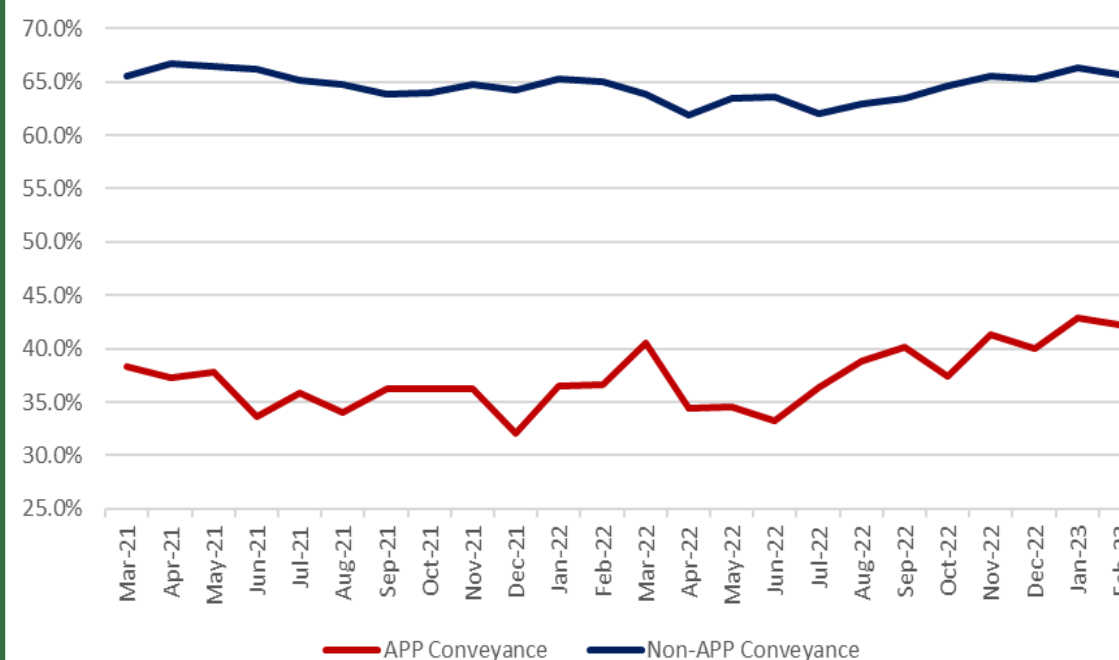
Partnerships / System Contribution
Handover Indicators

Notification to Handover Lost Hours by Health Board

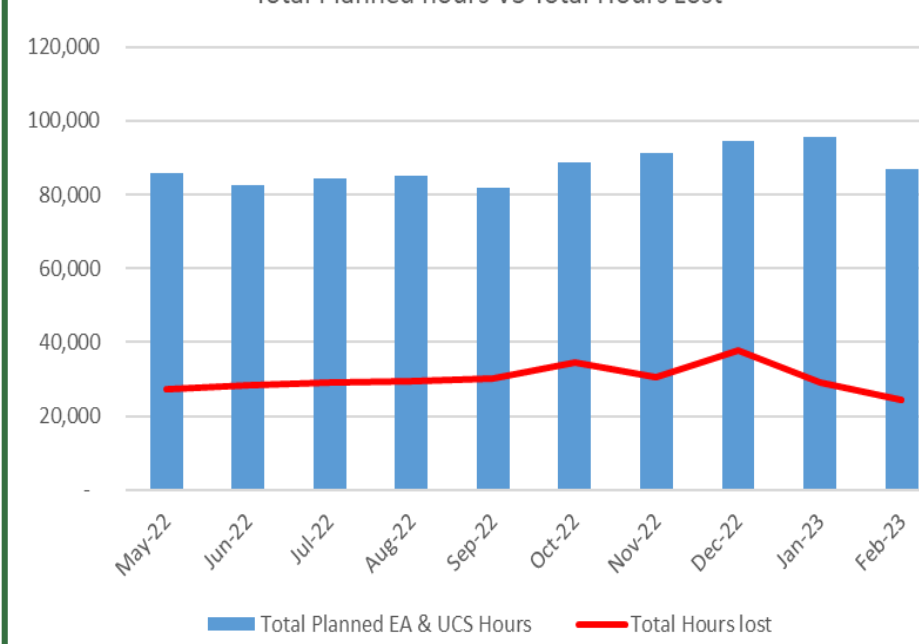Legend: SB Lost Hours, AB Lost Hours, BCU Lost Hours, C&V Lost Hours, CTM Lost Hours, HD Lost Hours, Powys Lost Hours

Handover Rates Over (4 Hours) 240.01 *minutes (including first 15 mins)*

Average Lost Minutes and 25% Trajectory -NHS Wales

Legend: Avg Lost Mins per Arrival, 25% Oct 21 level, Lost Minutes - 25%, Forecast, Avg Lost Mins per Arrival, 25% Oct 21 level, Lost Minutes - 25%, Forecast, Trend

Total Planned hours VS Total Hours Lost

Legend: Total Planned EA & UCS Hours, Total Hours lost

Analysis

295,495 hours were lost to Notification to Handover, i.e., hospital handover delays, over the last 12 months (Mar 22 to Feb 23), compared to 174,034 over the same timeframe the previous year. 19,110 hours were lost in February 2023, a reduction from the 23,525 lost in January 2023 and a lower number than the 23,232 recorded for February 2022.

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

- Morriston Hospital (SBUHB) at 1,501 lost hours
- The Grange University Hospital (ABUHB) at 2,040 lost hours
- Glan Clwyd Hospital Bodelwyddan (BCUHB) at 1,338 lost hours

Notification to handover lost hours averaged 683 hours per day during February 2023 compared to 759 hours a day in January 2023.

In February 2023, the Trust could have responded to approximately 6,028 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

Remedial Plans and Actions

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

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

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

Expected Performance Trajectory

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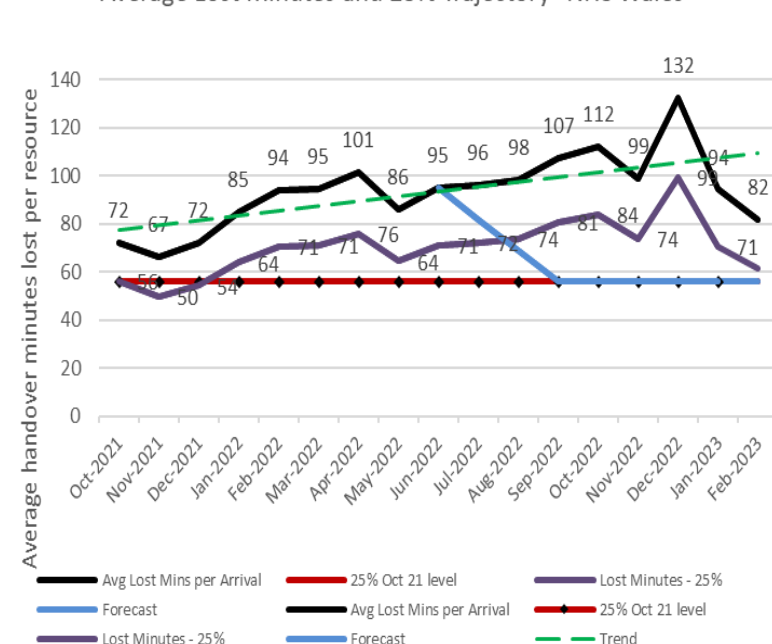
Definition of Indicators

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

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

Glossary

Welsh Ambulance Services NHS Trust

AGENDA ITEM No	10
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

COMMITTEE EFFECTIVENESS REVIEW 2022/23

MEETING	Finance and Performance Committee
DATE	21 March 2023
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. Minimal changes are proposed to the Committee's terms of reference given the extensive review in early 2022, however expanded provisions related to cyber security and cyber resilience have been added to its remit.

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).

4. Changes in operating arrangements are proposed in this report as a result of responses received to questionnaires.

RECOMMENDATION: The Committee is requested to:

(a) **Review and approve changes to terms of reference at Annex 3;**
(b) **Confirm the proposed changes to operating arrangements in response to issues raised in questionnaires;**
(c) **Set priorities for the Committee for 2022/23; and**
(d) **Approve the annual report at Annex 2, noting it requires some further adjustment after this meeting.**

REPORT APPROVAL ROUTE

Executive Management Team notified of proposed changes by email 13 March 2023.

REPORT APPENDICES
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 2022/23

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 adopt 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. The draft annual report for 2022/23 is attached at Annex 2 for review by the Committee.

3. The 2022/23 effectiveness reviews adopted the following cycle:

Stage	Process
Stage 1: Evaluation Design	• Questionnaires for the Board Committees are developed by the Board Secretary in consultation with the Committee Chairs and Executive Leads. It was agreed for 2022/23 to adopt the same questionnaires across all Committees (except for Audit Committee which has a separate questionnaire) to provide a baseline for future reviews.
Stage 2: Evaluation Process	• Questionnaires are issued to Committee members and core attendees as set out in the terms of reference. • Committee Chair, Executive Lead, Governance Officer, 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	• 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	• Any changes to the terms of reference and operating arrangements are recommended to the Audit Committee firstly on 20 April 2023 and then to the Trust Board together with the Committee's annual report on 25 May 2023.

ASSESSMENT

4. The Committee Chair and Executive Leads met with the Corporate Governance team for stage 2 on 10 February 2023. 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. Fourteen questionnaires were sent out with 5 responses being returned (a 36% return rate).

5. Respondents were asked 27 questions and were encouraged to provide free text answers to explain their choices, particularly where they marked answers as 'disagree' or 'strongly disagree'.

6. Changes to the Committee's operating arrangements and work plan as a result of the responses are proposed to be as follows:

Theme	Proposed Changes to Operating Arrangements
Theme 1: Committee Focus	• Consider implementation of the Digital Strategy as a priority for the Committee for 2023/24. • The cycles of business demonstrates that the Committee has taken control of the information it wishes to see, aligned to its terms of reference. Propose this is presented at each meeting to show progress against the cycle. • Presenters of papers take the papers as read and draw out highlight, lowlights and red flags only, providing more time for challenge, support and questions. Perhaps adopting a 1/3:2/3 approach to the time allotted, with the presentation of the paper taking only 1/3rd. • Revised SBAR and guidance is in development to aid report writers in compiling concise papers and encouraging appendices and succinct executive summaries.
Theme 2: Committee Engagement	• A Board visits standard operating procedure is being developed with a completion date of 31 March. This will demonstrate visibility of Committee members.
Theme 3: Committee Team Working	• Board development on the BAF is planned for 2023/24 in line with the risk transformation programme in the IMTP 2023-26 which will provide the Board with tools to enable more focused challenge on the BAF.
Theme 4: Committee Effectiveness	• Consideration of a period of reflection at the end of each meeting to take the shape of a summary of actions and decisions, and an invitation to members to give feedback on the meeting any learning/continuous improvement to take forward.

Theme	Proposed Changes to Operating Arrangements

	• The AAA reports will be distributed to all Committee members and attendees after the meeting and the Chair will feedback on escalations raised to the Trust Board in matters arising.
	• Further development sessions for this Committee to include:
	  • Finance development session has been scheduled to cover the flow of funds to NHS Wales and WAST; overview of finance reports; emerging topics such as Patient Level Info Costing Systems (PLICS), Value Based Healthcare (VBHC), Financial Sustainability Work streams (FSW), Foundation Economy; terminology; finance team and governance; financial Plan; and procurement.
	  • MIQPR orientation refresher: interpretation and triangulation.

7. The Committee meets bi-monthly and it was felt by the Chair and Executive Leads that this is still appropriate as it represents a good cadence with Board meeting.

8. The Committee met six times both in private and public session during 2022/23 as scheduled and was quorate on each occasion. The Committee's draft annual report at Annex 2 illustrates that attendance was excellent despite the operational pressures placed on members throughout the year.

9. The terms of reference were reviewed to ensure all matters within the remit of the Committee were clear and were articulated with the strategic, oversight and scrutiny role of the Committee in mind. Amendments are minimal given the extensive review that took place in early 2022, however expanded provisions related to cyber security and cyber resilience have been added to its remit.

10. The Director of Workforce and Organisational Development will be an attendee in place of the Deputy Director given the ownership of the financial sustainability programme. The Trust Board Chair will conduct an annual review of Non-Executive Director membership across all Committees in April 2023 and any changes will be reflected in the annual report.

11. The draft annual report details the extensive work carried out by the Committee during the year and progress it made on the priorities set for 2022/23.

12. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Such priorities may include a particular focus throughout the year, or in particular quarters. For example, the Committee may wish to prioritise more agenda time to new issues it is adopting in its terms of reference; focus on areas it may not have addressed recently due to the pandemic; or review of the Committee's risks, both operational and strategic. It is recommended that such priorities are limited to two or three, and that they are tracked quarterly by way of an assurance report by the Board Secretary report to

ensure they are on track.   The Committee may wish to consider the following priorities based on the responses from the questionnaires:

Focused oversight of the implementation of:

(a) the Digital Strategy; and
(b) the Quality and Performance Management Framework

RECOMMENDATION

13. **The Committee is requested to:**

   (a) **Review and approve changes to terms of reference at Annex 3;**

   (b) **Confirm the proposed changes to operating arrangements in response to issues raised in questionnaires;**

   (c) **Set priorities for the Committee for 2022/23; and**

   (d) **Approve the annual report at Annex 2, noting it requires some further adjustment after this meeting.**

Next Steps

14. Ensure changes to operating arrangements and priorities (subject to agreement) are cycled into work programme for review in 2023/24.

FPC Effectiveness Review Survey Results 2022/23

Trish Mills
Board Secretary
21 March 2023

FPC Annual Effectiveness Review

Survey Respondents included NEDs, management members, TU partners and Committee Governance Officer;
14 surveys sent, with 5 returned [35.7%]. This presentation sets out the results of the survey 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	1
●	Management Member	3
●	TU Partner (s)	1
●	Other	0

Theme 1: Committee Focus

REMIT

There is **scope to focus on the implementation of the digital strategy** in 2023/24.

Q2: the Committee **does not always make a conscious decision about the information** it would like to receive.

As with most of our Committees **the agendas are large and we don't take papers are read and then run through a long presentation which extends the time in the session.**

Legend: 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:
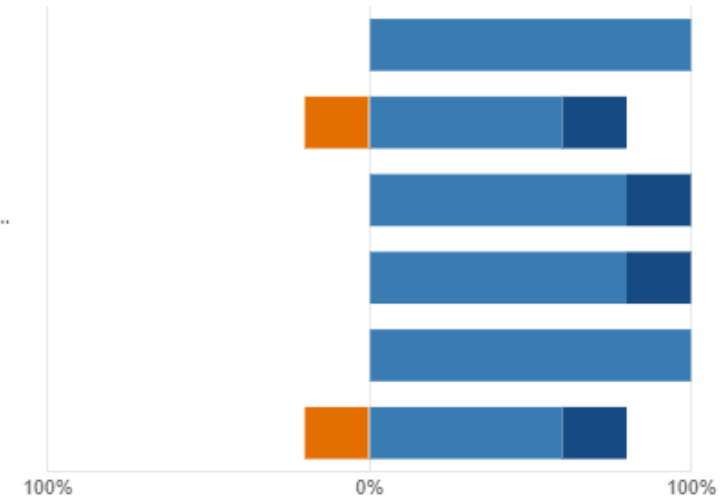
Theme 1: Consideration of issues raised in questionnaire

1. Consider implementation of the Digital Strategy as a priority for the Committee for 2023/24.

2. The cycles of business demonstrates that the Committee has taken control of the information it wishes to see, aligned to its terms of reference. Propose this is presented at each meeting to show progress against the cycle.

3. Presenters of papers take the papers as read and draw out highlight, lowlights and red flags only, providing more time for challenge, support and questions. Perhaps adopting a 1/3:2/3 approach to the time allotted, with the presentation of the paper taking only 1/3rd

4. Revised SBAR and guidance is in development to aid report writers in compiling concise papers and encouraging appendices and succinct executive summaries

Theme 2: Committee Engagement

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:

100%   0%   100%
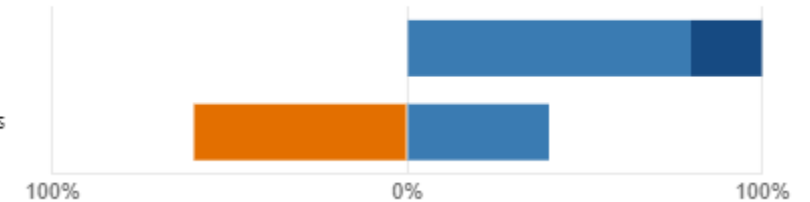
VISIBILITY

Q8: Committee Members **have not consistently visited services or teams**. Most is made of opportunities to do this when at staff locations for another meeting/reason.

There is **limited visibility of the Committee although visits do take place they are not appropriately reported. The Board Visit SOP will address this.**

Committee Members are **always welcome to come and find out more about WAST.**

ROLE

Correct and **effective balance.**

Theme 2: Consideration of issues raised in questionnaire

1. A Board visits standard operating procedure is being developed with a completion date of 31 March. This will demonstrate visibility of Committee members.

Theme 3: Committee Team Working

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:

STRATEGIC PRIORITES

There is **scope to focus more on strategic priorities**.

BEHAVIOURS

Well led, **excellent team** relations.

The Committee **could benefit from non executive director with strong finance background.**

OVERSIGHT OF RISK

The BAF and corporate risks are reviewed and discussed well, **but there could be more challenge on the actions to address the gaps in controls,** and on the strength of existing controls.

Q11: Committee **has a strong focus on risks**.

Theme 3: Consideration of issues raised in questionnaire

1. Board development on the BAF is planned for 2023/24 in line with the risk transformation programme in the IMTP 2023-26 which will provide the Board with tools to enable more focused challenge on the BAF

Theme 4: Committee Effectiveness

REFLECTION

There is **not an opportunity to reflect at the end of the meeting**.

Q18: at the end of the meeting, **no open reflection on decisions made or what has worked well** during the meeting.

Q18: We don't tend to do this as **not enough time at the end of the meeting as it has overrun.**

Legend: 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:

100%   0%   100%

Welsh Ambulance Services NHS Trust
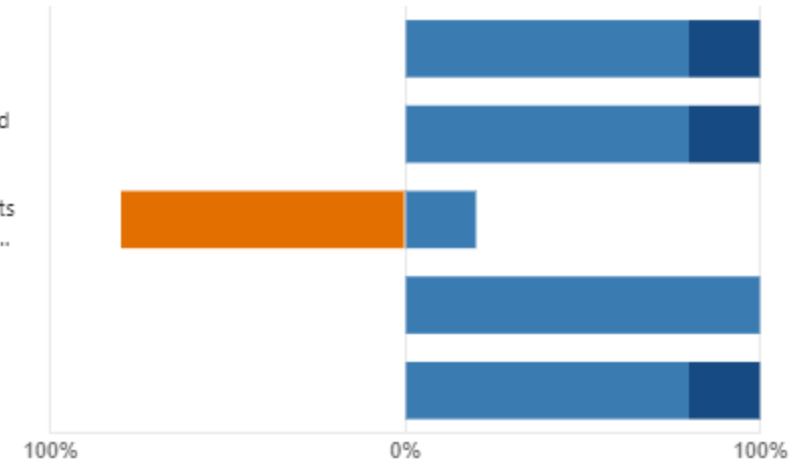
Theme 4: Consideration of issues raised in questionnaire

1. Consideration for a period of reflection at the end of each meeting to take the shape of a summary of actions and decisions, and an invitation to members to give feedback on the meeting any learning/continuous improvement to take forward.

Theme 5: Committee Leadership

Strongly Disagree ■ Disagree ■ Agree ■ Strongly Agree

21. The Committee Chair has a positive impact on the performance of the Committee:

22. Committee meetings are Chaired effectively:

23. The Committee Chair is visible within the organisation and is considered approachable:

24. The Committee Chair allows debate to flow freely and does not assert his/her own view too strongly:

25. The Committee Chair provides clear and concise information to the Board on Committee activities an…

100%   0%   100%

Excellent chair, giving time to effective debate on all issues.

Committee **is well led - by Chair and Lead Officers.**

23 there is an opportunity for all the NEDS to be more visible.

What should the Committee stop, start or continue to do?

START

STOP

CONTINUE

Start taking the papers as read. Continue to work in the same open and engaging way.

Continue as it is at present.

Continue to **focus on key priorities**. To have more consistent and detailed **discussions around value based healthcare** and how we will evidence this moving forwards.

The **committee is operating effectively and has good engagement. Executives present their papers well and are succinct.**

Are there any learning or development opportunities for members which the Committee should consider?

None over and above usual board development sessions.

To **better reflect on what has worked well/not** so well at each meeting.

Summary of Proposed Changes/Areas being Addressed

1. The cycles of business demonstrates that the Committee has taken control of the information it wishes to see, aligned to its terms of reference.   Propose this is presented at each meeting to show progress against the cycle.
2. Presenters of papers take the papers as read and draw out highlight, lowlights and red flags only, providing more time for challenge, support and questions. Perhaps adopting a 1/3:2/3 approach to the time allotted, with the presentation of the paper taking only 1/3rd
3. Revised SBAR and guidance is in development to aid report writers in compiling concise papers and encouraging appendices and succinct executive summaries.
4. A Board visits standard operating procedure is being developed with a completion date of 31 March. This will demonstrate visibility of Committee members.
5. Board development on the BAF is planned for 2023/24 in line with the risk transformation programme in the IMTP 2023-26 which will provide the Board with tools to enable more focused challenge on the BAF
6. Consideration for a period of reflection at the end of each meeting to take the shape of a summary of actions and decisions, and an invitation to members to give feedback on the meeting any learning/continuous improvement to take forward.
7. Further development sessions for this Committee to include:
   - Finance development session has been scheduled to include the flow of funds to NHS Wales and WAST; overview of finance reports; emerging topics such as Patient Level Info Costing Systems (PLICS), Value Based Healthcare (VBHC), Financial Sustainability Work streams (FSW), Foundation Economy; terminology; finance team and governance; financial Plan; and procurement.
   - MIQPR orientation refresher: interpretation and triangulation

FINANCE AND PERFORMANCE COMMITTEE
ANNUAL REPORT 2022/23

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 21 March 2023 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair and Executive Leads. Changes are proposed to the terms of reference and this annual report reflects on the effectiveness of the Committee in 2022/23.

ASSESSMENT

Purpose of the Committee

5. The purpose of the Committee set out in its terms of reference is to enable scrutiny and review of the Trust's arrangements in respect of the:

   5.1. overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties;
   5.2. ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP):
   5.3. monitoring of the IMTP and ensuring achievement of key milestones;
   5.4. robustness of any cost improvement measures and delivery of key strategies and plans;
   5.5. 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;
   5.6. scrutinise business cases for capital and other investment;

5.7. oversight of the development and implementation of the digital, estates, fleet and environmental strategies; and

5.8. emergency preparedness, resilience and response

Membership and Attendance

6. The Committee meets bi-monthly and it is thought this is still appropriate as it represents a good cadence with Board meeting. The Chair of the Committee changed in January 2023 and Joga Singh is Chair in place of Prof. Kevin Davies.

7. The Committee met six times both in private and public session during 2022/23 as scheduled and was quorate on each occasion. The Committee is supported by a Chair and three Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees (as listed in the terms of reference) for 2022/23: [chart to be updated with 20 March attendance]

COMMITTEE ATTENDANCE

Name	16 May 2022	18 July 2022	20 Sep 2022	14 Nov 2022	16 Jan 2023	20 March 2022
Kevin Davies	Attended	Attended	Apologies	Attended	Attended	
Bethan Evans	Attended	Attended	Attended	Apologies	Attended	
Joga Singh	Attended	Apologies	Attended	Attended	Attended	
Ceri Jackson	Attended	Attended	Attended	Attended	Attended	
Chris Turley	Attended	Attended	Attended	Attended	Attended	
Rachel Marsh	Attended	Attended	Attended	Attended	Attended	
Lee Brooks	Attended	Attended	Attended	Attended	Rachel Marsh (Deputy)	
Andy Haywood	Attended	Attended	No longer member	No longer member	No longer member	
Leanne Smith	No longer member	No longer member	Attended	Attended	Attended	
Wendy Herbert	J. Turnbull-Ross (Deputy)	Attended	No longer member	Attended	No longer member	
Liam Williams	No longer member	No longer member	Attended	Wendy Herbert (Deputy)	Attended	
Liz Rogers	Catherine Goodwin (Deputy)	Attended	Attended	Attended	Attended	
Hugh Parry	Attended	Attended	Attended	Attended	Attended	
Damon Turner	Attended	Attended	Apologies	Apologies	Apologies	
Trish Mills	Attended	Attended	Attended	Attended	Attended	

Green	Attended
Orange	Deputy attended
Red	Apologies received
Black	No longer member

8. Attendance is excellent despite the challenges that operational pressures have placed on members throughout the year. .

9. The Director of Workforce and Organisational Development will be an attendee in place of the Deputy Director given the ownership of the financial sustainability programme. The Trust Board Chair will conduct an annual review of Non-Executive Director membership across all Committees in April 2023, but it is anticipated that this Committee will retain at least three Non-Executive Directors in its membership, inclusive of the Chair.

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 21 March Committee meeting.

11. The questionnaires provided an opportunity to gauge opinion on areas of good practice and areas that require improvement.   Fourteen questionnaires were sent out with 5 responses being returned (a 36% return rate).

12. Respondents were asked 27 questions and were encouraged to provide free text answers to explain their choices.   The responses were reviewed by the Committee on 20 March and ==it was agreed to make the following adjustments to their operating arrangements as a result==:

   12.1. The cycles of business demonstrates that the Committee has taken control of the information it wishes to see, aligned to its terms of reference. Propose this is presented at each meeting to show progress against the cycle.

   12.2. Presenters of papers take the papers as read and draw out highlight, lowlights and red flags only, providing more time for challenge, support and questions. Perhaps adopting a 1/3:2/3 approach to the time allotted, with the presentation of the paper taking only 1/3rd.

   12.3. Revised SBAR and guidance is in development to aid report writers in compiling concise papers and encouraging appendices and succinct executive summaries.

   12.4. A Board visits standard operating procedure is being developed with a completion date of 31 March. This will demonstrate visibility of Committee members.

   12.5. Board development on the BAF is planned for 2023/24 in line with the risk transformation programme in the IMTP 2023-26 which will provide the Board with tools to enable more focused challenge on the BAF.

   12.6. Consideration of a period of reflection at the end of each meeting to take the shape of a summary of actions and decisions, and an invitation to members to give feedback on the meeting any learning/continuous improvement to take forward.

   12.7. The AAA reports will be distributed to all Committee members and attendees after the meeting and the Chair will feedback on escalations raised to the Trust Board in matters arising.

   12.8. Further development sessions for this Committee to include:
   - Finance development session has been scheduled to cover the flow of funds to NHS Wales and WAST; overview of finance reports; emerging topics such as Patient Level Info Costing Systems (PLICS), Value Based Healthcare (VBHC), Financial Sustainability Work streams (FSW), Foundation Economy; terminology; finance team and governance; financial Plan; and procurement.
   - MIQPR orientation refresher: interpretation and triangulation.

13. Notwithstanding the need to ensure the cycles of business are completed as soon as possible to be confident of equitable spread of the agenda, the Committee has been effective in discharging its responsibilities and providing timely escalations and assurances to the Board.   In 2023/24 the areas of digital and cyber will feature more regularly.   In 2022/23 the Committee:

13.1. Received regular reports on performance and handover delays, escalating to the Trust Board the effect on avoidable harm and death to patients and poor experience for staff.   In May the Chair of this Committee joined with the Chairs of the People and Culture Committee and the Quality, Patient Experience and Safety Committee to escalate to the Trust Board their concerns regarding the significant impact on staff and patients as a result of system pressures.   This led to the paper to Trust Board in July on action to mitigate avoidable harm (and subsequent updates), which includes system partner actions as a result of meetings which took place with NHS Wales, Welsh Government and Commissioners as a result of the escalations;

13.2. Each meeting has received a finance report, some of which were by way of detailed presentations given the month closing dates and Committee dates, followed by more detailed reports to the Board in the following week;

13.3. The financial sustainability workstreams (now the financial sustainability programme) were discussed and supported;

13.4. Performance is reviewed against the Monthly Integrated Quality and Performance Report (MIQPR) at each meeting with a deep dive on Ambulance Care in January 2023; the annual review of metrics for the MIQPR took place in July 2022;

13.5. Progress against the Integrated Medium Term Plan (IMTP) for 2022-25 is reviewed at each meeting with escalations discussed; the outturn position against the 2021-24 IMTP was presented; and the IMTP 2023-26 and financial plan 2023/24 were endorsed at the March 2023 meeting;

13.6. Discussed at the Project Assessment Review of the Mobile Data Vehicle Solution business case;

13.7. Regular discussion has been held throughout the year on progress against the Decarbonisation Action Plan which was approved by the Committee in March 2022;

13.8. Value based healthcare – with a particular focus on Patient Level Information and Costing (PLICs) – was discussed with reporting maturing in this area in 2023/24;

13.9. A Business Continuity Assessment was reviewed which set out the governance, plans, exercises, and training in place for business continuity at the Trust;

13.10. A six month update on the roll-out of the Quality and Performance Management Framework (QPMF) was provided to the Committee in November 2022;

13.11. Received an operational update at each meeting;

13.12. Received internal audits within the Committee's remit and the audit tracker to monitor progress against recommendations;

13.13. Reviewed its effectiveness and agreed changes to its operating arrangements and terms of reference for 2023/24, and approved its cycle of business for 2022/23;

13.14. The corporate risk register/BAF was reviewed at each meeting with the agenda being built around highest rated risks for this Committee; risks 139 (failure to deliver our statutory financial duties in accordance with legislation) and 458 (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning) were escalated to the Trust Board in September 2022 in light of the challenging financial position anticipated in 2023-24;

13.15. In private session due to commercial sensitivities the Committee has discussed:
- Integrated Information System (Salus)
- NHS Wales Microsoft Enterprise Agreement
- Decommissioning of Digipen
- 2023/24 fleet replacement business justification case
- WAST's position in relation to the findings of Audit Wales in their reports on cyber-attacks and cyber resilience;

14. The Committee's single priority for 2022/23 was to focus on assurance to be provided on the additions to the terms of reference i.e. estates and fleet, environmental and sustainability, digital systems and strategy, and emergency preparedness, resilience and response. Progress against this priority was reviewed at each meeting as follows:

14.1. Approval of the Lease Car Policy

14.2. Reviewed the 2023/24 fleet replacement business case

14.3. Approved the cycles of business that set out with more particularity the assurances and reporting that will be forthcoming to the Committee and their timing.

14.4. The May, July, September and November meetings received decarbonisation and sustainability updates.

14.5. The July meeting reviewed business continuity assessment, and the emergency preparedness, resilience and response and document tracker;

14.6. The May meeting reviewed the internal audit on digital governance and the

14.7. Internal audit on Cardiff MRD

14.8. Risk 244 'estates accommodation capacity limitations impacting on EMS CCC's ability to provide a safe and effective service'; Risk 245 'failure to have sufficient capacity at an alternative site for EMS CCCs which could cause a breach of statutory business continuity regulations'; and Risk 311

'inability of the estate to cope with the increase in FTEs' are reviewed at each meeting.

14.9. Risk 260 'a significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in the denial of service and loss of critical systems' is reviewed by the Committee.

15. The Board received a highlight report from the Committee following each meeting which provided for alerts, advice, and areas of assurance. This is presented to the next public Board meeting by the Chair of the Committee.

16. The Committee is not serviced by any sub-committees or task and finish groups at present.

Proposed Changes to the terms of reference

17. The terms of reference were reviewed to ensure all matters within the remit of the Committee were clear and were articulated with the strategic, oversight and scrutiny role of the Committee in mind. Amendments are minimal given the extensive review that took place in early 2022, however expanded provisions related to cyber security and cyber resilience have been added to its remit.

18. A marked up copy of the terms of reference are attached at Annex 1 for approval by the Board.

Priorities Identified for the Committee for 2023/24

19. 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 2023/24:

[to be confirmed by the 20 March meeting]

20. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

Next Steps

21. The next steps are as follows:

(a) Ensure changes to operating arrangements agreed are cycled into work programme for review in 2023/24.
(b) Schedule the proposed Board development sessions.

RECOMMENDATION

The Trust Board is requested to

(a) Receive and note the contents of the Committee annual report for 2022/23 and its analysis of effectiveness;

(b) Approve the changes to the terms of reference.

FINANCE AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1.   INTRODUCTION

1.1.   The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2.   In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Finance and Performance Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2.   PURPOSE

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   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,, including the efficiency review implementation and required savings targets;

3.3

3.4   monitor achievement and planning of both in-year and recurring cost improvement plans and efficiencies. The Committee shall review the proposals for future efficiency schemes and make recommendations to the Board as appropriate;

3.53.4   ensure delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting;

3.63.5   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;

3.73.6   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;

3.83.7   receive, review and ensure mitigation of financial risks of delivery of plans;

3.93.8   monitor progress against a range of key developments and capital schemes, either in development through the business case process or in implementation;

3.103.9   review performance against the relevant Welsh Government financial requirements;

Value Based Healthcare

3.113.10   ensure delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting;

Performance

3.123.11   review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance quality indicators;

3.133.12   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;

3.143.13   review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework;

3.153.14   agree and monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets;

3.163.15   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;

3.173.16   obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams;

Planning

3.183.17   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;

3.18   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;

3.19   and make recommendations to the Board;

3.203.19   monitor the effectiveness of commissioning arrangements with the Local Health Boards via the Emergency Ambulance Services Committee;

3.213.20   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; review the Trust's strategies and plans and make recommendations to the

~~Board as appropriate and ensure that the financial considerations complement the business plans (this includes formally receiving all business cases that require approval by the Welsh Government and making recommendations to the Board regarding their annual submission to Welsh Government);~~ and

3.22~~3.21~~   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

~~3.23~~3.22   oversee, contribute to, and monitor the implementation of, the Estate Strategy

~~3.24~~3.23   oversee, contribute to, and monitor the implementation of, the Fleet Strategy

~~3.25~~3.24   review proposals for acquisition, disposal, and change of use of land/buildings.

Environmental and Sustainability

~~3.26~~3.25   oversee, contribute to, and monitor the implementation of the Environmental Strategy

~~3.27~~3.26   ensure compliance with environmental regulations and national targets

Digital Systems and Strategy

~~3.28~~3.27   oversee, contribute to, and monitor the implementation of, the Digital Strategy

~~3.29~~3.28   review projects and monitor implementation and delivery of benefits of major digital and information/reporting projects

Business Continuity
~~Emergency Preparedness Resilience and Response~~

3.29   oversight and scrutiny of the Major Incident Plan and Business Continuity Plan and assurance that such plans are effective;

3.30   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

3.31   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.

~~3.30~~

Policies

3.313.32   Oversight of policies within the remit of the Committee

Corporate Risks and Audit Recommendation Tracker

3.323.33   The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

Authority

3.333.34   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.

3.343.35   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.

3.353.36   The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

3.363.37   The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee should include at least one member of the Trust's Audit Committee and will comprise:

Chair   Non Executive Director
Members   Three further Non Executive Directors of the Board.

Attendees

4.2 The membership will be supported routinely by the following core attendees:

- Executive Director of Finance and Corporate Resources (Joint Committee Lead)
- Executive Director of Strategy, Planning and Performance (Joint Committee Lead)
- Executive Director of Operations
- Executive Director of Quality and Nursing
- Director of Workforce and Organisational Development
- Director of Digital
- ~~Deputy Director of Workforce and Organisational Development~~
- Trade Union Partners (x 2)
- Board Secretary
- Chairs of Sub-Committees (if any)

4.3 The Chief Executive will have a permanent standing invite to attend the Committee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to

any specific requirements or directions made by the Welsh Government.

4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

(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 Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held ~~no less than quarterly~~ 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.

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

AUDIT REPORT

MEETING	Finance and Performance Committee
DATE	21 March 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

Internal Audits for review

1. Internal Audits provide a third line defence for the Board which is a rich source of assurance.   The following internal audits are within the remit of this Committee:

   - Immediate Release Requests
   - IMTP Delivery

2. These were reviewed by the Audit Committee on 2 March with the audit owners present.   Given the related issues, the Immediate Release Requests will also be considered by the Quality, Patient Experience and Safety Committee at their May meeting.

3. This 2023/24 Audit Plan has been approved by the Audit Committee and those that will be presented at this Committee during the year are:

No.	Review	Quarter
1.	Decarbonisation	Q1/2
2.	Estates Assurance: Estate Condition	Q2
3.	Technical Resilience	Q2
4.	Seatbelt Action Plan	Q2
5.	111 Service Commissioning Arrangements (advisory)	Q2
6.	Strategy Development	Q2/3
7.	ICT Contract Management	Q3
8.	Delivery of Major Change Programmes	Q3/4
9.	Integrated Quality and Performance Management Framework	Q3/4
10.	Capital Assurance: Vehicle Replacement Programme	Q4

Audit Tracker

4. The audit recommendation tracker is in place for the purpose of tracking progress across the Trust to ensure that recommendations contained in internal and external audit review reports are actioned in a timely manner.

5. There are overdue actions in the remit of this Committee however the Corporate Governance Team has experienced resource challenges that has precluded it from conducting confirm and challenge meetings with action owners and Executives to enable it to assure the Committee on the revised dates. There are a number of actions that have been affected by industrial action, both with respect to availability of action owners and ability to move actions to a close, however a number of revised dates have been proposed.

6. It is for this reason that the actual audit tracker has not been produced, however the tracker has been shared with Internal Audit ahead of the March Audit Committee and will be updated for the next meeting of the Committee. In addition, Internal Audit will shortly conduct their annual follow up review base on the tracker.

7. **The Committee is requested to receive assurance from the internal audit reviews and note the update on the audit tracker.**

KEY ISSUES/IMPLICATIONS
As set out above.
REPORT APPROVAL ROUTE
Not applicable.

REPORT APPENDICIES
Appendix 1 – Immediate Release Requests Appendix 2 – IMTP Delivery

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

Immediate Release Directions
Final Internal Audit Report

January 2023

Welsh Ambulance Services NHS Trust

Contents

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement

NHS Wales Audit & 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 & 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 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 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.

Executive Summary

Purpose

A review of the effectiveness of the mechanisms in place to for the immediate release of ambulances outside hospitals to respond to patient needs in the community.

Overview

We have issued <u>reasonable</u> on this area. The significant matters which require management attention include:

- Allocators must review the RES screen prior to directing immediate release of vehicles;

- Escalation of declined directions to the Operational Delivery Unit (ODU);

- Datix incidents must be completed and reviewed in a timely manner following each declined direction;

- Review of declined directions to ensure the correct process has been followed; and

- Themes and trends should be captured and lessons learned shared.

Further matters arising concerning the areas for refinement and further development have also been noted.

Report Classification

		Trend
Reasonable	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.	N/A - No previous audit in this area

Assurance summary[1]

Assurance objectives		Assurance
1	Clear guidance and procedures.	Substantial
2	Alternative options explored.	Reasonable
3	Declined directions investigated and communicated.	Limited
4	Performance monitoring.	Reasonable
5	Appropriate reporting and escalation.	Reasonable

Key matters arising

		Assurance Objectives	Control Design or Operation	Recommendation Priority
1	Completion of RES screen.	2	Operation	Medium
2	Escalation to Operational Delivery Unit (ODU).	3	Operation	High
3	Completion and timely review of Datix incidents.	3	Operation	High
4	Completeness of Director of Operations briefing paper.	3	Operation	Medium
5	Analysis and feedback of themes, trends and lessons learned.	4	Design	Medium

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[1] The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

1.   Introduction

1.1   Directions to immediately release ambulances outside hospitals should be undertaken for 'Red' and 'Amber 1' incidents, after all other options to identify a suitable resource to meet patient needs in the community have been explored. The decision to release ambulances is made by the nurses in charge at the time and the rationale is relayed to the Chief Operating Officer (COO) at each health board area.

1.2   The '*Patient Safety Highlight Report*' presented to the Quality, Patient Experience & Safety Committee (QUEST) in November 2022, highlights that the number of declined 'Immediate Release Directions' (IRD) remains an ongoing concern, with varying levels of response across health boards. During the quarter ending September 2022, there were a total of 2,883 directions made to health boards. Of these, 1,528 were accepted (53%) and 1,355 were declined (47%).

1.3   The highest scoring risk on the Welsh Ambulance Services NHS Trust's (the 'Trust') Corporate Risk Register relates to: '*The Trust's inability to reach patients in the community causing patient harm and death.*'

1.4   The potential risks considered in this review were:

- Inability and/or a delay in ambulances reaching patients in the community resulting in harm; and
- Failure to achieve the most efficient and effective use of resources.

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	2	2	-	4
Total	**2**	**3**	**-**	**5**

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.

2.3   The 'All Wales Immediate Release Protocol' was approved on 14 July 2022 by the NHS Wales Chief Executive Group, and issued and adopted on 25 July 2022 following agreement at Emergency Ambulance Services Committee (EASC). The protocol details that '*Chairs and Chief Executives across Wales agreed that to manage in real-time the serious risk of harm to patients categorised as immediately life threatened (Red) or Serious (Amber 1) in the community without*

an available emergency ambulance resource assigned that all immediate release directions made by the Trust will be accepted by the receiving emergency department without unnecessary delay enabling a response to be made to the patient awaiting a response in the community'. The protocol also states: '*declining an immediate release direction for Red and Amber 1 patients must not occur.'*

2.4   The IRD report for the period 1 July 2022 to 5 September 2022 is shown in the table below. This highlights a significant volume of immediate release directions being made, which reflects the significant pressures the unscheduled care system is facing, manifesting itself at Emergency Departments (ED) across Wales resulting in extended patient handover times and patients in the community experiencing long waits for ambulance response. 1,900 IRDs were made in total, of which c30% related to Red priority incidents and c70% for Amber 1 patients. Whilst a high percentage of IRDs relating to immediately life-threatening incidents were accepted, it is important to note that only 35.5% of such directions between April 2021 to June 2022 received this decision within the 8-minute response target for red calls. In addition, there remains a high percentage (62%) of declined directions for Amber 1 immediate release directions, despite the new protocol stating that they must not occur. There is also recognition that health boards are not refusing such directions, rather that they have very limited options in a system which is almost overwhelmed.

Red Priority incidents					
Hospital Name	Accepted	Not Accepted	Total	Percentage accepted	Percentage not accepted
Bronglais General Hospital - Aberystwyth	7	1	8	88%	13%
Glan Clwyd Hospital – Bodelwyddan	92	2	94	98%	2%
Glangwili General Hospital - Carmarthen	18	2	20	90%	10%
Grange University Hospital - Cwmbran	56	16	72	78%	22%
Maelor General Hospital - Wrecsam	59	2	61	97%	3%
Morriston Hospital - Swansea	68	17	85	80%	20%
Prince Charles Hospital – Merthyr Tydfil	21	2	23	91%	9%
Prince Philip Hospital - Llanelli	8	2	10	80%	20%
Princess of Wales Hospital - Bridgend	12	22	34	35%	65%
Royal Glamorgan Hospital - Pontyclun	27	3	30	90%	10%
Royal Gwent Hospital - Newport	0	1	1	0%	100%
Singleton Hospital - Swansea	1	0	1	100%	0%
University Hospital of Wales - Cardiff	56	7	63	89%	11%
Withybush Hospital - Haverfordwest	22	0	22	100%	0%
Ysbyty Gwynedd Hospital - Bangor	58	5	63	92%	8%
Total	**505**	**82**	**587**	**86%**	**14%**

Amber 1 Priority incidents					
Hospital Name	Accepted	Not Accepted	Total	Percentage accepted	Percentage not accepted
Bronglais General Hospital - Aberystwyth	6	6	**12**	50%	50%
Glan Clwyd Hospital - Bodelwyddan	126	163	**289**	44%	56%
Glangwili General Hospital - Carmarthen	14	51	**65**	22%	78%
Grange University Hospital - Cwmbran	24	24	**48**	50%	50%
Maelor General Hospital - Wrecsam	119	131	**250**	48%	52%
Morriston Hospital - Swansea	14	267	**281**	5%	95%
Prince Charles Hospital – Merthyr Tydfil	17	2	**19**	89%	11%
Prince Philip Hospital - Llanelli	12	9	**21**	57%	43%
Princess of Wales Hospital - Bridgend	8	44	**52**	15%	85%
Royal Glamorgan Hospital - Pontyclun	7	2	**9**	78%	22%
University Hospital of Wales - Cardiff	27	2	**29**	93%	7%
Withybush Hospital - Haverfordwest	20	2	**22**	91%	9%
Ysbyty Gwynedd Hospital - Bangor	107	109	**216**	50%	50%
Total	**501**	**812**	**1313**	**38%**	**62%**

2.5   We have noted variation in relation to declined directions across Wales, with Cardiff and Vale and Aneurin Bevan University Health Boards reporting higher compliance (90% and 77% respectively) during quarter 1 of 2022/23, compared to only 23% at Swansea Bay University Health Board (refer to table under objective 5 below). However, we acknowledge that compliance is higher for red priority incidents and that Swansea Bay University Health Board received significant volumes in comparison, albeit a lot lower than those received by Betsi Cadwaladr University Health Board during the same period.

Audit objective 1: There are clear guidance and procedures in place regarding Immediate Release Directions and expectations have been appropriately communicated.

2.6   The Resource Deployment Standard Operating Procedure (the 'SOP') sets out the procedures the member of staff allocating resources should follow within the Clinical Contact Centre (the CCC). This SOP came into effect on 25 July 2022, following approval by the Senior Operations Team on 21 July 2022. Section 3.2 of the SOP details the Immediate Release Protocol and it is the responsibility of the Allocator to ensure procedures are followed.

2.7   The most recent update to the SOP was to reflect the additional actions associated with immediate release directions, including escalation to the Operational Delivery Unit (ODU) for onward escalation to the health boards, and the inclusion of quality

assurance review of all declined IRD. The SOP also reflected that Red and Amber 1 declines are now considered never events.

2.8   The SOP is available on the Trust's intranet site 'Siren'. Historically, any updates to SOPs are communicated to the CCC staff via staff bulletins. The SOP was shared with all CCC staff managers, supervisors, ODU, the communications team as well as the concerns team in July 2022. This specifically drawing out the language change and the areas of focus.

2.9   As noted above, the 'All Wales Immediate Release Protocol' (the 'Protocol'), was approved by the NHS Wales Chief Executive Group and presented by the Trust to EASC and all health boards in July 2022. It states that Red and Amber 1 immediate release directions shall be honoured in all cases. The protocol was shared internally within the Trust with on call managers and strategic commanders, as well as Heads of Service in Operational areas to cascade to teams.

2.10 The protocol '*outlines the principles and processes for the management of immediate release directions that includes a dynamic escalation process to, as far as possible, minimise patient safety risk for patients awaiting a response in the community when ambulance capacity is reduced when the time for patient handover at emergency departments is extended*'. Additionally, the protocol contains sections setting out step by step procedures for raising an immediate release direction and to escalate a declined direction.

2.11 The protocol was due for review in October 2022. The Director of Operations has written to the Health Board COO's requesting feedback, with the intention to revise by the end November, if necessary.

Conclusion:

2.12 The Trust has a Resource Deployment SOP in place that details the process for allocating resources. A new 'All Wales' protocol has also been agreed recently between the Trust and health boards. The protocol was due to be reviewed in October and feedback has been requested feedback, with the intention to revise by the end November if necessary. Noting this, we have assessed this objective as **substantial** assurance.

Audit objective 2: Immediate release directions are only submitted to health boards after all other options to identify a suitable resource have been explored.

2.13 Immediate release directions must be undertaken for a Red or Amber 1 incident where all actions to identify a suitable resource fail. As noted under audit objective 5 below, at its July 2022 meeting the Trust Board received and discussed a report relating to avoidable harm. The report identified 26 actions, 20 for the Trust and six system stakeholder actions. There is a specific action in place relating to immediate release directions with other actions including: *NHS Wales eradicates all emergency department handover delays in excess of 4 hours; emergency*

department cohorting; and *implement nationwide approach to emergency department 'Fit 2 Sit'.*

2.14 The Trust's Resource Deployment SOP details the actions to be taken and criteria that needs to be met before making an IRD. This includes considering all appropriate options to resource the incident, for example referring to the Resource List (RES) screen to check the status and availability of vehicles, including those outside of the divisional area that they are managing, and issuing messages to resources to identify if they can become clear for response.

2.15 All attempts to identify a suitable resource must be recorded. The Sequence of Events (SoE) screen includes a time stamp to capture actions taken, which in the main involve review of the RES screen which lists the handover status, availability and location and type of vehicle.

2.16 We selected a sample of 30 declined IRDs, 25 of these were before the All Wales Protocol was agreed and five after, to confirm that directions are only submitted to health boards after all other options to identify a suitable resource have been explored. The SoE screen was reviewed to confirm that the RES had been completed prior to the direction being made. Our sample included coverage across all health boards and focussed on Red and Amber 1 incidents. The report we were provided with also included IRDs with 'Amber 2' and 'Green' priority ratings, reflecting that the patient's condition had improved at the point the incident was closed.

2.17 Our testing identified six instances where there was a lack of evidence to demonstrate that the RES screen was reviewed prior to the IRD being made. However, we understand from discussions with CCC managers that where there are multiple incidents of the same priority polling a single call can be made to the appropriate hospital. We were also advised that Allocators would be aware that calls were polling, indicating a lack of available resource to respond prior to making the IRD. See **MA1 in Appendix A**.

Conclusion:

2.18 The Resource Deployment SOP details actions to be taken and criteria that needs to be met before making an IRD, including review of the RES screen to check the status and availability of vehicles. We identified six instances (20%) where completion of this check was not evidenced. Noting this, we have assessed this objective as **reasonable** assurance.

Audit objective 3: Declined directions are appropriately logged and investigated. Outcomes are communicated, both within the Trust and to the health boards.

2.19 All immediate release directions must be recorded in Trust's Computer Aided Dispatch (CAD) system. The following fields can be populated in the Call+ tab screen:

- IRR01: whether IRD has been made;

- IRR02: the IRD decision – accepted, declined or pending. Declined directions must be escalate to the ODU;
- IRR03: the hospital directed;
- IRR04: the name and employee number of health board staff;
- IRR05: whether the declined direction has been escalated to the ODU; and
- IRR06: details the Datix incident reference for the adverse incident report that is required to be submitted for each declined direction.

2.20 Our testing of 30 declined IRDs identified that 22/30 (73%) of the declined directions had not been escalated to the ODU as required. Furthermore, 149 (23%) of the 649 declined directions between 25 July (since the All Wales Protocol was agreed) and 5 September 2022 had not been escalated to the ODU. 27 (18%) and 122 (82%) related to Red and Amber 1 incidents respectively. See **MA2 in Appendix A**.

2.21 Section 3.2.1 of the SOP details that '*ODU interventions and actions must be documented in the Ambulance Daily Occurrence Log (ADOL)'*. The required interventions and actions required of the ODU were not detailed in the SOPs prior to July 2022. Two of our sample of five items selected after the implementation of the most recent SOP had not been escalated to the ODU. Review of the ADOL confirmed that there was upward escalation by the ODU to the health boards for the three incidents that had been escalated.

2.22 Prior to the recent revision of the Trust's Resource Deployment SOP in July 2022, we were informed that raising Datix incidents was only required for declined IRDs in respect of Red category calls. 13 of the sample of 25 declined IRDs selected prior to July 2022 related to immediately life-threatening incidents, a Datix report had not been raised for five of these. See **MA3 in Appendix A**. A Datix report had been raised for all five of the sample of declined directions selected after the implementation of the new SOP and All Wales protocol in July 2022.

2.23 Although we found Datix incidents are raised promptly after the incident date, we found that these were not reviewed and closed in a timely manner, with some taking as long as 10 months to close. Eight of the 13 Datix incidents noted above were recorded as closed. However, the average time taken to closure was 165 days, varying from 15 days to 288 days. The five items that remain open, have been so for 2 months or longer. See **MA3 in Appendix A**. However, we understand that the Trust is reliant on responses and feedback from health boards in order to appropriately close incidents. We also note that, due to the sustained high volumes of declined Amber 1 directions, the Trust may not have the capacity to fully investigate, review and report on these. Input from health boards is also required to facilitate wider learning.

2.24 The Trust's Resource Deployment SOP includes a quality assurance section which requires a daily review of all declined immediate release directions to ensure the correct process has been followed and feedback to dispatch staff where learning has been identified.

2.25 Weekly briefing papers, which detail review of the declined IRD incidents, are required to be produced and shared with the Trust's Director of Operations. These

include detail of the time of the call, the time the IRD was made, the time of first resource at scene and the time of first conveying resource at scene (if different), the age and gender of the patient, the chief complaint, the outcome of the release direction and the outcome for the patient (i.e. were they conveyed to hospital, treated or recognised as life extinct at scene). The narrative should also include any actions taken by the Trust, including if the direction was inappropriately recorded.

2.26   In recognition of the significant volumes of declined directions, particularly relating to Amber 1 incidents, the Trust's Director of Operations revised the requirement so that 10% of Amber 1's declined would be investigated, in addition to all those relating to Red declined. The briefing papers for the weeks commencing 15 August 2022, 22 August 2022, 29 August 2022 and 5 September 2022 were examined, to confirm whether review of declined directions had been undertaken in line with this revised approach. Whilst overall the briefing paper to the Director of Operations typically met the target to investigate 10% of Amber 1 declined directions, we identified two Red declined directions that had been omitted. The See **MA4 in Appendix A**.

2.27   Section 4.11 of the 'All Wales Immediate Release Protocol' details that '*To further aid close monitoring weekly reports will be afforded to Health Board partners detailing immediate release activity and associated outcomes*'.

2.28   Up until the implementation of the new protocol, the Trust's Director of Operations provided updates on declined IRDs for Red incidents to relevant health board Directors. Since the implementation of the new SOP and All Wales protocol, the Director of Operations provides health boards with details of both Red and Amber 1 declined release directions. These updates also detail where action by Trust staff was not in line with internal procedures, demonstrating that the Trust is open and transparent in their updates.

2.29   We also note that the SOP requires the Allocator to record the name of the health board staff member who declined the direction. However, staff names were not obtained for 13 of the declined directions in our sample and we understand that staff at certain hospitals refuse to provide this information, often citing data protection as the reason not to disclose. We have not raised a matter arising for this issue as it is outside the control of the Trust. However, this could prevent or delay the Trust's investigations into declined directions. The Director of Operations has raised this issue in his updates to health board executives.

Conclusion:

2.30   22 (73%) of the 30 declined IRD in our testing sample had not been escalated to the ODU as required, which could result in them not being escalated to the health board in a timely manner. Whilst Datix incidents were raised for all five items in our sample following the agreement of the All Wales Protocol, they had not been raised for 38% of Red incidents prior to this. Where Datix incidents are reported, this is done promptly. However, they are not reviewed and closed in a timely manner. We also note that not all declined directions are reviewed in line with the SOP, which could impact feedback to staff where learning has been identified. The

Director of Operations provides health boards with regular updates on declined release directions. Noting this, we have assessed this objective as **limited** assurance.

Audit objective 4: Performance information relating to Immediate Release Directions is regularly monitored and themes and trends identified.

2.31   As noted above, the Dispatch Teams within the Emergency Medical Service (EMS) Co-ordination Centre produce briefings following each declined IRD and these are used to update the EMS Co-ordination Senior Management Team, including on the actions taken in response.

2.32   The Trust's CEO receives a weekly '*Immediate Release Review Briefing Paper*' from EMS Co-ordination. This provides a colour coded bar chart illustrating the number of declines, showing both the pan-Wales position and analysis by each individual health board. We understand that the report includes incidents with 'Amber2' and 'Green' priority ratings at the point of closure.

2.33   As noted under objective 3 above, the Trust's Director of Operations receives a similar paper, with additional narrative on the circumstances and actions taken following review of all declined Red incidents and 10% of declined Amber 1 incidents, broken down by hospital site. This report is used to inform discussion with Health Board Chief Operating Officer (COO) colleagues.

2.34   Assurances on declined immediate release directions are discussed at the 'Daily National Risk Huddle' call between the Trust and health boards. On 1 August 2022, the Immediate Release Direction dashboard went live. This provides metrics on the number and percentage compliance on IRDs for each health board. We also understand that the dashboard is available at Emergency Departments and provides the live position.

2.35   In addition, a summary immediate vehicle release directions report is sent weekly to health board colleagues, via an automated email from WAST Health Informatics. This is a subscribed report targeted at senior managers across the Trust and health boards.

2.36   The Trust also produces 'Patient Safety and Experience Highlight' reports for each health board. This provides an 'at a glance' update on the current patient safety and experience landscape, including declined IRDs. The reports are presented at the quarterly patient safety and experience meetings the Trust holds separately with each health board Nurse Director.

2.37   One of the summary principles set out in the All Wales Protocol is to develop and maintain effective immediate release plans, that support joint working and the reduction of risk across system. We recognise that having an agreed Protocol in place, stating that declining an immediate release direction for Red and Amber 1 patients must not occur, is a step forward and should lead to improvement. However, we note that themes and trends identified following investigation of declined directions, such as the exceptions highlighted within this report, are not

currently being captured, analysed and fed back within the Trust. This is important to enable learning and improve compliance with internal procedures going forward. **See MA5 in Appendix A**.

Conclusion:

2.38 There is regular reporting on performance of IRD internally to the Trust's CEO, Director of Operations and EMS SMT. Performance is also discussed regularly with health boards, including at the daily national risk huddle, quarterly patient safety reports and the live Immediate Release Direction dashboard. However, it is too early to confirm whether the new All Wales Protocol will drive the necessary improvements as there remains a high level of declines for Amber 1 incidents at some health board sites. However, themes and trends identified following investigation of declined directions, such as the exceptions highlighted within this report, are not currently being captured, analysed and fed back within the Trust. Noting this, we have assessed this objective as **reasonable** assurance.

Audit objective 5: There is appropriate reporting and escalation of declined directions, including up to Trust Board and the Emergency Ambulance Services Committee where appropriate.

2.39 Updates on IRDs are provided to the Quality, Patient Experience & Safety Committee (QUEST) via the 'Patient Safety Highlight Report' presented by the Director of Quality and Nursing. The latest report for quarter 2 details that there were a total of 2,883 IRDs made to health boards. Of these, 1,528 were accepted (53%) and 1,355 were declined (47%), as illustrated, by health board, in the table below:

Health Board Quarter 1 2022/23	Number accepted	Number declined	Total	Percentage Accepted	Percentage Declined
Aneurin Bevan University Health Board	138	42	180	77%	23%
Betsi Cadwaladr University Health Board	829	644	1473	56%	44%
Cardiff & Vale University Health Board	135	15	150	90%	10%
Cwm Taf Morgannwg University Health Board	133	117	250	53%	47%
Hywel Dda University Health Board	156	123	279	56%	44%
Swansea Bay University Health Board	117	401	518	23%	77%
Not defined	20	13	33	61%	39%
Total	**1,528**	**1,355**	**2,883**	**53%**	**47%**

2.40 Review of the last three QUEST Patient Safety Highlight Reports show that there has been little movement on the percentage rate of accepted and declined IRDs:

QTR ended	Directions	Accepted	%age accepted	Declined	%age declined
March 2022	1,623	882	54.3%	741	45.7%
July 2022	1,807	953	52.7%	854	47.3%
September 2022	2,883	1,528	53.0%	1,355	47.0%

2.41 The Trust's Board receives updates on IRD performance, including via the QUEST Highlight Report to the Board. At its July 2022 meeting, the Board received and discussed a paper on *'Actions to mitigate realtime avoidable patient harm in the context of extreme and sustained pressure across urgent and emergency care*'. At the 29 September 2022 Board meeting, the Trust's CEO presented a paper providing a progress update on the actions identified. The action in place relating to immediate release directions is rated red - significantly off target, noting that whilst the Trust had completed its actions, compliance remains problematic.

2.42 IRDs were also discussed during three closed Board meetings held on 26th May 2022, 13th June 2022 and 4th July 2022. These discussions covered the steps the Trust has taken to address handover delays and, in particular, actions around IRDs, including discussions with Commissioners and health boards.

2.43 A meeting was held on 1 July 2022, between the CEO, Chair of the Board, the Chairs of the People and Culture Committee (P&C), QUEST, the Finance and Performance Committee (F&P), the Chair of EASC and the Chief Ambulance Services Commissioner (CASC), to escalate concerns around avoidable harm and patient safety due to the Trust's inability to reach patients in the community. There is also intention to escalate regularly at EASC meetings

Conclusion:

2.44 There is regular discussion on IRDs at Board and Committee level. The CEO presented a paper providing a progress update on *'Actions to mitigate realtime avoidable patient harm in the context of extreme and sustained pressure across urgent and emergency care*'. There has been little improvement in the percentage of accepted immediate release directions in the last three quarters of 2022. Concerns have been escalated to the Chair of EASC and CASC, and there is intention to escalate regularly at EASC meetings. Noting this, we have assessed this objective as **reasonable** assurance.

Appendix A: Management Action Plan

Matter arising 1: Completion of RES screen (Operation)	Impact
The Trust's Resource Deployment SOP details the actions to be taken and criteria that needs to be met before making an Immediate Release Directive (IRD). This includes considering all appropriate options to resource the incident, for example referring to the Resource List (RES) screen to check the status and availability of vehicles, including those outside of the divisional area that they are managing, and issuing messages to resources to identify if they can become clear for response. All attempts to identify a suitable resource must be recorded. The Sequence of Events (SoE) screen includes a time stamp to capture actions taken, which in the main involve review of the RES screen which lists the handover status, availability and location and type of vehicle. Our testing identified six instances where there was a lack of evidence to demonstrate that the RES screen was reviewed prior to the IRD being made. However, we understand from discussions with CCC managers that where there are multiple incidents of the same priority polling a single call can be made to the appropriate hospital. We were also advised that Allocators would be aware that calls were polling, indicating a lack of available resource to respond prior to making the IRD.	Potential risk of: • Failure to achieve the most efficient and effective use of resources. • Inability and/or a delay in ambulances reaching patients in the community resulting in harm.

Recommendations	Priority
1.1 Allocators should be reminded of the requirement to complete the RES screen prior to making an immediate release directive.	Medium

Management response		Target Date	Responsible Officer
1.1	The Trust accepts this recommendation and will ensure that communication to allocators on the importance of completing RES prior to making an IRD is actioned.	February 2023	Kate Blackmore, Head of Service EMS Co-ordination

Matter arising 2: Escalation to Operational Delivery Unit (ODU) (Operation)	Impact
The SOP details that Red and Amber 1 declined immediate release directions must be escalated to the Operational Delivery Unit (ODU). Our testing of 30 declined IRDs identified that 22/30 (73%) of the declined directions had not been escalated to the ODU as required. Furthermore, 149 (23%) of the 649 declined directions between 25 July (since the All Wales Protocol was agreed) and 5 September 2022 had not been escalated to the ODU. 27 (18%) and 122 (82%) related to Red and Amber 1 incidents respectively.	Potential risk of: • Inability and/or a delay in ambulances reaching patients in the community resulting in harm.

Recommendations	Priority
2.1 Red and Amber 1 declined immediate release directions should be escalated to the ODU to ensure that issues are escalated to the relevant health board site in a timely manner.	High

Management response	Target Date	Responsible Officer
2.1 The Trust accepts this recommendation and will ensure that communication is issued to emphasise the importance of compliance with the procedure to escalate declined IRDs to the ODU.	February 2023	Kate Blackmore, Head of Service EMS Co-ordination

Matter arising 3: Completion and timely review of Datix incidents (Operation)	Impact
The SOP details that a Datix incident must be raised for all Red and Amber 1 declined immediate release directions.	Potential risk of:
Prior to the recent revision of the Trust's Resource Deployment SOP in July 2022, we were informed that raising Datix incidents was only required for declined IRDs in respect of Red category calls. 13 of the sample of 25 declined IRDs selected prior to July 2022 related to immediately life-threatening incidents, a Datix report had not been raised for five of these. A Datix report had been raised for all five of the sample of declined directions selected after the implementation of the new SOP and All Wales protocol in July 2022.	• Failure to fully investigate issues and where appropriate learn lessons from incidents.
Although we found Datix incidents are raised promptly after the incident date, we found that these were not reviewed and closed in a timely manner, with some taking as long as 10 months to close. Eight of the 13 Datix incidents noted above were recorded as closed. However, the average time taken to closure was 165 days, varying from 15 days to 288 days. The five items that remain open, have been so for 2 months or longer.	
However, we understand that the Trust is reliant on responses and feedback from health boards in order to appropriately close incidents. We also note that, due to the sustained high volumes of declined Amber 1 directions, the Trust may not have the capacity to fully investigate, review and report on these. Input from health boards is also required to facilitate wider learning.	

Recommendations	Priority
3.1 Datix incidents should be reviewed and closed in a timely manner and any lessons learned should be shared with the relevant parties.	High
3.2 Noting the capacity issues above, the Trust should review the requirement to investigate all Amber 1 declined directions and consider introducing a streamlined mechanism of reporting. The Trust's SOP should then be updated accordingly to reflect the outcome of this review.	

Management response	Target Date	Responsible Officer
3.1 It remains challenging for the Trust to investigate and subsequently close Datix as refusal to comply with an Immediate Release Direction is a Health Board Decision and so any harm that subsequently occurs, requires the Health Board to lead on a joint investigation, with the same principle being expected by the Trust where harm has not explicitly been identified.	March 2023	Liam Williams, Executive Director of Quality & Nursing

A new Joint Investigation Process is being piloted under the leadership of the NHS Wales Delivery Unit, which commenced in November and that will run until March 2023. IRD requests that have been declined and where harm has been identified or is considered to have occurred, will form a part of this Pilot and a decision to recommend changes to the process will follow this pilot.

Of note the Duty of Candour, that comes into place on 1 April 2023, further regulates the need for openness and transparency with families across the NHS.

3.2	The Trust will agree a process to record all Amber 1 declined IRDs and report occurrence thematically based on UHB and clinical code sets. Where thematic analysis identifies additional areas of concern, these will be taken forward on a 'task and finish' basis by the Trust with the appropriate UHB and clinical representation.	February 2023	Liam Williams, Executive Director of Quality & Nursing

Matter arising 4: Completeness of Director of Operations briefing paper (Operation)	Impact
Section 3.2.12.1 of the SOP details that 'As part of quality assurance processes a review of all declined immediate release directions must be completed on a daily basis'. Section 3.2.12.2 further details that 'The day time Duty Control Manager must complete a review of all declined immediate release directions for the previous day to ensure the correct process has been followed and feedback to dispatch staff where learning has been identified'.	Potential risk of: • Incomplete briefing.

In recognition of the significant volumes of declined directions, particularly relating to Amber 1 incidents, the Trust's Director of Operations revised the requirement so that 10% of Amber 1's declined would be investigated, in addition to all those relating to Red declined. The briefing papers for the weeks commencing 15 August 2022, 22 August 2022, 29 August 2022 and 5 September 2022 were examined, to confirm whether review of declined directions had been undertaken in line with this revised approach. Whilst overall the briefing paper to the Director of Operations typically met the target to investigate 10% of Amber 1 declined directions, we identified two Red declined directions that had been omitted.

Recommendations	Priority
4.1 The SOP should be updated to reflect the revised approach to investigate 10% of Amber 1 declined directions, and mechanisms put in place to ensure this requirement is adhered to.	Medium

Management response		Target Date	Responsible Officer
4.1	The Trust accepts this recommendation and will update the SOP to reflect the revised approach; Further a mechanism to ensure compliance with the revised approach will be determined.	April 2023	Kate Blackmore, Head of Service EMS Co-ordination

Matter arising 5: Analysis and feedback of themes, trends and lessons learned (Design)	Impact
One of the summary principles set out in the All Wales Protocol is to develop and maintain effective immediate release plans, that support joint working and the reduction of risk across system. We recognise that having an agreed Protocol in place, stating that declining an immediate release direction for Red and Amber 1 patients must not occur, is a step forward and should lead to improvement. However, we note that themes and trends identified following investigation of declined directions, such as the exceptions highlighted within this report (e.g. MA1, MA2 and MA3), are not currently being captured, analysed and fed back within the Trust. This is important to enable learning and improve compliance with internal procedures going forward.	Potential risk of: • Failure to identify trends and deliver improvements.

Recommendations	Priority
5.1 Themes and trends identified following review of all declined immediate release directions should be captured and analysed, and lessons learned shared within Trust to improve compliance going forward.	Medium

Management response	Target Date	Responsible Officer
5.1 The Trust accepts this recommendation and will seek to capture themes and trends and subsequent lessons learnt which will be shared into Senior Operations Team with assurance into Senior Leadership Team.	April 2023	Jon Sweet, Head of Service, Operational Delivery

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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IMTP Delivery

Internal Audit Report

February 2023

Welsh Ambulance Services NHS Trust

Contents

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement

NHS Wales Audit & 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

Purpose

The focus of the review was to examine the governance framework and operations of the Strategic Transformation Board (STB) and its constituent programmes, and to assess their effectiveness in delivering the change programme set out in the Trust's Integrated Medium Term Plan (IMTP)

Overview

We have issued <u>reasonable</u> assurance on this area.

The matters requiring management attention include:

- Lack of documented programme quality management activity.

- Instance of an absence of a transformation programme level plan.

- Instances of absence of programme benefit realisation plans.

Other recommendations / advisory points are within the detail of the report.

Report Classification

		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 summary[1]

Assurance objectives		Assurance
1	IMTP priority mapping	Reasonable
2	Delivery programme measures and milestones	Reasonable
3	Escalation of issues and risks	Reasonable
4	Oversight and monitoring	Reasonable

Key matters arising

		Assurance Objectives	Control Design or Operation	Recommendation Priority
1	Programme quality management	1	Design	Medium
2	Transformation programme level plans	2	Design	Medium
3	Programme benefit realisation plans	2	Design	Medium

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[1] The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

1. Introduction

1.1   The Integrated Medium Term Plan (IMTP) is a three-year strategic plan which all health boards and trusts are required by Welsh Government to produce. They are expected to be the organisations formal response to the challenges and opportunities facing NHS Wales. Welsh Government expect each organisation's internal mechanisms to provide visible and robust assurance to the Board on delivery and any necessary corrective action.

1.2   In accordance with expectations from Welsh Government, the Trust submitted its 2022/25 IMTP on 31 March 2022 following its approval by the Board on 24 March 2022. This was formally approved by Welsh Government on 13 July 2022. This plan is the vehicle by which the Trust articulates the steps it will be taking over the next 3 years to move towards achieving its long-term strategic ambitions and goals.

1.3   The Trust has underway a range of innovations that, over the course of the IMTP period, will radically change the way in which its services are delivered. These changes are being delivered through a set of transformation programmes, reporting to the Strategic Transformation Board (STB). The STB reports to the Finance and Performance Committee (FPC) to provide detailed assurance around IMTP delivery and then onwards to the Trust Board.

1.4   The IMTP has been subject to internal scrutiny and assurance and the Transformation Programme deliverables it includes and the model which is to be used to deliver them have received internal and external ratification through Welsh Government and commissioner approval.

1.5   The Trust is currently advancing 13 transformation and enabling programmes of work. At the date of fieldwork, seven programmes were fully operational and we selected a sample of three which management advised were the most advanced:

- **EMS Operational Transformation (EMS)** – to deliver improved 999 patient safety and experience, as defined by a range of performance parameters, through a combination of investment, efficiencies and effectiveness;
- **Ambulance Care Transformation (ACT)** – to deliver the NEPTS improvement plan, Transport Solutions Programme and All-Wales Transfer and Discharge Service); and
- **Gateway to Care Transformation (G2C)** – to deliver 111 to be the 'Gateway to Urgent and Emergency Care', working seamlessly with the 999 service supported by a national integrated clinical assessment hub within WAST.

1.6   The overall risk considered in the review was that the achievement of the Trust's strategic ambitions could be impacted by ineffective delivery structures.

2. Detailed Audit Findings

2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	3	-	3
Operating Effectiveness	-	-	-	-
Total	-	3	-	3

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.

Audit objective 1: The service transformation programmes are appropriately mapped to the IMTP priorities and an appropriate framework is in place to manage their delivery.

2.3 Transformation Programme Boards have been established to plan and implement the associated key programmes of work that underpin the Trust's Long Term Strategic Framework, "Delivering Excellence", and the core deliverables outlined in the IMTPs for 2021/22 – 2023/24 and 2022/23 – 2024/25.

2.4 We noted that IMTP priorities are mapped to programme boards by way of grouping similar themed deliverables e.g., the G2C programme seeks to bring together a range of core workstreams that contribute to achieving the Trust's strategic ambitions as the main gateway and access point to urgent & emergency care across Wales.

2.5 The Trust employs the Managing Successful Programmes (MSP) methodology to manage the development and delivery of the programmes. Each programme is made up of a number of projects / workstreams (see **Appendix B** for details of those associated with the programmes reviewed at this audit); and there is a generic reporting framework in place, which includes:

- Project team / workstream reporting to their specific Programme Board;
- All Programme Boards reporting to the STB; and
- STB reporting to the Finance and Performance Committee.

2.6 For each of the sampled programmes, we reviewed their respective Project Initiation (PID)/ Definition (PDD) documents and noted each covered the following aspects in their project documentation:

- goals and targets of the programme;
- programme benefits (also refer to *audit objective 2*);
- reporting arrangements (also refer to *audit objective 3*); and

- programme risk management (also refer to **audit objective 4**).

2.7   We noted, however, that the documents did not include sections describing programme quality management measures (see **Matter arising 1**).

Conclusion:

2.8   Service transformation programmes have been established as a framework for the delivery of the Trust's IMTP priorities. The programmes are delivered through group / workstreams with similar themed deliverables and a clear project methodology has been established for their development and delivery. Therefore, we have provided **reasonable** assurance for this objective.

Audit objective 2: There is a clear programme of delivery, with defined measures and milestones for each of the service transformation programmes.

2.9   For each of the sampled programmes, we reviewed the expectations within the respective PIDs/PDDs for deliverable planning / scheduling documentation and benefit planning. Our expectation of the programme planning documentation is that it show both a representation of *target* scheduling of milestones and *actual* delivery of these in order that slippage can be visible and addressed. Our review of these areas noted the following:

Programme	Programme level plan in place	Evidence of programme reporting	Benefits described	Benefits quantified	Benefit realisation plan
EMS	✓	✓	✓	✓	X [1]
ACT	✓	✓	✓	X [2]	X [2]
G2C	X [3]	✓	✓	X [3]	X [3]

[1] At the EMS programme, 4 of the 5 workstreams were reported as 'on track' at the date of fieldwork. Whilst programme benefits are described e.g. *'Reduced roster abstractions, in particular, sickness absence'*, the targets are quantified (from current baseline level to new level) in some, but not all cases. Also, we noted there was no clear benefit realisation plan describing the method of assessing benefit achievement, timing of the realisation work or success criteria. See **Matter Arising 3.**

[2] At the ACT programme, 10 of the 17 workstreams were reported as 'on track' at the date of fieldwork. Programme benefits e.g., '*the ability to convey more eligible patients whilst remaining within the resource envelope*' are only described in a narrative form (see **Matter Arising 3**). Some benefits that relate to operational areas of activity are already monitored through processes such as the monthly Integrated Quality & Performance report (MIQPR) and could potentially be proven through this reporting, but the programme, otherwise, has no benefit realisation plan.

3 At the G2C programme, 13 of the 17 workstreams were reported as 'on track' at the date of fieldwork. However, there is no project plan (monthly / quarterly scheduling of the programmes deliverables in a plan) at programme level (see **Matter Arising 2**). We also noted that whilst programme benefits are described and metrics are identified, there are no targets in place against which achievement can be evaluated (see **Matter Arising 3**).

Conclusion:

2.10 Programmes typically schedule their deliverables, monitor progress against these schedules and regularly report workstream status of delivery. Programme benefits are documented but targets are not always set by which these can subsequently be measured. Benefit realisation plans are also not employed in a consistent manner. Noting this, **reasonable** assurance has been provided for this objective.

Audit objective 3: There are appropriate escalation procedures in place for issues and risks, and agreed action is taken where performance varies from planned delivery.

2.11 From review of the sampled transformation programmes, the following management / documentation procedures for issues and risks were noted:

- Projects / workstreams manage risks and issues as a part of their ongoing project management activity, which includes risks / issues reported within highlight reports which are presented to their 6-weekly respective programme board meetings;
- Programme board meetings include a discussion of such risks / issues, through which programme level risk registers are updated; and
- Risks / issues that require escalation are reported by the programme boards to STB and onward to the Finance & Performance Committee - with updates to the Corporate Risk Register for changes / developments, if applicable. Mitigations will also be determined at this level where appropriate.

2.12 Programme level risk registers are informed by those of the projects / workstreams. Risks that cannot be managed and mitigated at programme level, or have potential impacts on the broader transformation programmes e.g., slippage (see *audit objective 2*) are escalated in the programmes highlight reports to the STB for consideration. Programme risk registers reviewed included the following:

- EMS: programme wide risks and red risks from programme projects;
- ACT: combined risk register including both programme and project/workstream level risks; and
- G2C: programme level risk register, informed by the project/workstream risk updates.

Conclusion:

2.13 Programme risk registers are appropriately maintained and there is an appropriate escalation procedure in place. Recognising our review was limited to the programme-level risk management document, we have provided a **reasonable** assurance rating for this objective.

Audit objective 4: There is regular oversight and monitoring of the progress of IMTP delivery, including escalation through to the Board.

2.14 We noted the following generic features in the scheduling of deliverables for the transformation programmes reviewed:

- IMTP deliverables are scheduled in the IMTP tracker on a quarterly basis, which correlates with the plan set by the Executives. Actual delivery activity is monitored and reported against this plan;

- Deliverables / products of the programmes are scheduled in various different programme documents which provide a high-level picture of their delivery plan;

- Status of key project milestones / activity dates, through the use of RAG coding or 'on/off track' labelling, is reported in each of the project highlight reports to their respective programme boards (see para 2.18); and in the highlight reports of the programme boards to the STB, and scrutinised accordingly; and

- Programme delivery achievement updates are recorded in programme highlight reports to the STB and in highlight reports from the STB to the Finance & Performance Committee.

2.15 As per audit objective 3, we noted there is regular reporting, to appropriate forums and the Board on the progress of the delivery of the transformation programmes.

2.16 Review of the highlight reports produced for the sampled projects noted the use of standard templates throughout, with only minor variations to these being observed.

2.17 For all programmes, there is an expectation to report regularly to the STB. At the date of fieldwork, eight STB meetings had been held since the beginning of the financial year. Written highlight reports had been prepared by each sample programme for at least three of the meetings, with minutes indicating that verbal progress reports had been provided at other meetings.

2.18 We also reviewed the mechanisms through which oversight groups, at the different levels in the broader programme and corporate structure communicate actions that arise from their review work of the individual programmes:

Programme	Programme level action log	Overdue actions
EMS	✓	✓ (<3 months overdue)
ACT	✓	✓ (>6 months overdue) [1]
G2C	✓	✓[2]

[1] These are actions (4) related to the Grange University project closure report.

[2] These are actions (3) which are open but where there is no target date recorded.

Conclusion:

2.19   We noted no significant issues related to oversight and monitoring. Noting the recommended enhancement for the programme action log, **reasonable** assurance has been provided for this objective.

Appendix A: Management Action Plan

Matter arising 1: Programme quality management (Design)	Impact
Project quality management is a process that considers how a project should proceed to achieve the desired quality for the project's deliverables. It requires project managers to continually measure the quality of the activities and processes involved in the project. In project quality management, standards are set ahead of time to measure deliverables against, and action needs to be taken throughout the project to correct, if necessary. The scope of quality management should cover all aspects of the programme (including its projects and transformation activities) to ensure they are appropriate and fit for purpose. This will enable stakeholders to be assured that the planned benefits have the best chance of being realised. The 'Managing Successful Projects' (MSP) programme methodology, as used by the Trust, provides Project Description Document (PDD) templates which include a Quality Management section. However, we noted two of the three sample transformation programmes did not include in their PDD's a quality management activity.	Potential risk that programme deliverables do not attain the desired quality standards and that this is not identified and rectified.

Recommendations	Priority
1.1 The PDDs of the sample programmes should be enhanced to include a Quality Management element to assure the quality of the programme and its deliverables.	Medium

Management response	Target Date	Responsible Officer
1.1 This recommendation is accepted. We will define the quality standards to be implemented across all projects and programmes as part of the development of the project and programme management framework and will consider how we define quality measures for project deliverables for the delivery of the next iteration of the IMTP. This will commence with a framework workshop by the end of April to determine the actions required to put this in place.	30 April 2023 (NB this is longer than 1 month to account for IA affecting workshop attendees)	Heather Holden, Head of Transformation

Matter arising 2: Transformation programme level plans (Design)	Impact
For one of the three transformation programmes sampled (Gateway to Care programme), it was noted that there is no project plan (monthly / quarterly scheduling of the programmes deliverables in a plan) at programme level. Whilst we appreciate that programme board meetings regularly review project / workstream deliverables status, a programme level deliverables plan combining the deliverables of all projects / workstream could increase the effectiveness of oversight of this aspect, and potentially identify unforeseen impacts of any project level deliverable slippage arising from interdependencies between these.	Potential risk that programme deliverables will fail to meet delivery targets which may have consequences for the success of this or other transformation programmes.

Recommendations	Priority
2.1 The G2C programme board should implement a programme level deliverables plan to assure the management of dependencies in the event of individual project / workstream slippage or other development; and that this is universally implemented across the transformation programmes of the Trust.	Medium

Management response	Target Date	Responsible Officer
2.1 Currently programme level plans are included within the overarching reporting via STB. With specific plans developed at project level. We will therefore develop a detailed G2C Programme Action Plan (Milestone timeline aligned to IMTP deliverables) with project Gantt charts feeding into this timeline.	31 March 2023	Kelsey Rees-Dykes, Planning and Performance Business Partner

Matter arising 3: Programme benefit realisation plans (Design)	Impact
For the three programmes sampled at this review, we noted that the area of programme benefit realisation plans were in place, but to varying degrees. Generally, benefits were identified in programme documentation, were described, and the metrics that would be used to identify them were quantified. However, not in all cases were there targets set that the programme was seeking to achieve. We also noted, in each of the sample programmes, there was no clear benefit realisation plan in place. This plan should define the management actions and reviews needed to ensure that the project's outcomes are achieved and benefits realised.	Potential risk that programme benefits are mis-stated and cannot be achieved.

Recommendations	Priority
3.1 Programme documentation should incorporate a standard benefit realisation plan that includes the methods to assess the identified benefits, the timing of the benefit realisation work and the criteria that will be applied to measure success.	Medium

Management response	Target Date	Responsible Officer
3.1 We would consider there to be a benefits plan in place for EMS Operational Transformation. For other programmes, this has been something that we have intended to do for some time, as we awaited the appointment of a new Head of Transformation. We recognise the need to clearly articulate and plan programme benefits and will review all programmes to determine whether current benefits plans meet the requirement of a benefits realisation plan and will identify dates to hold benefits planning workshops to finalise benefits realisation plans for each programme where this is required.	30 April 2023 (NB this is longer than 1 month to account for IA affecting workshop attendees)	Heather Holden, Head of Transformation & Programme Leads

Appendix B: Transformation Programmes Workstreams

Emergency Medicine Services programme
- Recruitment and training;
- Roster Reviews;
- CHARU – Implementation;
- Rural Model Pilot;
- Fleet – SOP;
- Estate SOP;
- CCC Reconfiguration (CAD Phase 3);
- Leading Change Together & Resource Availability; and
- CCC Clinical review.

Ambulance Care Transformation programme
- NEPTS Operational Improvement;
- Transfer and Discharge;
- NEPTS CAD Upgrade;
- Transport Solutions;
- NEPTS Plurality Model; and
- Demand and Capacity.

Gateway to Care programme
- Work with 111 Programme Team to support the development of a National Strategy for 111 including associated workforce strategy;
- Complete the roll out of 111 First across Wales;
- Work with the programme team to complete the roll out of the 111 service and support the evaluation process;
- Work with Welsh Government to promote the use of 111;
- Continue implementation of recommendations for the CCC Clinical Review;
- Develop with commissioners a remote clinical support strategy;
- Implement 999 Triage system Emergency Communication Nurse System (ECNS);
- Consider options for increasing proportion of 999 callers who have a clinical assessment;
- Develop a case for change for discussion with stakeholders on the integration of clinical teams across 111 & 999;
- Identify opportunities to increase 111 consult & close rates, improving patient experience and outcomes, and increasing the 'value' of the service to the system;
- Develop a clinical specialty educational and career framework for Remote Clinical Decision-making (RCDM);
- Identify small pilot opportunities to test a direct booking system for 111 patients to Health Board services (e.g. Urgent Dental);
- Implement the new 111 system (SALUS);
- Develop a strategic 111 workforce plan;
- Deliver an improved Directory of Services;
- Improve 111.Wales website, and enable better digital self-service, engaging with key partners to identify and agree longer term objectives for the service in support of delivery of the 6 goals for Urgent & Emergency Care; and
- Further enhance and develop WAST internal reporting functions for 111.

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.
	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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Agenda item no	12
Open or closed	Open
No of annexes attached	Nil

PROPOSED CHANGE TO NEPTS PERFORMANCE STANDARDS

MEETING	Finance and Performance Committee
DATE	21 March 2023
EXECUTIVE	Lee Brooks, Executive Director of Operations
AUTHOR	Mark Harris
CONTACT	Mark Harris

EXECUTIVE SUMMARY

1. This report is to advise Finance and Performance Committee of a refresh of the NEPTS performance parameters.

2. **Recommended that the Committee Note, subject to Chief Ambulance Services Commissioner (CASC) acceptance, the proposed change to the current Non Emergency Patient Transfer Services (NEPTS) performance parameters from 1st April 2023.**

REPORT APPROVAL ROUTE

Finance and Performance Committee – 21 March 2023

REPORT APPENDICES

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	N/A	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

Situation

1. This report is to advise Finance and Performance Committee of a refresh of the Non Emergency Patient Transfer Services (NEPTS) performance parameters.

Background

2. The NEPTS service has been nationally commissioned by the Emergency Ambulance Services Committee (EASC) since 2016. The service is commissioned using the CAREMORE template, included in this template are a number of performance delivery standards. Within these standards are performance measures for timeliness of journeys for core journeys as well as a higher standard for journeys that were felt to require an enhanced level of service i.e., Renal and Oncology journeys.

3. In 2019 the Trust commenced a Demand & Capacity review for the NEPTS service. During this process, a workshop was held to review the performance standards to be used by ORH for the modelling exercise. Present at the workshop were representatives from the National Collaborative Commissioning Unit (NCCU) (including the Chief Ambulance Service Commissioner), the Executive Director of Operations and members of the WAST Planning and Operations teams.

4. The workshop was focused on identifying refreshed performance parameters that all felt would deliver a high quality service output that prioritised patient experience whilst also supporting the efficient delivery of planned care services by Health Boards. A new set of standards were agreed and were used by ORH for their modelling. These parameters included the continuation of Oncology transport as an enhanced service area.

5. The outputs from the Demand & Capacity (D&C) Review have been used to inform a transformation programme for the service, which includes a review of the current rosters as well as different approaches to the way the service is delivered. Delivery of this programme is now well advanced.

6. In addition, the review identified additional resource requirements to deliver the agreed performance standards, this included:

   - The addition of 12 Full Time Equivalent (FTE) to provide a balanced Planning and Day Control function
   - The addition of 30 Ambulance Care Assistant FTEs in order to provide the required level of relief based on the agreed relief percentage
   - The addition of 158 additional Ambulance Care Assistant FTEs to hit the enhanced Oncology parameter

   It has been indicated by commissioners that there will be no additional funding available to support the required resource uplift for the foreseeable future. Both organisations are in agreement that the investment of 158 additional FTEs to hit

the oncology standard does not represent a prudent investment based on the volume of journeys and the minimal improvement that will be experienced by a relatively small number of patients.

Assessment

7.   Following recent discussions with commissioners at the Ambulance Care Transformation board and in other fora, it has been agreed that, in the absence of the additional funding required and because the current performance standards are relatively old, a refresh of the current performance standards was required.

8.   As the D&C performance parameters had been jointly agreed by both parties and health boards through the EASC processes it was decided that these could form the basis of a new set of parameters.

9.   Table 1 below shows the agreed modelling parameters used for the D&C review. It is proposed that moving forward the service should broadly adopt the D&C standards, with the exception of Oncology, which will continue to be reported on separately but will adopt the same time parameters as the core service.

Table 1 – D&C Modelling Standards

Name	Measure		Measured Against	Performance Parameter
Core Inbound 1	Arrive prior to appointment within 45 minutes and up to 15 minutes late	-45 <= T < 15	Appointment Time	70%
Core Inbound 2	Arrive no more than 60 minutes late	T < 60	Appointment Time	90%
Oncology Inbound 1	Arrive prior to appointment within 30 minutes	-30 <= T < 0	Appointment Time	70%
Oncology Inbound 2	Arrive no more than 15 minutes late	T < 15	Appointment Time	90%
Renal Inbound 1	Arrive prior to appointment within 30 minutes	-30 <= T < 0	Appointment Time	70%
Renal Inbound 2	Arrive no more than 15 minutes late	T < 15	Appointment Time	90%
Core D&T Outbound Advance	Collected within 60 minutes	T < 60	Latest of Ready Time and Appointment Time	90%
Core D&T Outbound Same Day	Collected within 240 minutes	T < 240	Latest of Ready Time and Appointment Time	90%
Core Other Outbound	Collected within 60 minutes	T < 60	Latest of Ready Time and Appointment Time	80%
Oncology Outbound 1	Collected within 30 minutes	T < 30	Latest of Ready Time and Appointment Time	70%
Oncology Outbound 2	Collected within 60 minutes	T < 60	Latest of Ready Time and Appointment Time	90%
Renal Outbound 1	Collected within 30 minutes	T < 30	Latest of Ready Time and Appointment Time	70%
Renal Outbound 2	Collected within 60 minutes	T < 60	Latest of Ready Time and Appointment Time	90%

10. Analysis by Healthcare Informatics (as shown in table 2 below) of current performance compared to the proposed parameters shows that the level of service performance is broadly comparable and, in some cases, improved.

Table 2 – Analysis of current and proposed measures

CURRENT MEASURES

Name	Measure		Measured Against	Performance Parameter	Q2&3 2022/3 Performance %
Core Inbound	Arrive within 30 minutes of appointment time	T=+/- 30	Appointment Time	70%	65
Oncology Inbound	Arrive prior to appointment within 30 minutes	-30 <= T < 0	Appointment Time	70%	47.6
Renal Inbound	Arrive prior to appointment within 30 minutes	-30 <= T < 0	Appointment Time	70%	75.2
Core D&T Outbound	Collected within 60 minutes	T < 60	Latest of Ready Time and Appointment Time	70%	85.8
Core Other Outbound	Collected within 60 minutes	T < 60	Latest of Ready Time and Appointment Time	70%	76
Oncology Outbound	Collected within 30 minutes	T < 30	Latest of Ready Time and Appointment Time	70%	58.5
Renal Outbound	Collected within 30 minutes	T < 30	Latest of Ready Time and Appointment Time	70%	76.6

PROPOSED MEASURES

Name	Measure		Measured Against	Performance Parameter	Q2 & 3 2022/3 Performance %
Core Inbound 1	Arrive prior to appointment within 45 minutes and up to 15 minutes late	-45 <= T < 15	Appointment Time	70%	76.8
Core Inbound 2	Arrive no more than 60 minutes late	T < 60	Appointment Time	95%	96
Oncology Inbound 1	Arrive prior to appointment within 45 minutes and up to 15 minutes late	-45 <= T < 15	Appointment Time	70%	72.2
Oncology Inbound 2	Arrive no more than 15 minutes late	T < 15	Appointment Time	95%	81
Renal Inbound 1	Arrive prior to appointment within 30 minutes	-30 <= T < 0	Appointment Time	70%	75.2
Renal Inbound 2	Arrive no more than 15 minutes late	T < 15	Appointment Time	95%	96.7
D&T Outbound Advance	Collected within 60 minutes	T < 60	Latest of Ready Time and Appointment Time	95%	89.2
D&T Outbound Same Day	Collected within 240 minutes	T < 240	Latest of Ready Time and Appointment Time	95%	98.6
Core Other Outbound	Collected within 60 minutes	T < 60	Latest of Ready Time and Appointment Time	70%	76
Oncology Outbound 1	Collected within 60 minutes	T < 60	Latest of Ready Time and Appointment Time	70%	81.7
Renal Outbound 1	Collected within 30 minutes	T < 30	Latest of Ready Time and Appointment Time	70%	76.6
Renal Outbound 2	Collected within 60 minutes	T < 60	Latest of Ready Time and Appointment Time	95%	96.2

11. It should also be noted that the shift to these parameters (with the exception of Oncology transport) represent an improved patient experience with a shift in focus towards transport arriving prior to a patient's appointment and a move away from a current tacit acceptance of late arrival as being acceptable.

12. Whilst the proposed oncology parameter does expand the time period for patient arrival, it reflects the fact that the enhanced level of oncology service delivery was unfunded in the NEPTS Business Case and has remained unfunded ever since. The reality is that this standard was never achievable without significant additional investment.

13. It can also be argued that a more realistic parameter will make it easier for the service to engage its delivery teams on improving service quality. A more realistic and funded performance parameter should also improve the accountability of the service to commissioners and patients.

14. This proposal has been submitted to the Operations Directorate Senior Leadership Team who supported the proposal, and Executive Management Team where it was approved provided Commissioner support was provided. The Chief Ambulance Services Commissioner has asked for an opinion. At the time of preparing this paper the outcome was not known, though it is hoped to update this verbally at the Committee meeting.

15. If approved, to support this change, the service will commence an education process within the service and introduce additional/new measures to ensure that all areas of the service are fully focused on achieving the new parameters, in particular for the Oncology service.

Recommendations

16. It is recommended that Finance and Performance Committee

- Note, subject to CASC acceptance, the proposed change to the current NEPTS performance parameters from 1st April 2023.

FINANCE AND PERFORMANCE COMMITTEE
HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	16 January 2023
Committee Meeting Date	26 January 2023
Chair	Joga Singh

KEY ESCALATION AND DISCUSSION POINTS
ALERT
(Alert the Board to areas of attention)

1. The **Monthly Integrated Quality and Performance Report (MIQPR)** was reviewed for November and December 2022.   The indicators show a continued poor picture in many areas.   Lost hours to handover delays at Emergency Departments in December were the highest recorded at 32,049 hours, equating to c38% of the Trust's conveying capacity being unavailable to respond in Q3.   Red and amber response times remain far longer than the Trust would want to see, with red response performance in December at 39.5%.   Patient harm is evidence when looking at the December Amber 1 median response times of 3 hours 30 minutes, and the 95th percentile at over 15 hours.

   The Committee was assured that the Trust has identified and is progressing with mitigation strategies and actions to address capacity, demand and efficiency including the roster reviews which have all rolled out.   The recruitment of the additional 100 EMS staff has not met the target date of 23rd January due to high rates of attrition but will be met by the end of February.   The Committee noted that the Trust Board will review progress and impact against the totality of Trust and system actions at its January meeting.   The actions which Health Board partners and the wider system are taking remain key to ensuring that handover delays are reduced to release resources from Emergency Departments.

2. The private session received an update on progress of the **111 Integrated Information Solution (Salus)** which remains significantly behind schedule. The Programme Team and the Trust are now awaiting the outcome of supplier assurance activities around the plan, and a revised delivery date.   Outstanding commercial negotiations have a dependency on the final delivery plan.   A further update to the Trust Board on this item will be provided in private session in January due to commercial sensitivities.

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

3. This was the first Committee under the chairmanship of **Joga Singh** who was welcomed to the Chair by all attending the meeting.

4. The Committee received a presentation on the **financial position for Month 9 2022/23.** The Board will have a detailed paper on the financial position before it for the January meeting and will note a small underspend as at month 9 of £5K. Gross savings of £3.346m having been achieved against a current year to date target of £3.228m A continued break-even position is forecast for 2022/23. The private session discussed the outlook for 2023/24 which remains extremely challenging. However the Committee was assured that the Executive were being proactive in working through options and were able to discuss the financial sustainability programme which is progressing at pace. The Board will discuss this at its January private session whilst discussions continue with Commissioners and Welsh Government over the funding assumptions that will be able to be supported within the 2023/24 financial plan

Related finance risks were discussed as were those on the corporate risk register, further detail of which is set out in the risk section of this highlight report. An update was provided on capital expenditure with reports of further work underway for the remainder of the financial year to ensure this is utilised, including that made available to the Trust towards the end of the financial year.

5. The **Integrated Medium Term Plan (IMTP) Quarter 3** new style reporting was received and welcomed. Progress was reviewed against the conditions set by Welsh Government related to Six Goals for Urgent and Emergency Care, value based healthcare, minimum data set, improvement of sickness and absence rates, and delivery of workforce efficiencies and further assurance on progress against these conditions was drawn out in this revised report.

The IMTP delivery tracker was reviewed for the agreed transformation programmes, the enabling and fundamental programmes and further workstreams. The red and amber rated priorities were reviewed by members as were the remedial plans in place. Due to the continued and ongoing pressures, the Executive Management Team (EMT) has set its priorities for quarter 4. This may mean some project milestones that do not fall within these priority areas will not be met as set out in the IMTP. This will continue to be monitored by the Strategic Transformation Board and milestones carried forward into next year as required.

6. Planning for the **2023/26 IMTP** is progressing well, with extensive engagement taking place through internal structures, the CEO roadshows, and development sessions with the Board in October and November. The IMTP focuses on three pillars of Our Patients, Our People, Value and Sustainability, underpinned by partnership and wider system working, and demonstrates where feedback from staff has been incorporated. A further Board Development session will take place on 25 January.

7. The alerts with respect to the **MIQPR** are set out above. Both the People and Culture, and the Quality, Patient Experience and Safety Committees (QUEST) will hear further about the impact of system pressures on call handlers in particular. The Committee commended the teams for the completion of the roster review and improving trend of PADRs but expressed concern about the large number of Amber 1 immediate release directions refused.

8. **A deep dive on Ambulance Care** which combines the Non-Emergency Patient Transport Service (NEPTS) and Unscheduled Care Service (UCS) was discussed. NEPTS performance is generally stable and above target for enhanced renal patients arriving prior to their appointment and improved for patients requiring discharge. NET Centre performance is on an upward trend however a more stable workforce and re-rostering is required. Oncology requires an Oncology Hub and change of performance standards. A move to a more balanced scorecard and focus on quality for

Ambulance Care is planned and future QUEST meetings will hear more on this.

9. The **Environment, Decarbonisation and Sustainability Update** for December was received following the review of the self-assessment of this program presented in September. There has been good progress with the plan, noting a change from the overall assessment of red/amber to amber, reflecting the shift in progress and reduction of a number of red action items during the period.   Good engagement with the Welsh Government program was evident as was the rollout of the hybrid car based response vehicles and EV charging work. There remain however a number of risks to the Trust in the full delivery of its Decarbonisation Action Pl.

10. The **Audit Tracker** was reviewed. Each recommendation is currently under review, and it is expected that a good proportion of these will be completed during this quarter. Recommendations that were due for completion in November and December 2022 in some cases have not yet been updated on the tracker due to current operational pressures. The **Hazardous Area Response Team (HART)** and **Electronic Patient Care Record (ePCR)** internal audit reviews were considered by the Committee.   Both were rated as providing reasonable assurance and had been received at the Audit Committee in December.

11. In private session a summary of WAST's position in relation to the findings of Audit Wales in their reports entitled '**Learning from cyber-attacks' and 'Cyber resilience in the public sector'** was discussed. This included WAST good practice in line with guidelines, monitoring, and governance, but also areas where improvement is needed such as in education and training, supply chain security, and process.   A cyber security internal audit is underway as part of the annual plan in Q3. The paper was taken in private session as the detail of our cyber position could expose WAST to further risk if in the public domain.   The presentation from Audit Wales was similarly taken in private session of the Audit Committee in December 2022.   The Committee was assured by the mitigations in place and those being planned, and supported sustained communication on cyber security and mandatory training for staff.

12. The **2022/23** Committee **Priorities** were reviewed, with good progress being made.

RISKS

Risks Discussed: There are 10 risks on the corporate risk register assigned to this Committee and no changes in risk score were seen from the November meeting due to this meeting falling between the agreed cycle of risk review. The highest rated financial risks are **139** (failure to deliver our statutory financial duties in accordance with legislation) and **458** (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning) and both are rated 16.

There are two estates related risks rated those being **244** (estates accommodation capacity limitations impacting on EMS CCC's ability to provide a safe and effective service) and which is likely to close at the next review as it has met its target, and **245** (failure to have sufficient capacity at an alternative site for EMS CCCs which could cause a breach of statutory business continuity regulations) which his rated at 16. Another estate related risk **311** (inability of the estate to cope with the increase in FTEs) was closed.

The two digital related high rated risks relating to cyber attack and loss of critical IT systems were reviewed also.

Whilst risks **223** and **224** are assigned to the Quality, Patient Experience and Safety Committee, they are included in the BAF for this Committee and were reviewed and discussed in light of the discussion in the MIQPR and actions in place, particularly updates which will be provided at the EASC meeting on 17th January.

New Risks Identified: A new corporate risk has been raised to highlight the Trust's inability to provide a civil contingencies response in the event of a major incident or mass casualty incident, and maintain business continuity, with potentially catastrophic consequences. This risk is being articulated in the climate of ongoing external pressures across NHS Wales, primarily handover delays, which precludes our ability to fulfil the pre-determined attendance requirements for major incidents as detailed within the Incident Response Plan. The Trust Board will receive further detail on this risk at its January meeting.

Two risks are in development and going through the risk governance processes. They are risk **538** related to Salus and **542** related to decarbonisation. The risks to the decarbonisation action plan were discussed in some detail in the standalone agenda item at this meeting.

COMMITTEE AGENDA FOR MEETING		
Operations Quarterly Report	Financial position for month 9	Risk Management and Corporate Risk Register
Monthly Integrated Quality and Performance Report	NEPTS Deep Dive	Integrated Medium Term Plan Delivery Q3 Update
Integrated Medium Term Plan 2023-26 Update	Internal Audit Tracker and Relevant Reviews	Environment, Decarbonisation and Sustainability Update
Committee Priorities Update		

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

🟩	Attended
🟧	Deputy attended
🟥	Apologies received
⬛	No longer member