

## Bundle Finance and Performance OPEN 20 September 2022

### Agenda attachments

#### ITEM 0 Open F and P Agenda - 20 September 2022.docx

- 0 09:30 - OPENING ITEMS
- 1 Chair's welcome, apologies, and confirmation of quorum
- 2 Minutes of last meeting  
ITEM 2 OPEN F and P Minutes 18 July 2022.doc
- 3 Action log and matters arising  
ITEM 3 Action Log.docx
- 4 09:35 - Operations Quarterly Report  
ITEM 4 Ops Directorate Quarterly Report for Committees 22-23 Q1 (Jul22) FINAL.pdf
- 4.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 5 09:45 - Financial Position for Month 5  
ITEM 5 Finance Report Month 5 - FINAL.docx  
ITEM 5.1 ANNEX 1.pdf  
ITEM 5.2.xlsx  
ITEM 5.3.pdf  
ITEM 5.4.xlsx
- 6 10:05 - Monthly Integrated Quality and Performance Report  
ITEM 6 MIQPR SBAR FPC July August 2022.docx FINALrm.docx  
ITEM 6.1 Annex 1 MIQPR July August 2022 .pptx FINALrm.pdf
- 7 10:25 - IMTP Delivery Update  
ITEM 7 Executive Summary - IMTP 2022-23 Delivery Tracker \_FandP\_200922 final.docx  
ITEM 7.1 Appendix 1\_IMTP Delivery Programmes Assurance Report Q2 interim updated 2022\_23.docx  
ITEM 7.2 Appendix 2a Amber Rated Actions - Ambitions Interim Q2.docx  
ITEM 7.3 Appendix 2b – Amber rated actions – Enablers and Fundamentals Interim Q2.docx
- 8 10:35 - Risk Management and Corporate Risk Register  
ITEM 8 Executive Summary Risk Management Report FPC 190922.docx
- 9 10:55 - Decarbonisation and Sustainability Update  
*Annexes 1 and 2 have been circulated separately*  
ITEM 9 FPC update Sept 09.09.22 vFINAL.docx
- 10 11:10 - Internal Audit Tracker Report and related audits  
*10.1 Audit Tracker - sent separately by e mail*  
*10.2 Fleet Maintenance*  
*10.3 Major Incidents*  
ITEM 10 Executive Summary F&P - Internal Audit Report 190922.docx  
ITEM 10.2 WAST\_2223-005\_Fleet Maintenance\_Final Internal Audit Report\_for Trust issue.pdf  
ITEM 10.3 WAST\_2223\_06\_Major Incidents\_Final Internal Audit Report\_for Trust issue.pdf
- 11 11:15 - Committee Cycle of Business  
ITEM 11 SBAR for F&P on Cycles of Business - Sept 22.docx  
ITEM 11.1 Finance and performance Committee Cycle of Business Template - v.1.0 - annotated full.xlsx  
ITEM 11.2 Finance and performance Committee Cycle of Business Template - v.1.0 - simplified version.xlsx
- 12 11:30 - Delivery of Value Based Healthcare via Patient Level Information Costing System  
*Presentation*  
ITEM 12 Plics presentation v2.pdf
- 12.1 11:40 - CLOSING ITEMS

- 13 Key messages for Board
- 14 Committee Priorities
  - ITEM 14 F&P Committee Priorities September 22.docx
- 15 Any other business
- 16 Date and time of next meeting; 14 November 2022 at 09:30



## MEETING OF THE OPEN FINANCE AND PERFORMANCE COMMITTEE

Held on 20 September 2022 from 09:30 to 11:45

Meeting held virtually via Microsoft Teams

### AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
<b>OPENING ITEMS</b>					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Kevin Davies	Verbal	5 Mins
2.	Minutes of last meeting	Approval	Kevin Davies	Paper	
3.	Action log and matters arising	Review	Kevin Davies	Paper	
4.	Operations Quarterly Report	Information	Lee Brooks	Verbal/Paper	10 mins
<b>ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION</b>					
5.	Financial Position for Month 5	Assurance	Chris Turley	Paper	20 Mins
6.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	20 Mins
7.	IMTP Delivery Update	Assurance	Rachel Marsh	Paper	10 Mins
8.	Risk Management and Corporate Risk Register	Assurance	Trish Mills	Paper	20 Mins
9.	Decarbonisation and Sustainability Update	Assurance	Chris Turley	Paper	15 Mins
10.	Internal Audit Tracker Report and related audits: 10.1 Fleet Maintenance 10.2 Major Incidents	Assurance	Trish Mills	Paper	5 Mins
11.	Committee Cycle of Business	Approval	Trish Mills	Paper	15 Mins
12.	Delivery of Value Based Healthcare via Patient Level Information Costing System	Information	Chris Turley	Presentation	10 Mins
<b>CLOSING ITEMS</b>					
13.	Key messages for Board	Discussion	Kevin Davies	Verbal	5 Mins
14.	Committee Priorities	Information	Trish Mills	Paper	
15.	Any other business	Discussion	Kevin Davies	Verbal	
16.	Date and time of next meeting; 14 November 2022 at 09:30	Information	Kevin Davies	Verbal	

### Lead Presenters

Name	Position
Chris Turley	Executive Director of Finance and Corporate Resources
Kevin Davies	Chair and Non Executive Director
Lee Brooks	Executive Director of Operations
Trish Mills	Board Secretary
Rachel Marsh	Executive Director of Strategy, Planning and Performance

**UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 18 July 2022 VIA TEAMS**

**Chair: Professor Kevin Davies**

**PRESENT :**

Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Ceri Jackson	Non Executive Director

**IN ATTENDANCE:**

Lee Brooks	Executive Director of Operations
Andy Haywood	Director of Digital Services
Wendy Herbert	Interim Director of Quality and Nursing
Philippa Fido	Internal Audit NWSSP
Jonathan Jones	Internal Audit NWSSP
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Liz Rogers	Deputy Director of Workforce and Organisational Development
Leanne Smith	Assistant Director for Digital and Analytics
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner

**APOLOGIES**

Julie Boalch	Head of Risk and Deputy Board Secretary
Navin Kalia	Deputy Director of Finance and Corporate Resources
Joga Singh	Non Executive Director

**43/22 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interests in respect of Professor Kevin Davies as a Trustee of St John Ambulance Cymru and Ceri Jackson as a Trustee of the Stroke Association were noted. Apologies were received from Julie Boalch, Navin Kalia and Joga Singh.

**Minutes**

The minutes of the open session held on 16 May 2022 were considered by the Committee and agreed as a correct record.

## Action Log

The action log was considered:

Action Number F&P 1/21-22, the Quality, Patient Experience and Safety Committee (Quest) to undertake a focused review of performance related to clinical outcome metrics at their 17 February 2022 meeting. This action had been transferred to the Quest Committee; an update will be given to the Finance and Performance Committee following completion of the action by Quest.

Action Number: 34/22a, Post Production Lost Hours - Deep Dive report, presentation to be given to the Commissioners. Action now closed.

Action Number 34/22b, PPLH Benchmarking, further details on the best performing service and their reporting process. Rachel Marsh advised that a comparison was being made with one of the English ambulance services who appeared to have a lower PPLH than the Trust's; a further update would be provided at the next meeting.

### **RESOLVED: That**

- (1) the Minutes of the meeting held on 16 May 2022 were confirmed as a correct record; and**
- (2) the declaration of interests and apologies as stated were noted.**

**44/22**

### **OPERATIONS QUARTERLY REPORT**

In the absence of Lee Brooks (who attended late due to operational pressures at the time) the report was presented as read and the Committee made the following comments:

1. The Trust recognised the prolonged Resource Escalation Action Plan (REAP) levels and should be wary not to normalise these periods of escalation.
2. It would be of interest, from an operational perspective, to note the handover times at Emergency Departments in England as a consequence following correspondence from the Chief Medical Officer and the Chief Nursing Officer to Health boards in England.
3. In terms of the 111 press 2 mental health service, what was the level of activity/usage during operational hours? Rachel Marsh explained this had been discussed at the last Executive Management Team (EMT) meeting and that the data was captured by Health Boards. The Trust captured the data whereby calls had failed and came back into the 111 service.

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

**45/22**

### **FINANCIAL POSITION MONTH 3**

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

1. The year to date month 3 revenue financial position reported a small underspend against budget of £0.002m.

2. The forecast for 2022/23 was currently one of a breakdown taking into account increasing risks.
3. Capital expenditure was forecasted to be fully spent. Work was ongoing to establish cash flows which reflected the profiles of projects noting that schemes were progressing well.
4. In terms of financial performance by directorate, there were some variances, but broadly speaking they were on target.
5. The Trust was assuming significant income in the region of £7m which would fund in the main exceptional cost pressures, including utilities and fuel, and the continuation of Covid spend. It had not been confirmed at present that Welsh Government would cover these funds but were still to be assumed, and was still a risk.
6. Other financial risks included costs associated with winter pressures and the under achievement of savings. Further risks had emerged through quarter 1 including a significant increase in final pension costs due to a large number of staff retiring at this time. Other costs related to the further extension of the airwave contract. In light of the impact of the overall cost pressures across the UK, the Trust will continue to consider areas of spend which could be curtailed.
7. Members noted that the Trust's final accounts and annual report for 2021/22 had been submitted by Audit Wales to Welsh Government on 15 June 2022.

Comments:

1. Should the Trust recognise the financial risk against the non delivery of the transformation plan; if funding was not secured? Rachel Marsh explained that the transformation would take time and was very mindful should the funding not happen.
2. In terms of the increase in pension costs was there any data to suggest the reason for the dramatic increase. Liz Rogers advised in the absence of any evidence to hand, it was suggested that the likely cause was due to the change in the pension rule which was financially advantageous to some.

**RESOLVED: The update was noted.**

**46/22 FINANCIAL SUSTAINABILITY WORK PROGRAMME**

1. Chris Turley explained that the Trust was required to produce a robust and balanced financial plan, underpinned by a savings and efficiency plan, a key deliverable of the Integrated Medium-Term Plan (IMTP).
2. In order to support delivery of a transformative financially sustainable savings programme, four Financial Sustainability Workstreams (FSW) have been set up covering the topics of Benchmarking Value, Achieving Efficiency, Income Generation and Best Practice. These will report, as a separate programme of work, into the Strategic Transformation Board.
3. These workstreams were underpinned but a robust governance structure.

Comments:

1. The Committee discussed the Trust's appetite for risk in terms of the financial performance; noting that exceptional financial management had been achieved throughout the years. Chris Turley added that the Trust was well aware of the risks affecting financial performance and going forward was looking to mitigate the risks, especially those within the Trust's own gift.
2. The Committee recognised that Value based healthcare overlapped across the workstreams; Chris Turley explained this was kept separate deliberately from the workstreams as there was a number of specific areas being focused on it.

**RESOLVED: That the Committee noted the establishment of the FSWs and the detailed points within the Terms of Reference for the Financial Sustainability Workstreams.**

## 47/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

1. Rachel Marsh outlined the contents of the report noting that in many areas there was a continued poor picture in terms of the quality and safety of the service that the Trust can provide, and concerns were raised again as to the significant impact this had on patients and staff.
2. It remains critical to patient safety and staff morale that handover lost hours – 23,000 hours lost in June - were reduced. It was recognised the Committee would continue to monitor the actions in place to address this as set out in the separate paper from the Chief Executive to the Board at this meeting.
3. The Committee also noted that discussions around summer modelling suggested that this position would not improve in the short term and the patient safety risks would continue to be carried by the Trust.
4. Members also considered the annual review of the metrics which formed the MIQPR. There was a series of changes proposed following agreement at the last Executive Management Team meeting. The Committee were given details of these which included new indicators on the stroke compliance bundle. Other proposed changes to metrics focussed on amalgamating the factors that affected production and capacity. Further work would also look at the conveyance rate metric in more detail. These were supported by the Committee and the Chair of the Quality, Patient Experience and Safety Committee, and would be finalised following discussions with the Chair of the People and Culture Committee.

Comments:

1. The Committee remained gravely concerned regarding the 23,000 hours lost in June. Rachel Marsh added that the Chief Ambulance Services Commission (CASC) had agreed with health boards to set their hand over trajectories to 25% less than they were last October, which was still significant. The Trust remained ambivalent as to whether this would happen by the end of the year.
2. Clarity was sought on the increase in patient safety incidents in June in terms of the numbers for each of the health boards. Wendy Herbert advised that these details

would be contained in a report going to the next Quest Committee. There was however a focus on Cwm Taf and BCU health boards.

3. In terms of the summer and winter modelling was there any information that could be shared. Rachel Marsh commented it was anticipated performance would not improve in the summer months.
4. Lee Brooks updated the Committee on the current position, Red performance was at 51.9% which was still a long way from the target of 65%. The median Amber month to date was at 1 hour and 58 minutes, which if it remained this figure to the end of the month would constitute the worst on record. The median green position was at 1 hour and 53 minutes and should this remain it would be the second worst month on record. The lost ambulance hours were still generally between 5,600 and 5,800 a week. The average handover delay in July was around 2 hours and was higher than May and June.
5. In terms of the summer modelling, he expressed serious concern that red performance had the potential to worsen going forward. There were several initiatives in hand which were designed to improve performance but unless the handover delays were eradicated these initiatives would be futile. The Committee discussed in which forum the summer modelling would be discussed and it was agreed it would be presented in the private session of the Board.
6. The Committee were particularly distressed at the data being presented and collectively voiced their anxiety and concern with the ever worsening situation. Lee Brooks reiterated the unrelenting challenges and his deep sorrow on how the current performance was personally affecting him and the impact on staff and patients alike. The Chair agreed to escalate these messages and concerns to the Chair of the Board.
7. Members suggested it would be useful to understand the amount of prolonged overrun hours sustained by staff which could end up with staff working a 14 hour or longer shift and the Board be apprised of this. Rachel Marsh explained this information would be contained within the overall suite of metrics and agreed to discuss this particular metric with the Chair of the People and Culture Committee going forward.
8. Following a query in respect of urgent hospital transfers, and whilst there were no specific metrics to measure this, Rachel Marsh advised that work was being undertaken as part of the strategy to include this as a metric for next year.
9. In terms REAP levels the Committee were reminded by Lee Brooks that this was an indication of the pressure being sustained by the Trust at any given time. He added that REAP level 4 was an extraordinary position, noting that the Trust, during Covid remained at that level for a significant amount of time.

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

- a) the report provided sufficient assurance;**
- b) whether further information, scrutiny or assurance was required, or**



- c) further remedial actions were to be undertaken through Executives; and
- d) considered the proposed new metrics and endorsed for onward approval to the Board.

#### 48/22 INTEGRATED MEDIUM TERM PLAN (IMTP) UPDATE

Rachel Marsh presented the report as read and gave an update on the actions and assured the Committee there were no major risks at this stage in terms of delivery

Comments:

What was meant by Robotic Process Automation? Andy Haywood explained it was a computer programme that used artificial intelligence to log on to any system and run tasks assigned to it such as repeatable processes.

**RESOLVED: That the Committee noted the IMTP Delivery Assurance Report and the headlines highlighted in the executive summary;**

#### 49/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER

1. Trish Mills Trish Mills informed the Committee there were currently 16 Corporate Risks on the register, 9 of which were assigned to FPC for oversight, and these were described in the summary table appended to the report. The table also illustrated the re-articulation of each of the Corporate Risks including new titles and summary descriptions, utilising an '*if, then, resulting in*' approach, the Executive Owner of the Risk and the Risk score with any changes that have occurred during the period.
2. Of the 9 risks assigned to the Committee, 6 were in higher scoring category and 1 which had increased in score from 15 to 16, 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)
3. The Committee were briefed on the risk reporting timetable which gave details of when the risks would be reported to the relevant Committee

Comments:

In terms of Risk ID 260, (A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems) Andy Haywood updated the Committee on how the Trust liaised with other organisations such as Digital Health Care Wales.

**RESOLVED: The Committee considered the contents of the report and:**

- (1) Discussed the risks relevant to Committee;
- (2) Noted the improved Board Assurance Framework;
- (3) Noted the adoption of the new nationally agreed Risk Matrix including scoring levels, review schedules and risk descriptors; and

**(4) Noted the 2022/23 Risk reporting timetable.**

## **50/22 ENVIRONMENT AND SUSTAINABILITY UPDATE**

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

1. A more detailed reporting mechanism in terms of delivery against each of the decarbonisation action plan was being finalised and should be in place for the next meeting.
2. A bid had been submitted to WG for funding to support some of the Trust's delivery on these actions, but as yet had not been agreed.
3. An internal NHS Wales wide audit on the preparedness and delivery of decarbonisation will be conducted this year.
4. The first batch of plug in hybrid rapid response vehicles would be going live imminently.

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

## **51/22 INTERNAL AUDIT TRACKER REPORT AND RELATED AUDITS**

1. Trish Mills, in introducing the report advised there were 3 completed internal audit reports; Network and Information Systems (NIS) Directive, Service Reconfiguration and Waste Management attached to the report and had been presented to the Audit Committee in June.
2. There were 16 internal audit reviews relevant to the FPC which were included in the 2022/23 Internal Audit Plan
3. At the time of issuing the paper, there were a total of 95 current internal audit recommendations on the tracker. 27 recommendations were marked as complete at the June 2022 Audit Committee and removed from the tracker.

Comments:

In terms of the taking care of the carers national audit, it was agreed Trish Mills would have this reviewed and update the reasons against it for the next meeting.

**RESOLVED: The Committee;**

- (1) Noted and considered the contents of the report,**
- (2) Considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to FPC;**
- (3) Agreed any specific items that the Committee wished to see raised to Senior Management and Audit Committee; and**

**(4) Received the 3 Internal Audit Reports that were presented to the Audit Committee in June 2022.**

**52/22 BUSINESS CONTINUITY ASSESSMENT JUNE 2022**

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

1. Business continuity was the ability of an organisation to continue the delivery of services to a pre-agreed level following disruption. The Trust is commissioned to provide certain services, but it is also a requirement of the Civil Contingencies Act (Cabinet Office, 2004) and the Welsh Government 'Emergency Planning Core Guidance' (2015) that the Trust have the ability to continue to deliver these core services and activities.
2. The Business Continuity Steering Group has continued to meet and this group monitored and managed the ongoing activity; however during Covid the capacity to hold this was somewhat constrained.
3. An e learning package has been shared with business continuity leads and a task and finish group has been established to consider wider training.
4. Exercises have taken place to test plans, notably Pandemic Flu (now Pandemic) plan at the start of COVID, Winter/Seasonal planning, and Exercise Fuchsia Flamingo which looked at staff abstraction based on pandemic planning assumptions.
5. Scoping started in September 2021 leading to Exercise Joshua in March 2022. This exercise gave structure to the proposed Critical ICT Disruption plan which will be tested in Exercise Joshua 2 in July 2022.
6. There had been some recommendations for business continuity software and how that could aid and support the Trust; this continued to be looked at.
7. A tracker was being developed to monitor business continuity plans in each directorate.

**RESOLVED: The Committee**

- (1) NOTED the review of the Trust Business Continuity Management System to assist in identifying and mitigating risks through a structured process and putting robust plans in place;**
- (2) NOTED the review of the business case to support the implementation of Business Continuity software (initially costed at £100,000 revenue cost for a 5 year package or £22k per annum); and**
- (3) NOTED the system mapping to identify priority digital infrastructure and systems and strengthening cross-department working to highlight interdependencies.**

**53/22 EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR). DOCUMENT TRACKER**

1. Members were advised by Lee Brooks that the EPRR team maintained a register of the plans it had produced to mitigate the risks presented to the Trust. This register does not include Trust plans, procedures or policies managed by other departments within the Trust. This register only covers the plans that the EPRR team were responsible for maintaining.
2. The EPRR team was responsible, in line with the Civil Contingencies Act 2004, for assessing the risks presented to the Trust and for putting in place measure and procedures to mitigate the identified risks.
3. Lee Brooks added that his team was awaiting the output from the Manchester Arena Enquiry to see how the Trust would need to respond to it. The Committee looked forward to receiving this update.

**RESOLVED: The Committee noted the update.**

**55/22**

### **KEY MESSAGES**

The Chair advised that the Board would be apprised of, but not limited to the following:

1. Impact on patients and staff
2. Reality of the financial risk which might impact on the transformational agenda
3. Risk appetite and how the Trust should look at risk
4. Decarbonisation

**Date of next meeting: 19 September 2022**

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
F&P 1/21-22	18 November 2021	Transferred to Quest Committee for monitoring	QuEST to undertake a focused review of performance related to clinical outcome metrics at their 17 February 2022 meeting	Andy Swinburn	20 September 2022	Update from 16th November meeting: QuEST requested for confirmation as to whether this will be a stand alone report or included in the performance report. Update for 17th February meeting: Andy Swinburn requests a revised date for this action due to ongoing pressures. Update for 12 May meeting: ePCR roll out has been completed last month and data collection validation is being worked through. In conjunction with this digipen decommissioning is a significant activity within the team. Once both these key elements have been settled attention will be turned to this focused review. It was anticipated this action will be completed by 11 August 2022. Duncan Robertson added that further deep dives were being undertaken on several clinical audits	Open
34/22b	16 May 2022	Post Production Lost Hours - Deep Dive report	PPLH Benchmarking, further details on the best performing service and their reporting process would be provided at the next meeting	Rachel Marsh	20 September 2022	Update for 18 July Work is ongoing - Verbal update to be given. Verbal update was provided by Rachel Marsh, A further update would be provided at the next meeting on 19 September 2022.	Open
	18 July 2022	MIQPR	Escalate messages and concerns to Chair of the Board	Kevin Davies	20 September 2022	Update for 20 September meeting This has been escalated to the Chair of the Board and will be closely monitored going forward.	Open
51/22	18 July 2022	Internal Audit Tracker	Add update to the Taking Care of the Carers National Audit review	Trish Mills	20 September 2022	Update for 20 September meeting The Audit Tracker on the agenda shows the updated position	Complete



## **OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2022-23 Q1 (Apr-Jun22)**

### **❖ NATIONAL OPERATIONS AND SUPPORT**

#### **Mobile Testing Units (MTU) Programme**

Following submission of the Trust's proposal for the retention of Mobile Testing Units, Welsh Government has confirmed an extension of the contract until 31<sup>st</sup> March 2023. This contract provides for three MTU teams (one in the North and two in South) working Monday-Friday with some weekend contingency factored in should this be required.

#### **EPRR and Specialist Operations**

Her Majesty the Queen's Platinum Jubilee celebrations took place in June with a four-day weekend where members of the public celebrated across the UK. The EPRR team was part of the multi-agency planning with partners from the Welsh Police forces and our Health Board colleagues, to ensure we worked together across communities. The Trust anticipated an increase in demand and put plans in place which included additional command arrangements, MRT teams, Cycle Response Units and Alcohol Treatment Centres.

In May, our EPRR specialist and non-specialist assets took part in Exercise Celtic Consolidation - a large multi-agency exercise testing our combined response to a Manchester Arena style attack at Cardiff City Stadium. The exercise involved twenty WAST staff (including HART and SORT) working with partners from EMRTS, St John Ambulance Cymru, South Wales Police and South Wales Fire and Rescue. Further multi-agency exercises have taken place to look at our combined response to a Chemical, Biological, Nuclear and Radiological Attack in the South of Wales with a similar exercise being planned to take place in the North of Wales in July 2022. Further exercising opportunities are also planned to look at our response to specific sites, such as the Severn Tunnel.

In June, six members of staff and a DOM travelled to the Isle of Man to support the Manx Ambulance Service during this year's TT race. Our staff worked alongside the Isle of Man ambulance service staff and colleagues from Gibraltar and Guernsey. The staff who deployed reported that the experiences they had were hugely beneficial to them clinically and personally, and we look forward to a continued relationship with colleagues in the Isle of Man.

Work on the Trust's business continuity plans remains ongoing. Exercise Joshua was very successful in testing our internal response to ICT failures. This has allowed the team to produce the Trust's Critical ICT Disruption Plan. This plan was further tested via exercise Joshua 2 which took place at the end of June 2022. An exercise report shall follow.

The WAST Hazardous Area Response Team (HART) celebrates its' 10-year anniversary in 2022 and events have been planned to mark this occasion. HART continues to provide the

Trust's specialist response to incidents involving chemicals, limited access and egress and incidents at height. Work is continuing to update the HART Incident Ground Technology and this work will continue over the coming months.

### **Prolonged Period in High Escalation (REAP levels)**

The aim of the Resource Escalation Action Plan (REAP) is to describe the arrangements to be considered by the Trust in response to a strategic or dynamic assessment of pressures affecting or likely to affect service delivery. The categorisation is considered weekly at the Operations Weekly Demand, Capacity and Performance meeting which is attended by members of the Senior Leadership Team and others.

High levels of REAP were not really intended for prolonged periods of time, mainly because the actions within REAP are intended to help the Trust recover the situation. Throughout the period of the pandemic, and the current high pressures, the actions either within REAP, or other actions taken like cohorting areas, are not resulting in an ability to de-escalate.

An absolute application of the REAP actions for prolonged periods of time is highly likely to have medium to long term impacts on our capacity to transform, on regulatory requirements, and management and clinical supervision activity.

The Executive Management Team have therefore agreed that after a period of REAP 4 extending for two weeks, that the Strategic commander in consultation with the respective Director, balance the application of REAP 4 actions between the immediate needs of the presenting operational and clinical situation, versus the medium to long term impacts on transformation, regulatory requirements and management and clinical functions. At CSP 4a in REAP 4, it has also been agreed that all available clinical staff are expected to support patient facing duties.

### **Volunteering**

In the first week of June, we celebrated our amazing workforce of volunteers during National Volunteer Week. Several coordinated media releases shone a light on the work of our volunteers who continue to provide a dedicated response as Volunteer Car Drivers, or Community First Responders.

### **❖ EMERGENCY MEDICAL SERVICE (EMS)**

#### **EMS Roster Review**

The purpose of the EMS Roster Review project is to: deliver EMS Response rosters for Cymru High Acuity Response Unit (CHARU) replacing Rapid Response Vehicles (RRV), Emergency Ambulance (EA) and Urgent Care Service (UCS) aligned to patient demand; improve staff well-being and achieve an efficiency gain (not saving) of 72 FTEs, by December 2024.

Voting on the EMS Roster Review closed on Friday 20<sup>th</sup> May 2022. The project team have been working over the past few weeks to ratify the results, which is now complete. Whilst

the results of the vote have been shared with all staff an additional validation process is being confirmed with our trade unions. An implementation plan has been agreed at Project Board, which is scheduled to commence with Emergency Ambulance rosters in Hywel Dda from 5<sup>th</sup> September. A separate implementation plan for UCS and CHARU will be agreed in due course.

The project remains on track to be completed by the end of Q4 2023.

## ❖ RESOURCING & EMS COORDINATION

On 30<sup>th</sup> June 2022 the Senior Leadership Team approved the Standard Operating Procedure (SOP) for Remote Supervision. The purpose of the SOP is to allow remote supervision of Emergency Medical Dispatchers. Supervision is provided for EMDs in order to provide support for call handling performance, complex call management and clinical support for call escalation. This will also provide the opportunity for a remote call audit function, which will enhance our ability to carry out live call audit and will support the ongoing improvement in quality of the call handling service we offer communities across Wales. In addition, this facility will also support the ability for Clinicians through the Clinical Support Desk to directly listen in to calls, which will support the provision of timely clinical support when needed.

Following a period of stasis over the winter period, the EMS Coordination Reconfiguration Project Board resumed on 23<sup>rd</sup> May 2022. Project Board Members, which includes Trade Union Partners agreed to focus on the areas within the Project that can be progressed over the forthcoming months that will improve the delivery of services within the Centre and will focus on a review of the demand and capacity across the Centres, a roster review within the Department, the allocation of work across boundaries, and other opportunities for continuous improvement. This will report through the Operational Transformation Programme Board.

A Global Rostering System (GRS) Steering Group will shortly be set up to review the functionality available through the GRS Rostering System. Due to the onset of Covid many aspects of functionality available through the Rostering System were not implemented and additional functionality is now available to the Trust that would significantly improve the way we manage functions such as Continuous Professional Development, Timesheets and Annual leave. There are several system improvements that could prove incredibly useful to the organisation and staff alike and would help move us to a position where staff members are able to carry out a number of functions themselves. It is hoped that this Steering Group will help shape not only the current use of the GRS system but would also shape further development to the system to realise greater opportunities for working in a more efficient way.

## ❖ AMBULANCE CARE

### Capacity Management Plan

Since the Capacity Management Plan has been deployed to try to control the Trust's spend on taxi usage, we have seen a reduction in expenditure. Further work is required to fully understand the impacts of using the Capacity Management Plan but financially this is aiding cost containment.



## **NEPTS Cleric Upgrade**

Following completion of the new externally hosted environment for the upgraded NEPTS Computer Aided Dispatch (CAD), the new system is on schedule to go live in August 2022.

## **Transfer of UCS to Ambulance Care**

The transfer of the urgent care service (UCS) to the Ambulance Care section took place on the 1<sup>st</sup> July. Early indications are that the transfer has occurred as expected, focus will now be placed upon integrating the service into the Ambulance Care function and refocusing the service towards delivering its' core purpose.

## **NEPTS Plurality Model Redesign**

The first phase of the redesign of the NEPTS plurality model continues with tenders out for all externally commissioned work, this time using the new 3Q quality approach to measure both quality and value.

The new plurality model should improve value for money whilst also ensuring that we utilise providers of the highest quality. The new contracts will start to go live from the 1<sup>st</sup> October 2022.

## **❖ INTEGRATED CARE**

### **111 Press 2**

111 Press 2 went live in the Hywel Dda Health Board area on the 20th June. The service, operated by the Health Board in collaboration with WAST connects callers requiring urgent mental health support to a specialist practitioner. Further roll outs of the service are expected through the summer. We are closely monitoring any unanswered demand which returns to 111 core service. The early analysis indicates small numbers during the hours the service is non-operational.

### **111 Rostering**

Following a significant staff engagement exercise the 111 Operations team have been working with Trade Unions, Resourcing and Staff to improve our approach to resourcing.

During July trials of new shift lengths and shift start times will commence pan-Wales. It's expected that these trials will improve our people's working lives and improve the alignment between 111 demand and capacity.

Further trials of fixed rosters are being developed to be in place later this summer.



<b>AGENDA ITEM No</b>	<b>5</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>6</b>

## Financial Performance as at Month 5 2022/23 & Updated Capital Programme

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	20 <sup>th</sup> September 2022
<b>EXECUTIVE</b>	Chris Turley (Executive Director of Finance & Corporate Resources)
<b>AUTHORS</b>	Edward Roberts (Head of Financial Business Intelligence & Capital Planning) Jason Collins (Head of Financial Management) Joanne Williams (Head of Capital Development)
<b>CONTACT</b>	Chris.Turley2@wales.nhs.uk

### EXECUTIVE SUMMARY

This paper presents to the Committee the Financial Performance Report of the 2022/23 financial year, as at Month 5 (August 2022), along with a more detailed update on the 2022/23 Capital Programme and the first detailed reporting of the 2022/23 savings plan.

The Committee is asked to review, comment, note and receive assurance on the financial position and 2022/23 outlook and forecast of the Trust, and the risks of continuing to deliver this.

### KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue deficit (£2k) for the period to Month 5 2022/23. This is after funding has been assumed for all of the exceptional cost impacts that Welsh Government (WG) have indicated will be funded centrally as we go through the 2022/23 financial year;
- In line with the balanced financial plan approved as part of the 2022-25 IMTP, the Trust is currently forecasting to breakeven for the 2022/23 financial year, with risks of not doing so increasing but fully described within this paper along with mitigating actions;
- Capital expenditure is forecast to be fully spent in line with updated plans;
- In line with the financial plans that support the IMTP, gross savings of £1.880m have been achieved against a target of £1.799m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.0% for the number, and 97.4% of the value of non NHS invoices paid within 30 days.

## REPORT APPROVAL ROUTE

- EMT – 7<sup>th</sup> & 4<sup>h</sup> September 2022 – verbal updates on position
- F&PC – 20<sup>th</sup> September 2022
- Trust Board – 29<sup>th</sup> September 2022

## REPORT APPENDICES

***Attached SBAR along with appendices 1 – 4 – Monitoring returns submitted to Welsh Government for months 4 and 5 – as required by WG***  
***Appendices 5-6 – Saving details***

## REPORT CHECKLIST

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

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

**FINANCIAL PERFORMANCE AS AT MONTH 5 2022/23  
& UPDATED CAPITAL PROGRAMME**

## **INTRODUCTION**

1. This report provides the Committee with a summary of the revenue financial performance of the Trust as at 31<sup>st</sup> August 2022 (Month 5 2022/23), a detailed update on both the 2022/23 capital programme and savings plan, along with a further update on the developing Financial Sustainability Workstreams.

## **BACKGROUND**

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for M05 2022/23** (1<sup>st</sup> April 2022 – 31<sup>st</sup> August 2022) are that:
  - The cumulative revenue financial position reported is a small **overspend against budget of £0.002m**, after assuming additional funding from WG for exceptional cost pressures. The underlying year-end forecast for 2022/23 currently remains a balanced position.
  - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £1.880m have been achieved against a target of £1.799m, thus a slight **over achievement to date against the phasing plan set at the opening of the financial year**.
  - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.0% for the number, and 97.4% of the value** of non-NHS invoices paid within 30 days.
3. The financial risks the Trust continues to face in terms of delivering financial balance this year are stated in the Welsh Government Monitoring Return at Month 5 and are set in line with the submitted Annual Plan and IMTP. As we go through the coming months these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place. However, as Committee members will be aware, we do currently hold a greater number (and value) of financial risk for the 2022/23 financial year. This area is covered in greater detail later within this paper.
4. Given the current challenging operational environment that the Trust is working in it should be noted that whilst a YTD balanced financial position has been reported, with the future phasing of savings especially around a reduction in overtime saving scheme (which was in part linked to expected reductions in sickness absence), which is planned to take effect, and has therefore been phased in, from Quarter 2 onwards, continuation of a balanced position from M06 remains at risk. This is currently being further put at risk by the continuing operational pressures, further spikes of Covid affecting staff absences, some other emerging cost pressures which were not expected (to the level now being experienced – see risks below) at the start of the financial year and, to a lesser financial value, other schemes such as the fuel savings scheme as prices at forecourts continue to rise.
5. Whilst an element of some of these risks may have reduced slightly in M05, others, from a cost perspective, have now also emerged; an update against which will be further provided to Committee.

## REVENUE FINANCIAL PERFORMANCE

6. The table below presents an overview of the financial position for the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> August 2022.

Revenue Financial Position for the period 1st April - 31st August				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-272,855	-112,751	-112,025	726
<b>Expenditure</b>				
Pay	188,790	78,537	76,773	-1,764
Non-pay	58,779	23,678	24,808	1,130
<b>Total pay &amp; non-pay expenditure</b>	<b>247,569</b>	<b>102,215</b>	<b>101,581</b>	<b>-634</b>
Depreciation & Impairments / interest payable & receivable	25,286	10,536	10,446	-90
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>

### Treatment of Covid-19 spend

7. Due to the Covid-19 pandemic, and that which has been indicated by WG that will continue to be supported by additional funding in 2022/23, the Trust has recorded additional unavoidable spend up to the Month 5 position totalling **£0.585m**, of which **£0.172m** are pay costs, and **£0.413m** are non-pay costs. This is somewhat less than the figure estimated in the submitted financial Annual Plan within the IMTP, however work continues to ensure these costs best reflect the costs being incurred. Full additional funding for this is therefore assumed to cover these elements of cost, as was the case in 2020/21 and 2021/22.
8. A summary of the Covid-19 revenue costs reported in the Month 5 financial position is shown in the table below, including an update of the full year forecast:

<b>Covid-19 Revenue Costs</b>	<b>YTD £'000</b>	<b>FYF £'000</b>
Total Pay	172	802
Total Non Pay	413	1,614
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
<b>NET COVID</b>	<b>585</b>	<b>2,416</b>

### Other exceptional cost pressures

9. In addition to the above, included within the WG Monitoring Return submissions for 2022/23, additional analysis was requested on the COVID-19 costs and the other exceptional cost pressures for the 2022/23 financial year, which were also, as part of the 2022-25 IMTP finalisation, indicated by WG would be funded in year, and was therefore the basis for the presentation of a balanced financial plan for this financial year. This detail is summarised in the table below; as above, additional funding continues to be assumed for these costs, as it is being so across the NHS in Wales.

		Actual YTD £'000	Annual Forecast £'000
1	Expected Other C-19 Response Costs	374	1,400
2	Total Energy Costs	4,072	10,061
3	Total National Insurance Costs	792	1,900
4	Total Real Living Wage Costs	0	0

10. A number of the elements that make up these costs, especially in relation to the forecasted values and in particular those relating to energy (electricity, gas, fuel, etc) remain volatile and subject to change as we move through the financial year. The process by which we will be able to recover these costs, confirmation of the actual spend bases on which we do so and the baseline against which this is set continues to be worked through across NHS Wales, as we move through this financial year. This is to ensure that all organisations are able to recover the correct and relevant levels of funding required for these exceptional pressures and which will be in line with guidance received from WG as part of the 2022/23 financial planning and IMTP finalisation process. Until this funding is secured however it must still be considered as at risk.

### Income

11. Reported Income against the initial budget set to Month 5 shows an underachievement of **£0.726m**.
12. As above, within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures of additional National Insurance costs, energy, utilities, and fuel.
13. However, there does remain an income stream contained within our IMTP which is currently not assumed within the M05 reported financial position, as confirmation of this has yet to be received from the CASC. This relates to an annual value of c£1.8m assumed within the Trust's IMTP for costs to backfill an increase of 36 WTE clinicians into the Clinical Support Desk, agreed in 2021/22. Whilst this is the cost of backfilling these with A4C Band 4 EMTs (EMS technicians), as detailed within the financial plan within the IMTP, this is currently being managed by holding a number of ACA (Band 3) vacancies within our front line operational workforce in order to financially balance. How sustainable this may remain given current services pressures and should this funding not be secured is being constantly reviewed.
14. It is however now very likely that a realignment of both the income and delegated expenditure budgets will now be undertaken, to offset variances in both.
15. In addition, there is a further item of income not currently within the Month 5 position, the Welsh Ambulance Trust has recently received confirmation from Welsh Government of an additional £3m amount of funding for emergency ambulance capacity. We are currently working with the Commissioner and team to agree the drawdown mechanisms for this and to ensure that we are making the best use of this funding to support the system.

### Pay costs

16. Overall, the total pay variance at Month 5 is an underspend of **£1.764m**. Much of this is to offset the above current known underachievement of income.
17. As noted above, unavoidable Covid-19 related pay costs incurred to date amounted to **£0.172m**.

## Non-pay Costs

18. The overall non-pay position at Month 5 is an overspend of **£1.130m**, this is due to overspends, some of which is planned given staffing vacancies and underspend, on medical & surgical consumables, fleet maintenance costs and some taxi spend.
19. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 5 totalled **£0.413m**. Areas of additional spend included:
- PPE - £0.208m;
  - Cleaning Standards - £0.166m.
  - Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) £0.039k

## Savings

20. As Committee members will recall, the 2022/23 financial plan identifies that a minimum of **£4.300m** of savings and cost containment measures are required to achieve financial balance in 2022/23. This is a significant increase in that which has been able to be achieved in the recent past, and especially over the last couple of years.
21. As at Month 5 for the financial year 2022/23 the Trust has achieved total savings of £1.880m against a target of £1.799m, an over achievement against the target of £0.081m.
22. **Appendix 5** provides an overview of Month 5 performance by thematic and organisational / directorate levels.
23. A series of highlight reports have again been developed that provide detail of savings delivery at thematic levels. The highlight reports present financial information which is supported by a narrative that denotes progress and identifies actions for the full delivery of our savings plans. These are attached at **Appendix 6**, with the key points drawn from these below:
- Workforce efficiencies and transformation has achieved savings / cost containment of £0.596m, over-achieving cumulative target by £0.032m;
  - Fleet savings totalling £0.0067m has been achieved, under-achieving cumulative target by £0.027m;
  - Through management of non-operational vacancies £1.068m has been saved which exceeds the cumulative target to date by £0.161m;
  - Some fuel savings totalling £0.016m have been able to be achieved, under-achieving cumulative target by £0.004m;
  - There are a number of local schemes in directorates, some of which are attracting additional income rather than reducing costs and savings totalling £0.075m has been achieved, under-achieving cumulative target by £0.061m.
  - Estate savings totalling £0.194m has been achieved, under-achieving cumulative target by £0.021m

24. The delivery of savings continues to be regularly reported via internal financial reporting and detailed in our Monitoring Returns to Welsh Government. This ensures that progress is being made in the delivery of the identified saving schemes and to identify and agree mitigating actions as appropriate.

### Financial Performance by Directorate

25. Whilst there is a small deficit reported at Month 5 there are some variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. Overall these are fairly minor in nature, but will continue to be closely monitored.

Financial position by Directorate @ 31st August	Annual Budget	Year to date			
		Budget	Actual	Variance	
	£000	£000	£000	£000	%
<b>Directorate</b>					
Operations Directorate	142,032	60,014	59,281	-733	-1.2%
Chief Executive Directorate	1,806	752	810	57	7.6%
Board Secretary	470	192	164	-28	-14.7%
Partnerships & Engagement Directorate	556	247	235	-12	-4.8%
Finance and Corporate Resources Directorate:					
Finance Department (inc Depn, Impairments & L&SP)	18,034	7,563	7,387	-176	-2.3%
Estates Department	7,598	3,141	3,331	190	6.1%
National Fleet Department	6,919	2,896	3,093	197	6.8%
Planning and Performance Directorate	2,014	900	831	-69	-7.7%
Quality, Safety and Patient Experience Directorate	5,150	2,162	2,080	-82	-3.8%
Digital Directorate	12,564	4,452	4,464	12	0.3%
Workforce and OD Directorate	4,433	1,870	1,764	-106	-5.7%
Medical & Clinical Services Directorate	2,854	973	945	-28	-2.9%
Trust Reserves	6,444	246	225	-21	-8.6%
Trust Income (mainly WHSSC)	-210,873	-85,408	-84,606	802	-0.9%
<b>Overall Trust Position</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	

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

- Chief Executive – Variances due to unachieved savings target due to limited vacancies, overlap of an Executive Director position and executive recruitment costs;
- Board Secretary – Funded vacancies against establishment as well as some non-pay savings;
- Planning and Performance - Funded vacancies against establishment offset by some non-pay overspends;
- Workforce and OD – additional income greater than plan received in June 22;
- Reserves – small underspend due to some accruals released from the 2021/22 financial year and over-recovery of income;
- Operations Directorate – as noted above, underspend due to ‘hold’ on vacancies to support continuing costs of the development and increasing WTEs of clinicians in the Clinical Contact Centre environment which is offset by a current reported under achievement of income from EASC not currently able to confirm the funding within the IMTP and financial plan for this.
  - Amb Care .... Transfer of UCS (ACA2) moved in M4 into Amb Care from EMS Response and hence £218k of this in month Amb Care underspend is due to net ACA2 vacancies.
  - Integrated Care ..... in month was overspent by £25k is mainly due to cost pressures on the CSD / Trauma / Mental Health desks.
  - EMS response ..... in month position overspent by £171k (less than M4 which was £256k). As noted above this position continues to exclude the ACA2



vacancies which was supporting this position in months 1 to 3. Overspend is due to overtime higher than budget (sickness etc). In month we did see a favourable variance in enhancements which did impact on variance reduction compared to last month.

- National Operations and response ..... in month position overspent by £14k (M4 underspent by £6k). Mostly due to continued pressure on FALLS services provided via Mid-West Fire and some recharges for sports events.
- Resourcing & EMS coordination .... in month position underspent by £51k (M4 underspent by £16k) so increase in surplus. Variances are due to vacancies in core CCC centres and resource departments and hence surpluses. Pressures do continue on non-pay elements of taxi and meal break provisions.

### Financial Sustainability Workstreams

27. Finance and Performance Committee received a paper at its meeting on 18<sup>th</sup> July 2022 on the establishment of a significant new workstream under the auspices of the Strategic Transformation Board.

28. In order to respond to the challenging financial environment and outlook that we continue to operate in, and to seek to ensure we can continue to produce and deliver balanced financial plans in the future in a more sustainable way, the Trust has established a transformative financially sustainable savings programme, through four Financial Sustainability Workstreams (FSW) which have been set up covering the areas of Benchmarking Value, Achieving Efficiency, Income Generation and Best Practice.

29. The purpose of each of these Workstreams:

- To work through in detail the specific savings ideas generated following the ADLT / EMT Leadership discussion;
- Generate effective individual savings schemes project plans with projected timelines and milestones identifying who is the lead on delivering the specific saving scheme and what are the key milestones and actions required to ensure delivery of the specific scheme;
- To manage the flow of intelligence and information from across the organisation and externally to inform the savings plan;
- To bring together operations, workforce, finance, revenue, and capital planning (estates, fleet and digital) as required to ensure appropriate ownership and delivery of a particular saving scheme with the relevant directorate.

30. Whilst not exclusive, the initial focus for each of the four workstreams established will include the following:

**Benchmarking Value**

- Review Carter report
- Review AW Blue light report
- Benchmarking
- Review of benefits realisation of recent investments

**Achieving Efficiency**

- Admin Review
- Other workforce / skill mix opportunities
- Fleet maintenance
- Estates
- Outsourcing opportunities

**Income generation**

- Apprenticeships
- Provision of services
- Alternative funding sources
- Commercial opportunities

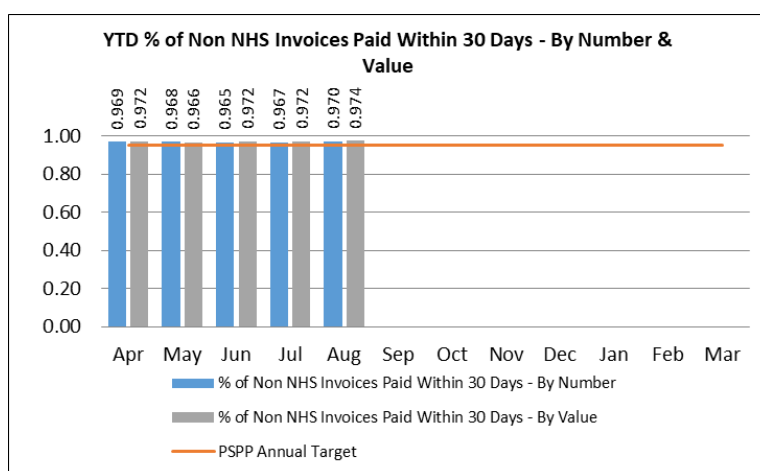
**Best Practice**

- All other opportunities from initial and future reviews
- Existing ADLT savings group
- Savings tracking

31. Whilst much of the focus of this work is for 2023/24 onwards, with many of the areas of focus likely to have a more medium to longer term outlook, it is possible that further delivery from some of these areas will be able to contribute to mitigating some of the financial challenges and risk later in this financial year and it is also through these workstreams now that the more enhanced monitoring and reporting of the current savings plans for 2022/23 has been able to be done.
32. Work continues in these areas to deliver on the scope of the groups, however some initial progress has been slower than hoped in the past few months due to attendance at meetings linked to both operational pressures but also annual leave; it is however hoped that in the next month or so, momentum will increase significantly.

### PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

33. Public Sector Payment Policy (PSPP) compliance up to Month 5 was **97.0%** against the **95%** WG target set for non-NHS invoices by number and **97.4%** by value.



### RISKS AND ASSUMPTIONS

34. It currently remains that there are no specific individual high likelihood risks that the Trust is aware of and as we move through the next month or so we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value.
35. At this stage of this financial year there are however a number of risks that need to be documented within this reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP. These are described below, along with a value currently placed on these risks, as required by WG as well as the current assessed level of risk.
36. Non delivery of in year saving schemes identified in this financial year have been included at **£0.5m**. This has been reduced in month following confirmation of funding through EASC and also the current overachievement on savings. Whilst considered a **low risk**, this is due to the inability to currently identify additional recurrent replacement schemes as the organisation has been responding and focusing on COVID 19 activities as well as extreme service pressures.
37. Given the pressures the Trust feels every winter, the Trust has included a figure of **£0.5m** to cover any unfunded winter pressures; this has been deemed as a **low risk**, based on support provided from Commissioners over recent years.

38. A **medium risk** is included of at least **£1.5m** for some additional costs currently being incurred (and funded – as per the IMTP) for system wide pressures, should these schemes need to continue. This risk has also been reviewed in month and reduced by £0.500m following confirmation of funding for elements of this risk. This includes some of the ED cohorting that was put in place last winter and some continued support earlier in the financial year from St Johns Cymru. Further discussions also continue with the commissioner in relation to any potential further funding available via EASC for any continuation of such spend through winter.
39. In Month 3 the £6.8m medium risk relating to 'WG exceptional cost pressures and Covid funding' was reduced by £1m to £5.8m as we have excluded the anticipated income of £1m relating to Covid PPE, as this has been confirmed by WG. Again, once all funding routes for these costs are fully confirmed, this risk will also be able to be removed.
40. A **low risk** is also included for PIBS (Permanent Injury Benefit Scheme) of **£1m**. Matched funding for this highly volatile area is provided by WG on an annual basis but is routinely flagged as a risk until received.
41. One emerging cost pressure that the Trust is experiencing relates to NHS Pension Control invoices. Since March 2022 the Trust has received a significant increase in the number and value of such invoices which is beginning to cause concern. WAST Finance & HR representatives have recently met with our local pension's experts at NWSSP, to assist in liaising with the NHS Pensions Business Services Authority, in order to allow WAST to produce a potential forecast of future pension control notice invoice costs. This information is to be worked through however our colleagues at NWSSP have advised that we are unlikely to see further material invoices as the recent invoices had been generated due to a set of unique circumstances namely the McCloud judgement increasing the volume of retirement applications across Wales, as well as a number of Paramedics in the 1995 Pensions scheme progressing from bands 5 to band 6 grades over the last few years.
42. On top of the above, as per all guidance received, it is also continued to be assumed that the impact of IFRS16 as well as the 2022/23 pay award will be fully funded by WG.
43. Whilst there are currently no individually assessed high financial risks as we progress through the financial year, the number and total value of financial risks described is clearly greater than in recent financial years, which in itself raises the level of risk in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality, and experience, it is clear that, as expressed within the IMTP, this will likely be a challenging financial year, despite the initial continued good financial performance in Month 5.
44. Alongside and as a result of some of the above, as Committee members will recall, the risk of non-delivery of statutory financial duties has also recently been increased on the Trust's Corporate Risk Register.

#### **UPDATE ON 2022/23 CAPITAL PROGRAMME**

45. At Month 5 the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2022/23 is **£25.256m**. This includes **£20.818m** of All Wales Approved schemes and **£4.438m** for Discretionary schemes.

46. To date, the Trust has expended **£2.688m** against the current All Wales capital schemes full year budget of **£20.818m** (as detailed below), and **£1.158m** against the discretionary budget of **£4.438m**, per the table below.

	Actual £'000	Plan £'000
<b>Discretionary:</b>		
I.T.	21	249
Equipment	187	255
Statutory Compliance	0	0
Estates	903	3,278
Other	47	180
Unallocated Discretionary Capital	0	476
<b>Sub Total</b>	<b>1,158</b>	<b>4,438</b>

47. A summary capital programme for 2022/23 was included in the IMTP approved by Trust Board in March. This had an element of discretionary capital funding unallocated at this point. A recent presentation to Executive Management Team outlined a range of proposals against this remaining discretionary capital allocation which are outlined further in this paper.

48. Within the capital planning exercise undertaken to support and underpin the development of the IMTP were three operational estates schemes requiring funding from the Trust's discretionary capital funding. These three schemes comprise two additional facilities for NEPTS to initially accommodate COVID distancing requirements and then subsequently implications of the EMS D&C expansion at Bennett St, Bridgend and Crosshands. The third reflects a strategic priority for the organisation with development of a scheme at Dolgellau to address poor estate condition. It was acknowledged at this point that the three schemes would be equal to or greater than the total outstanding balance and therefore some prioritisation in year would be required.

49. In addition to the above, emerging and increasing pressure surrounded a number of other sites (Amlwch and Monmouth in particular), some of which arose from the CEO Roadshows undertaken in March 2022. These schemes have been further evaluated, and their positioning in the prioritised programme tested.

50. All five schemes are therefore now outlined in further detail below and a proposed approach to delivering an updated programme for these now provided, as agreed by Capital Management Board and EMT:

- **Amlwch** – some poor condition of the estate, and in particular some of the configuration of the site, has been highlighted and constraints on parking are a problem at this location. In response to this, a commitment to develop a business case to address the issues was included in the IMTP for 2022/23. However, Operations feedback continues to stress the urgency of finding a solution for the scheme, with a potential option being available in adjacent premises. Initial capital cost estimates for this scheme were not in line with expectations for a station of this size, and were excessive. As a pragmatic and low cost solution, it is proposed the Trust secure the adjacent unit for a total revenue cost of c£15k per annum (rent, services and rates included) which would provide basic garage, storage space and capacity as well as additional parking and access. Any further plans for internal reconfiguration of the existing and new units (including any scope for dilapidations and disposal of existing unit to facilitate move into adjacent unit) would need

to be considered at a later date subject to funding and prioritisation. This proposal was fully supported by Operational Managers.

- **Bennett Street, Bridgend** – new accommodation for NEPTS following movement of NEPTS from Bryncethin, initially for social distancing, with EMS D&C expansion during that time causing an inability to return. The pre-estimate anticipated indicative cost for this project is c£440k capital and c£40k revenue. The business case for this proposal was approved by Executive Management Team on 3<sup>rd</sup> August and tender returns are currently being considered with a view to appointing a contractor and work starting within September 2022. This scheme will need to be completed by end of December 2022.
- **Crosshands** - accommodation to replace National Botanic Gardens (NBG), primarily due to increased rent charges (and a revenue cost pressure, therefore). Whilst confirmed as a priority by NEPTS, recent discussions resulted in the potential for negotiation on the rental cost of NBG. Further work will be required to enhance the IT capability and to secure access requirements in advance of the winter period. The alternative option at Crosshands presents a scheme with a requirement for £60k per annum revenue impact and an indicative capital cost for the scheme of at least £300k. This scheme therefore now needs to be considered in more detail. Whilst it is noted that progressing with the Crosshands option offers the opportunity for greater numbers of NEPTS staff to be located there from Llanelli, freeing up capacity for the EMS presence at the site given the increased pressures from the EMS D&C Review, this scheme is now not currently proposed for progression in 2022/23. Any future requirements will need to be revisited and reprioritised at a later date.
- **Dolgellau** – alternative accommodation for EMS and NEPTS to replace the current poor condition and overcrowded estate which is in a North Wales Fire & Rescue Service building. The proposals include alternative accommodation for EMS and NEPTS by taking on a lease for £30k revenue per annum and a potential refurbishment cost of a building for an indicative £350k capital investment. The economic viability of this option will need to be determined, given the condition of the current proposed site, other options in the area may need to be sought, plus some further testing of the operational requirements within this region. It is acknowledged that the estate in this region is not readily available and previous searches have yielded no further opportunities. It should be noted that given potential delays on the site with ecological surveys and National Park planning restrictions, this scheme could extend timescales for development. It is proposed that the remainder of 2022 be dedicated to reviewing and agreeing a way forward, with a potential allocation for fees and acquisition of the proposed solution in 2022/23 (if still the case) and internal and external reconfiguration works being completed in 2023/24. In this regard, a Task and Finish Group has been established under the Estates SOP Delivery Group to consider this further. As part of supporting any business case for this therefore would likely be an element of precommitment against next year's discretionary capital funding.
- **Monmouth** – poor condition of the estate and staff being accommodated in “temporary” accommodation for a significant period of time (c10 years) at the back of the station. The existing station offers a potential for redevelopment, and there is an urgency to this scheme to minimise further time (and in particular the winter period) where staff are housed in poor accommodation. Due to the proximity of the fire service next door, there is also the potential to develop an accommodation brief which could be shared, such as the Barry Emergency Services Centre and this will need to be scoped through business case design. An indicative cost for this scheme is c£350k with no revenue implications as it is a WAST owned facility. Urgent work has now commenced to establish a Project

Board, confirm initial design and costs and this will need to be further refined as the business case for progression of this scheme is developed as quickly as possible.

51. It should be noted that the proposals for schemes outlined above do not include any specific elements of decarbonisation which the Trust will undoubtedly wish to consider. An indicative additional cost per scheme would be somewhere in the region of £100k – 150k to enhance the schemes by adding PV panels, battery storage, EV charging and alternative heating systems. This will however only be able to be done if funding allows.
52. Given the current climate, it is also necessary to flag and stress at this stage the risk to all capital schemes, given the pressure the current economic situation is having on both inflation and also the availability of raw materials that whilst schemes are tightly controlled, as the Trust has experienced over the past 12 months or so, costs are increasing and as such this risk needs to be noted and a contingency needs to continue to be held within the capital plan for cost increases outside of the Trust's control.
53. Given the outlook above in relation to limited resources, those schemes not identified for immediate delivery above will also be developed into business cases to ensure that, should further monies become available from WG, that the Trust has business cases which have been through the appropriate governance channels and ready to go. This will still need to take into consideration prioritisation, to ensure best value for money and ensure what funding the Trust receives is spent where the greatest benefit can be demonstrated.
54. This enhanced process also gives the Trust the governance required to respond internally to explain why funding has not necessarily been allocated and where these schemes sit with regards to all the Trust's competing priorities, in the likely event that this ends up being the case.
55. It should also be noted that within the IMTP are a series of ambitious decarbonisation commitments which do not as yet have capital and revenue funding streams. There will be a need as we progress through 2022/23 and into 2023/24 to consider the capital investment requirements of schemes in support of this. This is also picked up separately in the Decarbonisation and Sustainability update provided to Committee.
56. A summary of the **potential** updated discretionary capital programme for 2022/23 is therefore provided below:

	2022-23 £000s	2023-24 £000s
Balance remaining at outset of financial year	1,196	
Bennett Street, Bridgend - Complete works	-440	
Monmouth - Fees, roof, start internal work*	-180	-170
Dolgellau - Fees and stripping out, making building water tight**	-100	-250
Contingency - retained (short term) given inflationary pressures	-450	
<b>Remaining budget</b>	<b>26</b>	

\* Assumed that the Monmouth project will be phased over two financial years, with internal and heating elements being completed in 23-24

\*\* Assumed that the Dolgellau project will be phased over two financial years, with the internal reconfiguring and external works being completed in 23-24

## All Wales Capital Programme

57. The following provides some brief details in relation to the current All Wales Capital Programme funding for 2022/23, as per the table below. Further updates to the values of some of these schemes will continue to be agreed with WG, most notably in relation to the 111 SALUS system and the revised expected cashflow of spend on this scheme in 2022/23. This has already been reduced due to the continuing delays in the implementation of this, with any values not incurred this financial year expected to be required in 2023/24.

	Actual £'000	Plan £'000
<b>All Wales Capital Programme:</b>		
<b>Schemes:</b>		
ESMCP – Control Room Solution	49	443
111 Project Costs	129	3,629
DPIF -EPCR	222	1,150
MDVS	0	2,000
GUH transfer vehicles	(87)	694
Ambulance Replacement Programme 21-22	816	1,916
Ambulance Replacement Programme 22-23	412	9,564
Phone First	780	1,040
EFAB	79	92
WAST- Make Ready Depot - Cardiff	290	290
<b>Sub Total</b>	<b>2,688</b>	<b>20,818</b>

58. Discussions during 2020/21 and 2021/22 informed the refreshed 10 year Estates Strategic Outline Programme which was endorsed by Welsh Government in 2021 and which identify a range of large, longer term All Wales Capital Programme schemes which will be progressed as priorities in this financial year and beyond, namely the development of business cases for:

- **Swansea Ambulance Station:** this business case will cover the scheme to provide a new ambulance station for the Swansea area for EMS and NEPTS, on a hub and spoke basis in a similar way as the Cardiff Ambulance Station is configured. It is anticipated that the scope of this station will include a Make Ready facility and the ambition will be to make this a net zero carbon ambulance station. A positive scoping meeting on the progression of this scheme was held with WG on 12<sup>th</sup> July where it was agreed that this could be provided to WG via a BJC. The Project Board has commenced its formal meeting schedule and an approach has been made to NHS Wales Shared Services in support of potential site solutions.
- **Newport Ambulance Station:** reprovision of a new station including Make Ready for the Newport area which will also accommodate the increased numbers from the EMS Demand and Capacity Review.
- **Llanelli Ambulance Station:** reprovision of a new station for the Llanelli area for NEPTS and EMS including Make Ready which will also accommodate the increased numbers from the EMS Demand and Capacity Review
- **Llandrindod Wells Ambulance Station:** reprovision or redevelopment of an ambulance station including Make Ready for Llandrindod Wells.
- **Bangor Fleet Workshop:** provision of a new workshop for the Bangor area to replace the current facility.

59. In addition, following the purchase of a site in Merthyr Tydfil for the SE Fleet Workshop, this remains the priority for securing further funding to support the implementation of the facility.

Whilst the priority remains to consider the workshops and commissioning only at this stage, there may be scope for further accommodation depending on requirements at a later date, following completion of the phase 1 workshop project.

**RECOMMENDED that the Committee:**

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

**Appendix 1 - Attached**

**Appendix 2 - Attached**

**Appendix 3 - Attached**

**Appendix 4 - Attached**

**Appendix 5**



**Welsh Ambulance Services NHS Trust**

**Savings Performance by Directorate 22-23**

Reporting Month

5

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Chief Executive	118	10	0	10	49	15	34	118	52	66
Board Secretary	26	2	2	0	11	11	0	26	26	0
Partnership & Engagement	44	3	3	0	17	14	3	44	39	5
Operations	2,227	208	168	40	759	752	7	2,227	2,131	96
Finance & Corporate Resources	622	49	62	-13	354	342	12	622	635	-13
Planning & Performance	41	3	16	-13	16	43	-27	41	80	-39
QSPE	343	19	22	-3	213	205	8	343	338	5
Digital	206	11	26	-15	175	181	-6	206	244	-38
Workforce & OD	321	27	53	-26	139	204	-65	321	393	-72
Clinical & Medical	193	12	27	-15	107	136	-29	193	223	-30
Central / Other/Balance to Original Plan	159	25	26	-1	-41	-23	-18	159	139	20
<b>Totals</b>	<b>4,300</b>	<b>369</b>	<b>405</b>	<b>-36</b>	<b>1,799</b>	<b>1,880</b>	<b>-81</b>	<b>4,300</b>	<b>4,300</b>	<b>0</b>

**Welsh Ambulance Services NHS Trust**

**Savings Performance by Theme 22-23**

Reporting Month

5

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Workforce Efficiencies & Transformation	1,969	201	173	28	564	596	-32	1,969	1,910	59
Fleet Efficiencies	81	6	0	6	33	6	27	81	6	75
Management of non operational vacancies (nr)	1,543	103	192	-89	907	1,068	-161	1,543	1,790	-247
Fuel	48	4	4	0	20	16	4	48	44	4
Local Schemes (non pay)	325	27	11	16	135	75	61	325	266	60
Estates	334	28	25	3	140	119	21	334	284	50
<b>Totals</b>	<b>4,300</b>	<b>369</b>	<b>405</b>	<b>-36</b>	<b>1,799</b>	<b>1,880</b>	<b>-81</b>	<b>4,300</b>	<b>4,300</b>	<b>0</b>

**Key**

- negative = over recovered  
+ positive = under recovered

## **Appendix 6**

**Welsh Ambulance Services NHS Trust  
Savings and Efficiency Highlight Report  
Updated to reflect savings position - April to August 2022**

**Welsh Ambulance Services NHS Trust**  
**Savings and Efficiency Highlight Report April 2022 – August 2022**

Financial performance overview:							Narrative (to August 22) - key Areas of:			
Title / Theme	Annex*	Lead	Annual Target £000s	YTD Target £000s	YTD Delivery £000s	YTD Variance £000s	Assessment of delivery (RAG)	Progress	Issues/risks (Operational & Financial)	Actions
Workforce, Efficiency, Transformation	a		1,969	564	596	-32	G	<p>No use of private providers not funded externally.</p> <p>Skill mix changes producing savings</p> <p>Sickness levels reduced from start of financial year</p> <p>Vacancies utilised to support overtime hours</p>	<p>Potential pressures during winter periods – overtime and sickness increases and drive to increase UHP for patient safety</p> <p>Impact of the recommendations from the Transition Plan reboot</p>	<p>Monitoring of overtime targets</p> <p>Monitoring of sickness targets</p>
Fleet Efficiencies	b		81	33	6	27	R	<p>In month savings not achieved over a period of time due to pressures on fleet maintenance and lead time to replace vehicles.</p> <p>Pressures on maintenance labour rates charged by contracted out garages.</p>	<p>Potential pressures during winter periods.</p> <p>Uncertainty of cost of inflation on pricing.</p>	<p>Assess fleet availability to meet current and future workforce numbers to ensure any additional fleet costs are recovered from development monies.</p>

Financial performance overview:							Narrative (to August 22) - key Areas of:			
Title / Theme	Annex*	Lead	Annual Target £000s	YTD Target £000s	YTD Delivery £000s	YTD Variance £000s	Assessment of delivery (RAG)	Progress	Issues/risks (Operational & Financial)	Actions
Management of non-operational vacancies	c		1,543	907	1,068	-161	G	Over achievement of scheme to date.	Drive to recruit into funded establishment.  No current operational risks identified and corporate functions delivering core objectives	Continued monitoring but currently no restrictions to filling vacancies.
Fuel	d		48	20	16	4	R	The Trust use of chip and pin and swipe cards to purchase fuel widely used.		Fuel reporting and accountability devolved to localities
Local Schemes	e		325	135	75	61	R	Specific schemes to be recorded as some are delivered through increased income recovery.	Identification of specific savings for reporting (some non- recurrent). Scale / sustainability of local savings.	Formalise/ recognise savings / additional income contributions.
Estates	f		334	140	119	21	R	Savings via previous COVID sites and reduction in building costs but pressures on cleaning costs.	Increased growth planned for transition plan.  No operational delivery impact	Review extent of potential additional savings
<b>Total</b>			<b>4,300</b>	<b>1,799</b>	<b>1,880</b>	<b>-81</b>	<b>G</b>			

\*details of each scheme are attached at annexes a-f.

## Annex a

### Savings and Efficiency Highlight Report April – August 2022

Title / Theme	Workforce, Efficiency, Transformation	
<b>Overview:</b>	2022/23 target	
	<b>£1,969k</b>	
<b>Description</b>	This includes a range of schemes which will improve efficiency, benefit staff and reduce spend, such as, reduction in sickness levels, reductions in overruns, reviewing meal breaks, a proposed re-alignment of some operational CPD and further reducing the time to recruit operational staff. These will all reduce the variable costs associated with overtime hours and reduce our reliance on external providers.	

#### Narrative - What progress has been made in delivery of savings?

##### Current Month :

Continued the non use of EA private providers.  
Pressures on overruns budget due to handover challenges.  
Continued savings in pay budget due to skill mix.  
Sickness levels are increasing.  
Overtime hours static so some savings target achieved due to ACA2 vacancies.

##### Year to date / Risks :

No use of EA private provider year to date.  
Potential operational pressures during winter period i.e. increased overtime & sickness  
Impact of Transition plan and drive to fill vacancies.

#### Assessment / Risk of Delivery (RAG)

Current month

R

Year to date

G

#### Current performance:

Year to date target £		Year to Date delivery £		Year to date Variance £ under/over delivery	
<b>£564k</b>		<b>£596k</b>		<b>-£32k</b>	
% of total:	29%	% of total:	30%		

£000,s	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
<b>Target</b>	30	30	37	266	201							
<b>Delivered</b>	30	30	30	333	173							
<b>Variance</b>	0	0	7	-67	28							

## Specific actions in place to deliver savings:

Action	Timeframes	Progress	Outcome	Assessment (RAG)
Continued the non use of EA private providers that are not funded by commissioner	From 1/4/22	Implemented	Spend year to date covered	G
Overruns reduced / static	From 1/4/22	Spend < or = to budget	Overruns increasing due to handover challenges	A
Sickness	From 1/4/22	Sickness levels reduced early part of 2022 now increasing	Sickness levels reducing	A
Shift from Overtime to Funded WTE	From 1/8/22	High level of planned recruitment across all skill mix. Funding to increase funded establishment	Increase in funded wte and less reliance on overtime.	G

## Annex b

### Savings and Efficiency Highlight Report April – August 2022

Title / Theme	Fleet Efficiencies	
<b>Overview:</b>	2022/23 target	
	£81k	
<b>Description</b>	Fleet vehicle efficiencies of maintenance.	

#### What progress has been made in delivery of savings?

##### Current month

Continue to monitor external garages price.  
Review increases and challenge where necessary.

##### Year to date / Risks

Additional WTE planned from transition plan.  
Lead time in replacing older vehicles via capital programme.

#### Assessment / Risk of Delivery (RAG)

Current month

**R**

Year to date

**R**

#### Current performance:

Year to date target £		Year to Date delivery £		Year to date Variance £ under/-over delivery	
£33k		£6k		<b>£27k</b>	
% of total:	41%	% of total:	7%		

£000,s	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Target	6	7	7	7	6							
Delivered	6	0	0	0	0							
Variance	0	7	7	7	6							

### Specific actions in place to deliver savings:

Action	Timeframes	Progress	Outcome	Assessment (RAG)
Monitor inflation costs of external garages	From 1/4/22	Challenged increases by external garages	Less inflation increases applied	R
Review fleet numbers with growing wte numbers i.e. either hold existing fleet or via replacement programme	From 1/9/22			



## Annex c

### Savings and Efficiency Highlight Report April – August 2022

Title / Theme	Management of non-operational vacancies	
<b>Overview:</b>	2022/23 target	
	<b>£1,543k</b>	
<b>Description</b>	Vacancy Management in Corporate / non frontline roles. Corporate functions target is c6% of pay budget.	

#### What progress has been made in delivery of savings?

<b>Current month</b> Large vacancies still in corporate departments. Month 5 included a full review of previous months.	<b>Year to date / Risks</b> As directorates fill vacancies risk of achieving future months.
<b>Assessment / Risk of Delivery (RAG)</b>	
Current month	Year to date
<b>G</b>	<b>G</b>

#### Current performance:

Year to date target £		Year to Date delivery £		Year to date Variance £ under/over delivery	
£907k		£1,608k		<b>£-161k</b>	
% of total:	59%	% of total:	69%		

£000,s	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
<b>Target</b>	236	233	215	121	103							
<b>Delivered</b>	219	233	207	218	192							
<b>Variance</b>	<b>17</b>	<b>0</b>	<b>9</b>	<b>-97</b>	<b>-89</b>							

## Annex d

### Savings and Efficiency Highlight Report April – August 2022

Title / Theme	Fuel	
<b>Overview:</b>	2022/23 target	
	£48k	
<b>Description</b>	Fuel efficiencies both in terms of optimising price discounts, actively managing usage including through the analysis of telemetric information. We will also look to increase fuel economy as a key part of our fleet planning including the use of alternative fuel for non-emergency vehicles. Efficiencies from vehicle procurement and maintenance opportunities	
<b>Project Lead</b>		
<b>Senior Finance lead</b>		

#### What progress has been made in delivery of savings?

##### Current month

In month saving from reduced use of premium diesel as well as card swiping and chip and pin.

Cost of fuel purchased has increased significantly but cost pressure is assumed to be covered by WG as per financial plan.

##### Year to date / Risks

WG do not fund cost of forecourt costs etc.

#### Assessment / Risk of Delivery (RAG)

Current month

**G**

Year to date

**R**

#### Current performance:

Year to date target £		Year to Date delivery £		Year to date Variance £ under/over delivery	
£20k		£16k		£4k	
% of total:	42%	% of total:	33%		

£000,s	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Target	4	4	4	4	4							
Delivered	4	4	0	4	4							
Variance	0	0	4	0	0							

## Specific actions in place to deliver savings:

Action	Timeframes	Progress	Outcome	Assessment (RAG)
Continue to monitor information from card provider.	April 22 – Mar 23	Monthly information received and analysed.	Reduction in fuel costs	G

## Annex e

### Savings and Efficiency Highlight Report April - August 2022

Title / Theme	Local Schemes	
<b>Overview:</b>	<b>2022/23 target</b>	
	<b>£325k</b>	
<b>Description</b>	Mix of local schemes across all directorates that need to be maintained through a range of cost reduction, cost containment or additional income recovery.	

What progress has been made in delivery of savings?			
<b>Current month</b> Some savings from income recovery and savings on travel and non-pay headings		<b>Year to date / Risks</b> Overtime usage is impacting on travel reductions and increased demands on general non pay budgets may result in future non recovery.	
Assessment / Risk of Delivery (RAG)			
Current month	<b>R</b>	Year to date	<b>R</b>

#### Current performance:

Year to date target £		Year to Date delivery £		Year to date Variance £ under/over delivery	
<b>£135k</b>		<b>£75k</b>		<b>£61k</b>	
% of total:	42%	% of total:	23%		

£000,s	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
<b>Target</b>	27	27	27	27	27							
<b>Delivered</b>	14	13	16	21	11							
<b>Variance</b>	13	14	11	6	16							

#### Specific actions in place to deliver savings:

Action	Timeframes	Progress	Outcome	Assessment (RAG)
General monitoring of non-pay items and assuring procurement involved in purchasing for value.	From 1/4/22	Implemented	Monitored via finance reporting and discussions with budget managers.	<b>R</b>

## Annex f

### Savings and Efficiency Highlight Report April - August 2022

Title / Theme	Estates	
<b>Overview:</b>	2022/23 target	
	<b>£334k</b>	
<b>Description</b>	Mix of cost containment of utility costs, cleaning costs and through review of other COVID costs b/f from 21/22	

<b>What progress has been made in delivery of savings?</b>			
<b>Current month</b> Broadly achieved in month.		<b>Year to date / Risks</b> Increased wte numbers planned from transition plan that will require space. Continued cost of inflation and impact on project and supplier costs.	
<b>Assessment / Risk of Delivery (RAG)</b>			
Current month	<b>A</b>	Year to date	<b>R</b>

#### Current performance:

Year to date target £		Year to Date delivery £		Year to date Variance £ under/over delivery	
<b>£140k</b>		<b>£119k</b>		<b>£21k</b>	
% of total:	42%	% of total:	36%		

£000,s	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
<b>Target</b>	28	28	28	28	28							
<b>Delivered</b>	15	2	9	68	25							
<b>Variance</b>	13	26	19	-40	3							

### Specific actions in place to deliver savings:

Action	Timeframes	Progress	Outcome	Assessment (RAG)
Continued monitoring utility, COVID b/f costs and costs of inflation.	From 1/4/22	Monitoring progress.	Some covid costs released and current containment of costs in budget.	A



## Swyddfa Cyllid ac Adnoddau Corfforaethol

### Finance and Corporate Resource Office

---

Mrs AJ Hughes  
Head of NHS Financial Management  
Welsh Government  
North Wales NHS Financial Management  
Sarn Mynach  
Llandudno Junction  
LL31 9RZ

11<sup>th</sup> August 2022

Your ref: WAST\m3\ajh\ry

Dear Andrea

**Re: JULY 2022 (MONTH 4 2022/23) MONITORING RETURN**

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for July 2022.

All automatic validation rules incorporated in the reporting template have been successfully passed.

In line with our submitted IMTP, our opening budgets and financial plan for the year reflect the level of funding, expenditure plans and savings requirement included and submitted and supported by our Commissioners and approved by the Trust Board in March 2022.

The Trust's performance against financial targets for Month 4 2022/23 is as follows: -

#### 1. Actual Year to Date 22/23 (Tables A, B & B2)

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the Trust's detailed budget setting. The key funding assumptions for 2022/23 being that the 2021/22 funding is, where applicable, fully recurrent, and the 2022/23 funding will include: -

- The nationally made available 2.8% uplift for core cost growth, which excludes any funding to meet the 2022/23 pay award costs, (which will be subject to a future additional funding allocation);
- Impact of previously agreed developments/other adjustments, in line with support by Commissioners in the previous IMTP and Annual Plan, along with funding for other nationally delivered projects;
- As confirmed in WG correspondence in March 2022 and fully detailed in the IMTP, assumed funding support for the exceptional cost pressures of additional National Insurance costs, energy, utilities and fuel and some elements of continuing costs put in place as a result of the Covid-19 pandemic.

Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi

The Trust welcomes correspondence in Welsh or English, and that corresponding in Welsh will not lead to a delay

[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)

**Pencadlys Rhanbarthol  
Ambiwylans a Chanolfan  
Cyfathrebu Clinigol**

Regional Ambulance  
Headquarters and  
Clinical Contact Centre

**Tŷ Vantage Point**  
Vantage Point House  
Tŷ Coch Way  
Cwmbran NP44 7HF

**Ffôn/Tel**  
01633 626262

As such, Month 4 2022/23 therefore continues to include an income assumption to offset elements of net additional unavoidable revenue costs incurred by WAST due to COVID-19. The year-to-date COVID-19 value stands at £0.291m as shown in Table B3.

The resulting reported year to date performance at Month 4 as per Table B is a very small over-spend against budget of £0.003m, after allowing for the above IMTP, exceptional cost pressures and COVID-19 funding assumptions. Whilst still effectively at breakeven, any move to a potential deficit position is disappointing and concerning, and as such featured heavily on the agenda of a full day Executive Team meeting on 10<sup>th</sup> August, which included detailed discussions on actions that may be able to be taken to seek to ensure the continuation of financial balance and the delivery of the year end breakeven forecast, balanced against other operational, service and patient safety and quality risks.

The reported total pay variance against plan as at Month 4 is an underspend of £1.236m. Much of this is to offset a current known underachievement of income.

The non-pay position at Month 4 is a reported overspend of £0.784m, this is made up of overspends on medical & surgical consumables, fleet maintenance costs and taxis. As per Table B3 the COVID-19 non pay related costs to Month 4 totalled £0.291m.

Income at Month 4 shows an underachievement of £0.455m. Within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures. However, there is one income stream contained within our IMTP which continues to not be assumed within the M04 reported financial position, as confirmation of this has yet to be received from the CASC. This relates to an annual value of c£1.8m assumed within the Trust's IMTP for costs to backfill an increase of 36 WTE clinicians into the Clinical Support Desk, agreed in 2021/22. This has yet to be secured by the CASC and subsequently this is not assumed within our current reported position, as above. Whilst this is broadly the cost of backfilling these with A4C Band 4 EMTs (EMS technicians), as suggested within the financial plan within the IMTP this is currently being managed by holding a number of ACA (Band 3) vacancies within our front-line operational workforce, in order to financially balance. How sustainable this may remain given current services pressures and should this funding not be secured is being constantly reviewed. We continue to seek assurance from CASC to confirm that funding will be forthcoming, however correspondence is also being progressed with a view to realigning budgets to reflect the non achievement of this funding stream..

In addition, there is a further item of income not currently within the Month 4 position, the Trust has previously received confirmation from the Emergency Ambulance Services Committee on an additional £3m non recurring funding in 2022/23 for emergency ambulance capacity. We are currently working with the commissioner to agree the drawdown mechanisms for this and to ensure we are making the best use of this funding to support the system.

Given the current challenging operational environment the Trust is working in, it should be noted that whilst a broadly balanced YTD position has been reported, with the future phasing of savings especially around the overtime saving scheme (which was in part linked to expected reductions in sickness absence), which was planned to take effect, and has therefore been phased from Quarter 2 onwards, achieving a balanced financial position from M05 remains at considerable risk. This is currently being further put at risk by the continuing operational pressures, further spikes of Covid affecting staff absences, some other emerging cost pressures which were not expected at the start of the financial year and, to a lesser financial value, other local schemes.

## **2. Movement (Table A)**

The Movement table has been completed in accordance with the new guidance, incorporating the submitted Annual Plan (AOP) data. Included within the Movement table is the additional income and expenditure assumed in association with the COVID-19 costs.

## **3. Risk (Table A2)**

The risks reported in Table A2 continue to be fully assessed, however at present it is considered that there are no individual high likelihood risks that the Trust is aware of and as we move through the next month or so we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Alongside ensuring that Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

However, as stated at the outset of this financial year there are a number of risks that need to be documented within the reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP. Plus any others as they emerge.

Non delivery of in year saving schemes have been included at £1.000m. Whilst still considered a low risk, this is in part due to the inability to currently identify additional recurrent replacement schemes as the organisation has been



responding and focusing on COVID 19 activities as well as extreme service pressures. This risk will continue to be reviewed as we move through the financial year, noting the comments above around pressures on sickness and overtime, depending on how well we are able to see some of the step up in savings required as we move through Q2 (**Action Point 3.2**).

Given the pressures the Trust feels every winter, the Trust has included a figure of £0.500m to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years.

Included within the table is a medium risk of at least £2m for some additional costs currently being incurred (and funded – as per the IMTP) for system wide pressures, should these schemes need to continue. This would be costs incurred later in the financial year, as these are currently now confirmed to be funded up until at least the end of July by our main commissioner EASC. However, the risk being this may not be funded for the full financial year, if required, although the Trust's starting point from a financial perspective would clearly be that costs could not continue if the additional funding previously provided to support these is not then available. This includes some of the ED cohorting that was put in place last winter and some continued support earlier in the financial year from St Johns Cymru.

In Month 4 the £5.8m medium risk relating to 'WG exceptional cost pressures and Covid funding' has not changed, this is subject to ongoing monitoring of energy prices. Please also refer to the supplementary Other C-19 and Exceptional Costs 2022-23 submission for more detail. Again, once funding routes for these costs are fully confirmed, this risk will be removed.

A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) £1m. Matched funding for this highly volatile area is provided by WG on an annual basis, arranged between Jillian Gill and Jackie Salmon.

One emerging cost pressure that the Trust is experiencing relates to NHS Pension Control invoices. Since March 2022 the Trust has received a significant increase in the number and value of such invoices which is beginning to cause concern. These invoices relate to individuals who have recently retired and have seen their pension payments increase as a result of being in the 1995 scheme and the recent result of the McCloud decision by the law courts. Whilst the costs received to M04 have been able to be managed to date, if the current trend of volume and costs of continue these will become unmanageable and we will need to include a risk in future months. We have been working with colleagues to further understand additional drivers of this, how this can be better forecast going forward and have also sought updates from both other NHS Wales organisations and the wider UK ambulance sector as to whether all are seeing similar spikes to us. To put this in context however, we have already received invoices in Q1 to a value some 4.5 times greater than that we received and accounted for in 2021/22 (**Action Point 3.1**).

On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the impact of IFRS16 as well as the 2022/23 pay award will be fully funded by WG.

As noted above, whilst there are therefore no current individually assessed high financial risks as we progress through the early part of the financial year, the number and total value of financial risks described within these returns is clearly greater than in recent financial years, which in itself raises the level of risks in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressures and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed within the IMTP, this will be a challenging financial year, despite the broadly continued good financial performance to M04. Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties has also recently been increased on the Trust's Corporate Risk Register.

#### **4. Monthly Profiles (Table B)**

This table has been completed in full, and in accordance with the guidance. In Month 2 the position was updated to reflect the June Non-Cash depreciation forecast of £18.585m, this resulted in a negative adjustment of £0.685m being required within line 41.

#### **5. Pay and Agency/Locum (premium) Expenditure (Table B2)**

Agency costs for Month 4 totalled £0.354m. The current percentage of agency costs against the total pay figure is 2.3%, this is to cover vacancies along with additional agency costs associated with the 111 website development and the Cohorting costs mention below. The Trust is always attempting to minimise agency costs by recruiting into permanent positions.

The additional costs for month 1- 5 relates to the Cohorting arrangement the Trust has outside GUH and Morrison hospital which is currently due to cease during August.

The forecasted costs are based on the Trust ambition to reduce agency expenditure and as mentioned in previous months the uplift in these costs, as again mentioned above relate to the Cohorting, once this stops the Trust anticipates it agency expenditure to reduce in line with the forecast (**Action Point 3.3**)

## **6. COVID-19 (Table B3)**

Table B3 has been completed in accordance with the guidance and information provided in the required table. It should be noted the expenditure forecasts are based on best estimation based on local intelligence and given it is still only Month 4 the Trust is working with operation colleagues to ensure that estimates are as accurate as possible.

It is acknowledged that the rate of spend in relation to the PPE is slightly lower than previously forecasted however as you will see from the month 4 data that the spend is now increasing and is still on target based on the information being received from operational colleagues (**Action Point 3.4**).

The brought forward value of Annual Leave accrual was £3.227m. The remaining value after 'Sell Back' is £2.960m, only a further £1k was processed in month 4, however we expect given the time of year this figure to start reducing at a much faster rate.

## **7. Saving Plans (Table C, C1, C2 & C3)**

For Month 4 the Trust is reporting planned savings of £1.430m and actual savings of £1.475m, this is a small over achievement to plan.

I would again flag the issue of the future operational and other pressures in relation to the delivery of the challenging saving profiles from Quarter 2 onwards.

## **8. Exceptional Costs Template**

The 'Other' templates have again been completed in relation to energy costs and is now consistent with table E1 as requested.

## **9. Income/Expenditure Assumptions (Tables D, E and E1)**

These are set out in Tables D, E and E1.

The Trust will be engaging with colleagues across NHS Wales to eliminate any variance within reported values elsewhere, which is always likely at the outset of the financial year as financial plans are fully aligned.

Confirmation has been received from the CASC that funding in relation to system wide support up to the end of July, on an actual cost recovery basis, for this cost pressure will be made available to the Trust as we move through the early months of the financial year. As above, the teams continue in constant contact to seek to ensure that the funding sources and mechanisms for this spend alongside other outstanding values agreed, are identified as soon as possible, alongside the agreed required recharging mechanism(s).

On top of this, any further developments which the Trust may be seeking to progress, including anything else suggested as such within the IMTP or the separately submitted Transition Plan, will again only be progressed when a detailed line of sight to a funding source is known. As noted previously an additional £3m for 2022/23 has now been agreed for some additional front line EMS capacity and the detailed make up of how this will be incurred and recovered via EASC is being finalised.

## **10. Statement of Financial Position and Aged Welsh NHS Debtors (Table F & M)**

At Month 4 there was two invoices over 11 weeks with a total value of just over £0.043m. No disputes have been raised. The largest of these invoices has a value of £0.038m and relates to Welsh Government, this is shown as 'Organisation' within table M as there is no option for WG.

## **11. Cash flow (Table G)**

The cash flow has been completed in accordance with the guidance, included below is the details of 'Other' receipts and 'Other' payments as shown within lines 10 and 22 of Table G.

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
<b>RECEIPTS</b>													
other (specify in narrative)													
CRU Income	18	19	22	16	16	16	16	17	16	16	16	17	205
Other Non NHS Income	1,913	135	326	235	0	0	0	0	0	0	0	0	2,609
Pensions Agency	15	0	0	0	0	0	0	0	0	0	0	0	15
Vat Refund	450	432	171	609	300	350	300	300	350	350	300	350	4,262
Risk Pool Refund	0	0	339	0	0	0	0	0	0	0	0	0	339
<b>Total</b>	<b>2,396</b>	<b>586</b>	<b>858</b>	<b>860</b>	<b>316</b>	<b>366</b>	<b>316</b>	<b>317</b>	<b>366</b>	<b>366</b>	<b>316</b>	<b>367</b>	<b>7,430</b>
<b>PAYMENTS</b>													
Other items (specify in narrative)													
VAT Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Pensions / Retirements	173	0	51	232	0	0	0	0	0	0	0	0	456
<b>Total</b>	<b>0</b>	<b>0</b>	<b>51</b>	<b>232</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>456</b>

As a result of requirements within the capital programme, we are at present highlighting a need for £20m cash to be drawn down in November 2022 to support the forecast cash flow. This may of course change as we move through the financial year.

## 12. Public Sector Payment Compliance (Table I)

This table has been completed in accordance with the guidance. The Trust will endeavour to ensure that NHS invoices along with Non-NHS invoices are paid within targets moving through 2022/23.

Up to quarter 1 the cumulative percentage of Non-NHS invoices paid within 30 days by number was 96.5% against a target of 95%.

## 13. Capital & EFL (Tables I, K and L)

The capital tables have been completed in accordance with the guidance.

Works are ongoing with Programme managers to establish updated cash flows that reflect the profiles of approved projects now for the remainder of the financial year, however at present schemes are progressing well, and more detailed updates will be provided as the financial year progresses. The Trust's initial discretionary capital programme for this financial year was approved at the Trust Board meeting on 26<sup>th</sup> May 2022, with a further update on some estates schemes affordable within the Trust's remaining discretionary funding also recently approved by the Exec Team.

Correspondence has also recently been provided in relation to the current position with respect to the 111 IIS scheme funding within the AWCP.

Thank you for the advice included within the month 3 reply letter, around including the unapproved schemes within Table B, Edward Roberts will be in contact with you during Month 5 to discuss how best to include this information within the tables (**Action Point 3.5**)

Whilst the Trust note the revised EFL and updated CEL, it is yet to receive formal notification for the transitional leases to be adjusted within its ledger as such the Table L has only been amended for the "Full Year Per WG" with the anticipation for these adjustments to be made to the ledger once the formal notification is received. (**Action Point 3.6**)

## 14. Committee to receive Financial Monitoring Return

The Trust confirms that financial information reported in the monitoring return is entirely consistent with financial details reported internally, including details within Trust Board papers and that of its Committees.

The Month 4 financial performance of the Trust will be presented to the Finance & Performance Committee at its meeting on 19<sup>th</sup> September 2022, with the full monitoring returns included in the papers for the Trust Board meeting on 29<sup>th</sup> September 2022.

Governance arrangements for formal sign off of the monitoring return narrative in the absence of the Director of Finance or Chief Executive will be delegated to their Deputies but in exceptional circumstances could be signed by a Senior Finance Manager and an Executive Director. Signatures on this return are Chris Turley, Director of Finance & Corporate Resources, but in the capacity of acting Chief Executive for this period and therefore Navin Kalia,

Deputy Director of Finance.

## 15. Other Issues

### Overtime and Pay for Annual Leave (Flowers case)

Due to ongoing complexities with delivering a technical solution within ESR to enable the application of ongoing payments i.e. from 1 April 2021, employers and trade union partners discussed the specific arrangements for making the ongoing payments from 1 April 2021 and agreed that further lump sum payments will be made during the 2021/22 and 2022/23 financial years to ensure payments can be made on an ongoing basis. A final payment will cover the period April 2022 – June 2022 and was paid in July 2022.

The payments used the 13% multiplier which was applied to any overtime that was paid during the periods, this equated to £0.308m.

Employers and trade union partners have continued to discuss the ongoing arrangements and work with colleagues in NWSSP/payroll/ESR to ensure that a technical solution can be put in place at the earliest opportunity. Agreement has now been reached and a technical solution identified and from 1 July 2022, payments will be made monthly based on the following multipliers (depending on annual leave entitlement) and will be applied to any overtime paid:

34 days leave - 15.04%  
30 days leave – 13.04%  
28 days leave - 12.07%

In relation to the above payments we would appreciate your guidance as to the process for recovery for Month 4 payments and also coverage then for each month going forward and recurrently.

There are no other matters of major significance to draw to your attention at this stage.

If you would like to discuss any matter included in this monitoring return letter or attached tables, please do not hesitate to contact me.

Yours sincerely



Navin Kalia  
Deputy Director of Finance & Corporate Resources



Chris Turley  
Executive Director of Finance & Corporate Resources/  
Acting Chief Executive

Enc

cc:

Mr Jason Killen, Chief Executive  
Mr M Woodford, Chairman  
Non-Executive Directors Executive Directors

**VALIDATION SUMMARY 2022-23**

<b>Your organisation is showing as :</b>	<b>WELSH AMBULANCE TRUST</b>
<b>Period is showing :</b>	<b>JUL 22</b>
<b>TABLE A : MOVEMENT</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE A1 : UNDERLYING POSITION</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE A2: RISKS</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE B : MONTHLY POSITIONS</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE B2 : PAY &amp; AGENCY/LOCUM</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE B3 : COVID-19</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE C, C1 &amp; C2 : SAVINGS SCHEMES</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE C3 : TRACKER</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE E : RESOURCE LIMITS</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE E1 : INVOICED INCOME</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE F : STATEMENT OF FINANCIAL POSITION</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE G : MONTHLY CASHFLOW</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE J: CAPITAL IN YEAR SCHEMES</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE K : CAPITAL DISPOSALS</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE L : EFL</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE N : GENERAL MEDICAL SERVICES</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TABLE O : GENERAL DENTAL SERVICES</b>	<b>WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE</b>
<b>TOTAL ERRORS FOR YOUR JUL 22 RETURN IS</b>	<b>YOUR RETURN HAS ZERO ERRORS</b>

# Welsh Ambulance Trust

Period : Jul 22

## Summary Of Main Financial Performance

### Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	(3)	(0)







# Welsh Ambulance Trust

Period : Jul 22

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
<b>Opportunities to achieve IMTP/AOP (positive values)</b>			
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	<b>Total Opportunities to achieve IMTP/AOP</b>	0	
<b>Risks (negative values)</b>			
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Under achievement of Savings	(1,000)	Low
13	WG exceptional cost pressures and Covid funding	(5,833)	Medium
14	Winter pressures	(500)	Low
15	Continuation of costs for system wide pressures	(2,000)	Medium
16	PIBS	(1,000)	Low
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	<b>Total Risks</b>	<b>(10,333)</b>	
<b>Further Opportunities (positive values)</b>			
27			
28			
29			
30			
31			
32			
33			
34	<b>Total Further Opportunities</b>	<b>0</b>	
35	<b>Current Reported Forecast Outturn</b>	<b>(0)</b>	
36	<b>IMTP / AOP Outturn Scenario</b>	<b>(0)</b>	
37	<b>Worst Case Outturn Scenario</b>	<b>(10,333)</b>	
38	<b>Best Case Outturn Scenario</b>	<b>(0)</b>	

# Welsh Ambulance Trust

YTD Months to be completed from Month: 1  
Forecast Months to be completed from Month: 1

Table B - Monthly Positions

Period : Jul 22

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Revenue Resource Limit	Actual/Fcast												0	0
2	Capital Donation / Government Grant Income (Health Board only)	Actual/Fcast												0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/Fcast	1,505	1,377	1,466	1,609	1,133	1,133	1,133	1,133	1,133	1,133	1,133	5,957	15,021
4	WHSSC Income	Actual/Fcast	18,052	19,141	18,681	17,434	19,351	19,351	19,351	19,351	19,351	19,352	19,352	73,308	228,118
5	Welsh Government Income (Non RRL)	Actual/Fcast	1,336	1,308	1,337	4,350	1,323	1,323	1,323	1,323	1,324	1,323	1,324	8,331	18,917
6	Other Income	Actual/Fcast	1,142	498	681	(651)	604	604	604	604	604	604	604	1,670	6,502
7	<b>Income Total</b>		<b>22,035</b>	<b>22,324</b>	<b>22,165</b>	<b>22,742</b>	<b>22,411</b>	<b>22,411</b>	<b>22,411</b>	<b>22,411</b>	<b>22,412</b>	<b>22,413</b>	<b>22,413</b>	<b>89,266</b>	<b>268,558</b>
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/Fcast												0	0
9	Primary Care - Drugs & Appliances	Actual/Fcast												0	0
10	Provided Services - Pay	Actual/Fcast	15,215	15,544	15,287	15,621	15,566	15,566	15,566	15,566	15,566	15,566	15,566	61,667	186,195
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/Fcast	3,728	3,726	3,682	4,019	4,119	4,117	4,116	4,118	4,394	4,107	4,109	15,155	48,343
12	Secondary Care - Drugs	Actual/Fcast	33	33	44	33	33	33	34	33	34	30	30	143	400
13	Healthcare Services Provided by Other NHS Bodies	Actual/Fcast												0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/Fcast												0	0
15	Continuing Care and Funded Nursing Care	Actual/Fcast												0	0
16	Other Private & Voluntary Sector	Actual/Fcast	1,025	1,039	1,088	1,030	644	644	644	644	644	644	644	4,182	9,336
17	Joint Financing and Other	Actual/Fcast												0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/Fcast	81	81	82	84	82	81	82	81	81	80	81	328	977
19	Exceptional (Income) / Costs - (Trust Only)	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Total Interest Receivable - (Trust Only)	Actual/Fcast	(12)	(15)	(15)	(20)	(15)	(15)	(15)	(15)	(15)	(15)	(15)	(62)	(182)
21	Total Interest Payable - (Trust Only)	Actual/Fcast	3	(2)	1	4	4	3	4	3	4	3	4	6	35
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/Fcast	1,517	1,517	1,613	1,549	1,548	1,548	1,548	1,548	1,549	1,550	1,550	6,196	18,585
23	AME Donated Depreciation/Impairments	Actual/Fcast	444	444	444	444	444	445	445	444	445	444	445	1,776	5,332
24	Uncommitted Reserves & Contingencies	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Profit/Loss Disposal of Assets	Actual/Fcast	(3)	(43)	(59)	(17)	(14)	(12)	(13)	(12)	(290)	0	0	(122)	(463)
26	<b>Cost - Total</b>		<b>22,031</b>	<b>22,324</b>	<b>22,167</b>	<b>22,747</b>	<b>22,411</b>	<b>22,410</b>	<b>22,411</b>	<b>22,410</b>	<b>22,411</b>	<b>22,412</b>	<b>22,413</b>	<b>89,269</b>	<b>268,558</b>
27	<b>Net surplus/ (deficit)</b>		<b>4</b>	<b>0</b>	<b>(2)</b>	<b>(5)</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>(3)</b>	<b>0</b>

B. Cost Total by Directorate		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
28	Primary Care	Actual/Fcast												0	0
29	Mental Health	Actual/Fcast												0	0
30	Continuing HealthCare	Actual/Fcast												0	0
31	Commissioned Services	Actual/Fcast												0	0
32	Scheduled Care	Actual/Fcast												0	0
33	Unscheduled Care	Actual/Fcast	17,480	17,773	17,558	18,151	17,816	17,814	17,815	17,815	17,815	17,815	17,815	70,962	213,482
34	Children & Women's	Actual/Fcast												0	0
35	Community Services	Actual/Fcast												0	0
36	Specialised Services	Actual/Fcast												0	0
37	Executive / Corporate Areas	Actual/Fcast	2,422	2,422	2,371	2,422	2,422	2,422	2,422	2,422	2,422	2,422	2,422	9,637	29,013
38	Support Services (inc. Estates & Facilities)	Actual/Fcast	168	168	181	181	181	181	181	181	181	181	181	698	2,146
39	Reserves	Actual/Fcast												0	0
40	<b>Cost - Total (Excluding DEL &amp; AME Non-Cash Charges)</b>		<b>20,070</b>	<b>20,363</b>	<b>20,110</b>	<b>20,754</b>	<b>20,419</b>	<b>20,417</b>	<b>20,418</b>	<b>20,418</b>	<b>20,418</b>	<b>20,418</b>	<b>20,418</b>	<b>81,297</b>	<b>244,641</b>

### C. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000
28. Actual YTD surplus/ (deficit)	(3)
29. Actual YTD surplus/ (deficit) last month	2
30. Current month actual surplus/ (deficit)	(5)
	Trend
31. Average monthly surplus/ (deficit) YTD	(1)
32. YTD /remaining months	(0)

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	(43)
34. Year to Date Trend Scenario	(9)



# Welsh Ambulance Trust

Period : Jul 22

YTD Months to be completed from Month: 1  
Forecast Months to be completed from Month: 1

This Table is currently showing 0 errors

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

REF	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Administrative, Clerical & Board Members	2,341	2,372	2,300	2,417	2,598	2,598	2,599	2,598	2,599	2,598	2,599	2,598	9,430	30,217
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered	1,019	1,037	917	994	1,047	1,047	1,047	1,047	1,047	1,046	1,047	1,047	3,967	12,342
4	Prof Scientific & Technical	5	5	5	9	17	17	17	17	17	17	18	17	24	161
5	Additional Clinical Services	6,511	6,728	6,544	6,602	6,589	6,589	6,589	6,589	6,589	6,589	6,589	6,590	26,385	79,098
6	Allied Health Professionals	5,178	5,221	5,357	5,407	5,128	5,128	5,128	5,128	5,128	5,128	5,129	5,128	21,163	62,188
7	Healthcare Scientists													0	0
8	Estates & Ancillary	161	181	164	192	187	187	186	187	186	188	184	186	698	2,189
9	Students													0	0
10	<b>TOTAL PAY EXPENDITURE</b>	<b>15,215</b>	<b>15,544</b>	<b>15,287</b>	<b>15,621</b>	<b>15,566</b>	<b>15,566</b>	<b>15,566</b>	<b>15,566</b>	<b>15,566</b>	<b>15,566</b>	<b>15,566</b>	<b>15,566</b>	<b>61,667</b>	<b>186,195</b>

Analysis of Pay Expenditure

11	LHB Provided Services - Pay	15,215	15,544	15,287	15,621	15,566	15,566	15,566	15,566	15,566	15,566	15,566	15,566	61,667	186,195
12	Other Services (incl. Primary Care) - Pay													0	0
13	<b>Total - Pay</b>	<b>15,215</b>	<b>15,544</b>	<b>15,287</b>	<b>15,621</b>	<b>15,566</b>	<b>15,566</b>	<b>15,566</b>	<b>15,566</b>	<b>15,566</b>	<b>15,566</b>	<b>15,566</b>	<b>15,566</b>	<b>61,667</b>	<b>186,195</b>

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

REF	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Administrative, Clerical & Board Members	48	40	21	170	30	30	30	10	10	10	10	10	279	419
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered	8	8	5	0									21	21
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services	170	170	119	169	170								628	798
6	Allied Health Professionals	6		10	5									21	21
7	Healthcare Scientists													0	0
8	Estates & Ancillary	1		(4)	10									7	7
9	Students													0	0
10	<b>TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE</b>	<b>233</b>	<b>218</b>	<b>151</b>	<b>354</b>	<b>200</b>	<b>30</b>	<b>30</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>956</b>	<b>1,266</b>

11	Agency/Locum (premium) % of pay	1.5%	1.4%	1.0%	2.3%	1.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	1.6%	0.7%
----	---------------------------------	------	------	------	------	------	------	------	------	------	------	------	------	------	------

C - Agency / Locum (premium) Expenditure

- Analysed by Reason for Using Agency/Locum (premium)

REF	REASON	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Vacancy	48	40	26	43	30	30	30	10	10	10	10	10	157	297
2	Maternity/Paternity/Adoption Leave													0	0
3	Special Leave (Paid) - inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)	179	178	121	306	170								784	954
7	Annual Leave													0	0
8	Sickness	6		4	5									15	15
9	Restricted Duties													0	0
10	Jury Service													0	0
11	WLI													0	0
12	Exclusion (Suspension)													0	0
13	COVID-19													0	0
14	<b>TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE</b>	<b>233</b>	<b>218</b>	<b>151</b>	<b>354</b>	<b>200</b>	<b>30</b>	<b>30</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>956</b>	<b>1,266</b>













Table C1- Savings Schemes Pay Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000	
1	Changes in Staffing Establishment	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
4	Variable Pay	Budget/Plan	266	263	244	305	287	277	274	276	274	277	272	276	1,078	3,291		3,291	0				
5		Actual/F'cast	249	263	237	402	282	266	285	287	285	287	283	282	1,150	3,407	33.76%	3,407	0	0	3,407	3,407	
6		Variance	(17)	0	(8)	97	(5)	(11)	11	11	11	10	11	6	72	116	6.72%	116	0				
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Total	Budget/Plan	266	263	244	305	287	277	274	276	274	277	272	276	1,078	3,291		3,291	0				
20		Actual/F'cast	249	263	237	402	282	266	285	287	285	287	283	282	1,150	3,407	33.76%	3,407	0	0	3,407	3,407	
21		Variance	(17)	0	(8)	97	(5)	(11)	11	11	11	10	11	6	72	116	6.72%	116	0				

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Non Medical 'off contract to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			

This Table is currently showing 0 errors

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	371	345	327	387	369	359	356	358	356	359	355	358	1,430	4,300	0	4,300	0	4,300
	Month 1 - Actual/Forecast	342	322	366	445	351	339	355	358	356	357	355	354	1,475	4,300	0	4,300	0	4,300
	Variance	(29)	(23)	39	58	(18)	(20)	(1)	0	0	(2)	0	(4)	45	(0)	0	(0)	0	(0)
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	371	345	327	387	369	359	356	358	356	359	355	358	1,430	4,300	0	4,300	0	4,300
	Total Actual/Forecast	342	322	366	445	351	339	355	358	356	357	355	354	1,475	4,300	0	4,300	0	4,300
	Total Variance	(29)	(23)	39	58	(18)	(20)	(1)	0	0	(2)	0	(4)	45	(0)	0	(0)	0	(0)
	Net Income Generation	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	371	345	327	387	369	359	356	358	356	359	355	358	1,430	4,300	0	4,300	0	4,300
	Month 1 - Actual/Forecast	342	322	366	445	351	339	355	358	356	357	355	354	1,475	4,300	0	4,300	0	4,300
	Variance	(29)	(23)	39	58	(18)	(20)	(1)	0	0	(2)	0	(4)	45	(0)	0	(0)	0	(0)
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	371	345	327	387	369	359	356	358	356	359	355	358	1,430	4,300	0	4,300	0	4,300
	Total Actual/Forecast	342	322	366	445	351	339	355	358	356	357	355	354	1,475	4,300	0	4,300	0	4,300
	Total Variance	(29)	(23)	39	58	(18)	(20)	(1)	0	0	(2)	0	(4)	45	(0)	0	(0)	0	(0)

Welsh Ambulance Trust

This Table is currently showing 6 errors

Period: Jul 22

Table E - Resource Limits

1. BASE ALLOCATION

LATEST ALLOCATION LETTER/SCHEDULE REF.	STATUS OF BUDGET RESOURCE LIMIT FY202				Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered into Table
	HCRS Pharmacy £'000	Dental £'000	GMS £'000	Other £'000						
1										
2										

2. ANTICIPATED ALLOCATIONS

3	DEL Non Cash Depreciation - Baseline Budget / Shortfall				0					
4	DEL Non Cash Depreciation - Strategic				0					
5	DEL Non Cash Depreciation - Accelerated				0					
6	DEL Non Cash Depreciation - Impairment				0					
7	DEL Non Cash Depreciation - IFRS 16 Leases				0					
8	AME Non Cash Depreciation - IFRS 16 Leases (Impairment)				0					
9	AME Non Cash Depreciation - Donated Assets				0					
10	AME Non Cash Depreciation - Impairment				0					
11	AME Non Cash Depreciation - Impairment Reversals				0					
12	Removal of Donated Assets (Government Grant Reversal)				0					
13	Total COVID-19 (see below analysis)	0	0	0	0					See below analysis
14	Removal of IFRS 16 Leases (Revenue)				0					
15	Energy (Price Increase)				0					
16	Employers NI Increase (1.25%)				0					
17	Rent & Long Lease				0					
18					0					
19					0					
20					0					
21					0					
22					0					
23					0					
24					0					
25					0					
26					0					
27					0					
28					0					
29					0					
30					0					
31					0					
32					0					
33					0					
34					0					
35					0					
36					0					
37					0					
38					0					
39					0					
40					0					
41					0					
42					0					
43					0					
44					0					
45					0					
46					0					
47					0					
48					0					
49					0					
50					0					
51					0					
52					0					
53					0					
54					0					
55					0					
56					0					
57					0					
58	Total Anticipated Funding	0	0	0	0					

3. TOTAL RESOURCES & BUDGET RECONCILIATION

59	Confirmed Resources Per 2. above	0	0	0	0	0				
60	Anticipated Resources Per 2. above	0	0	0	0	0				
61	Total Resources	0	0	0	0	0				

ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE

ABOVE	Allocated Total £'000	Anticipated HCRS Pharmacy £'000	Anticipated Pharmacy £'000	Anticipated Dental £'000	Anticipated GMS £'000	Total RRL £'000	WG Contact and date item first entered into table.
62	Testing (Inc Community Testing)					0	
63	Testing					0	
64	Mass COVID-19 Vaccination					0	
65	PPE					0	
66	Expenditure PPE					0	
67	Cleaning Standards					0	
68	Local COVID					0	
69						0	
70						0	
71						0	
72						0	
73						0	
74						0	
75						0	
76						0	
77						0	
78						0	
79						0	
80						0	
81						0	
82						0	
83						0	
84						0	
85						0	
86						0	
87						0	
88						0	
89						0	
90						0	
91						0	
92	Total Funding	0	0	0	0	0	

## Welsh Ambulance Trust

Period : Jul 22

Table D - Income/Expenditure Assumptions

### Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University	5,230	863	<b>6,093</b>
2	Aneurin Bevan University	13,581	175	<b>13,756</b>
3	Betsi Cadwaladr University	6,568	225	<b>6,793</b>
4	Cardiff & Vale University	4,768	3	<b>4,771</b>
5	Cwm Taf Morgannwg University	2,234	820	<b>3,054</b>
6	Hywel Dda University	4,668	675	<b>5,343</b>
7	Powys	1,467	30	<b>1,497</b>
8	Public Health Wales	0	108	<b>108</b>
9	Velindre	954	67	<b>1,021</b>
10	NWSSP	0	0	<b>0</b>
11	DHCW	390	0	<b>390</b>
12	Wales Ambulance Services			<b>0</b>
13	WHSSC	0	0	<b>0</b>
14	EASC	230,636	0	<b>230,636</b>
15	HEIW	0	772	<b>772</b>
16	NHS Wales Executive	0	0	<b>0</b>
17	<b>Total</b>	<b>270,496</b>	<b>3,738</b>	<b>274,234</b>

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
0	97	<b>97</b>
0	348	<b>348</b>
386	89	<b>475</b>
0	34	<b>34</b>
0	84	<b>84</b>
0	417	<b>417</b>
0	52	<b>52</b>
6	46	<b>52</b>
1,323	988	<b>2,311</b>
0	0	<b>0</b>
980	106	<b>1,086</b>
		<b>0</b>
0	0	<b>0</b>
0	0	<b>0</b>
0	3	<b>3</b>
0	0	<b>0</b>
<b>2,695</b>	<b>2,264</b>	<b>4,959</b>

Welsh Ambulance Trust

Period : Jul 22

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref	Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSP £'000	DHCW £'000	HEIW £'000	WG £'000	EASC £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
1	5,230	13,581	6,568	4,768	2,234	4,668	1,467	0	0	954	0	390	0	0	230,636	0	0	270,496	
	<b>Details of Anticipated Income</b>																		
2																		0	
3														3,655				3,655	M3 based on June Forecast
4																		0	
5																		0	
6																		0	
7																		0	
8																		0	
9														5,332				5,332	M1 based on IMTP submission
10																		0	
11														1,400				1,400	See below analysis
12																		0	
13														3,533				3,533	M1 Reply letter Action Point 1.6a
14														1,900				1,900	M1 Reply letter Action Point 1.6a
15																		0	
16														1,000				1,000	M1 Jackie Salmon
17														(576)				(576)	M1 Reply letter Action Point 1.8
18														20				20	band 1-2 increase - Andrea Hughes MMR reply letter Action Point
19																		0	
20																		0	
21																		0	
22																		0	
23																		0	
24																		0	
25																		0	
26																		0	
27																		0	
28																		0	
29																		0	
30																		0	
31																		0	
32																		0	
33																		0	
34																		0	
35																		0	
36																		0	
37	5,230	13,581	6,568	4,768	2,234	4,668	1,467	0	0	954	0	390	0	16,264	230,636	0	0	286,760	

ANALYSIS OF WG FUNDING DUE FOR COVID-19 INCLUDED ABOVE			Allocated £'000	Anticipated £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
38	Testing (inc Community Testing)				0	
39	Tracing				0	
40	Mass COVID-19 Vaccination				0	
41	PPE		1,000		1,000	M1 Not invoiced
42	Extended Flu				0	
43	Cleaning Standards		400		400	M1 Not invoiced
44	Long Covid				0	Per MTH1 MMR
45	A2. Increased bed capacity specifically related to COVID-19				0	Per MTH1 MMR
46	A3. Other Capacity & facilities costs (exclude contract cleaning)				0	Per MTH1 MMR
47	B1. Prescribing charges directly related to COVID symptoms				0	Per MTH1 MMR
48	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance				0	Per MTH1 MMR
49	D1. Discharge Support				0	Per MTH1 MMR
50	D4. Support for National Programmes through Shared Service				0	Per MTH1 MMR
51	D5. Other Services that support the ongoing COVID response				0	Per MTH1 MMR
52	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income				0	Per MTH1 MMR
53					0	
54					0	
55					0	
56					0	
57					0	
58					0	
59					0	
60					0	
61					0	
62					0	
63					0	
64					0	
65					0	
66					0	
67					0	
68	<b>Total Funding</b>		<b>0</b>	<b>1,400</b>	<b>1,400</b>	

Welsh Ambulance Trust

Period : Jul 22

This table needs completing monthly from Month: 3  
This Table is currently showing 0 errors

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 22 £'000	Closing Balance End of Jul 22 £'000	Forecast Closing Balance End of Mar 23 £'000
<b>Non-Current Assets</b>			
1 Property, plant and equipment	95,594	92,817	108,668
2 Intangible assets	3,231	2,651	1,496
3 Trade and other receivables	790	2,278	0
4 Other financial assets	0	0	2,000
5 <b>Non-Current Assets sub total</b>	<b>99,615</b>	<b>97,746</b>	<b>112,164</b>
<b>Current Assets</b>			
6 Inventories	1,826	1,827	1,500
7 Trade and other receivables	17,148	14,625	17,148
8 Other financial assets	0	0	0
9 Cash and cash equivalents	18,708	9,349	326
10 Non-current assets classified as held for sale	130	130	0
11 <b>Current Assets sub total</b>	<b>37,812</b>	<b>25,931</b>	<b>18,974</b>
12 <b>TOTAL ASSETS</b>	<b>137,427</b>	<b>123,677</b>	<b>131,138</b>
<b>Current Liabilities</b>			
13 Trade and other payables	35,752	23,588	20,330
14 Borrowings (Trust Only)	1,364	621	0
15 Other financial liabilities	0	0	0
16 Provisions	4,402	1,731	7,000
17 <b>Current Liabilities sub total</b>	<b>41,518</b>	<b>25,940</b>	<b>27,330</b>
18 <b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>95,909</b>	<b>97,737</b>	<b>103,808</b>
<b>Non-Current Liabilities</b>			
19 Trade and other payables	0	0	0
20 Borrowings (Trust Only)	0	0	0
21 Other financial liabilities	0	0	0
22 Provisions	10,058	11,887	6,618
23 <b>Non-Current Liabilities sub total</b>	<b>10,058</b>	<b>11,887</b>	<b>6,618</b>
24 <b>TOTAL ASSETS EMPLOYED</b>	<b>85,851</b>	<b>85,850</b>	<b>97,190</b>
<b>FINANCED BY: Taxpayers' Equity</b>			
25 General Fund	0	0	0
26 Revaluation Reserve	10,333	10,333	10,333
27 PDC (Trust only)	81,219	81,219	92,558
28 Retained earnings (Trust Only)	(5,701)	(5,702)	(5,701)
29 Other reserve	0	0	0
30 <b>Total Taxpayers' Equity</b>	<b>85,851</b>	<b>85,850</b>	<b>97,190</b>

	Opening Balance Beginning of Apr 22	Closing Balance End of Jul 22	Closing Balance End of Mar 23
<b>EXPLANATION OF ALL PROVISIONS</b>			
31 Clinical Negligence	1,698	1,363	1,363
32 Personal Injury and special payments	980	1,125	1,125
33 Personal Injury-PIBS	10,151	10,361	10,361
34 Defence legal fees and other administration	369	342	342
35 Pensions-other staff PIBS	71	79	79
36 Redress	206	257	257
37 Restructurings	0	0	0
38 Other	985	91	91
39			
40 <b>Total Provisions</b>	<b>14,460</b>	<b>13,618</b>	<b>13,618</b>

	£'000
<b>ANALYSIS OF WELSH NHS RECEIVABLES (current month)</b>	
41 Welsh NHS Receivables Aged 0 - 10 weeks	778
42 Welsh NHS Receivables Aged 11 - 16 weeks	43
43 Welsh NHS Receivables Aged 17 weeks and over	0

	£'000	£'000	£'000
<b>ANALYSIS OF TRADE &amp; OTHER PAYABLES (opening, current &amp; closing)</b>			
44 Capital	10,167	2,116	10,167
45 Revenue	25,585	21,472	10,163

	£'000	£'000	£'000
<b>ANALYSIS OF CASH (opening, current &amp; closing)</b>			
46 Capital	10,167	2,116	50
47 Revenue	8,541	7,233	276



# Welsh Ambulance Trust

Period : Jul 22

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
<b>RECEIPTS</b>													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only												0
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only												0
3	2,998	17	86	759	1,748	1,846	754	17	1,832	754	17	2,583	13,411
4	WG Capital Funding - Cash Limit - LHB & SHA only												0
5	17,779	16,007	28,302	19,468	22,281	21,586	21,586	21,586	21,586	21,586	21,586	21,331	254,684
6	Short Term Loans - Trust only												0
7	0	0			0		0	20,327			0		20,327
8	12	15	14	20	10	10	9	10	10	10	10	10	140
9	3	43	59	18	55	55	56	56	56	56	56	41	554
10	2,396	586	858	860	316	366	316	317	366	366	316	367	7,430
11	<b>23,188</b>	<b>16,668</b>	<b>29,319</b>	<b>21,125</b>	<b>24,410</b>	<b>23,863</b>	<b>22,721</b>	<b>42,313</b>	<b>23,850</b>	<b>22,772</b>	<b>21,985</b>	<b>24,332</b>	<b>296,546</b>
<b>PAYMENTS</b>													
12	Primary Care Services : General Medical Services												0
13	Primary Care Services : Pharmacy Services												0
14	Primary Care Services : Prescribed Drugs & Appliances												0
15	Primary Care Services : General Dental Services												0
16	Non Cash Limited Payments												0
17	14,982	15,672	15,548	15,525	15,689	15,535	15,535	15,535	15,535	15,535	15,535	15,569	186,195
18	1,637	7,477	6,858	6,905	7,018	7,018	7,018	7,018	7,018	7,018	7,018	7,015	79,018
19	Short Term Loan Repayment - Trust only												0
20	0											0	0
21	9,222	3,217	1,215	944	4,574	2,458	2,463	2,463	2,468	2,523	2,523	15,189	49,259
22	173	0	51	232	0	0	0	0	0	0	0	0	456
23	<b>26,014</b>	<b>26,366</b>	<b>23,672</b>	<b>23,606</b>	<b>27,281</b>	<b>25,011</b>	<b>25,016</b>	<b>25,016</b>	<b>25,021</b>	<b>25,076</b>	<b>25,076</b>	<b>37,773</b>	<b>314,928</b>
24	(2,826)	(9,698)	5,647	(2,481)	(2,871)	(1,148)	(2,295)	17,297	(1,171)	(2,304)	(3,091)	(13,441)	
25	18,708	15,882	6,184	11,831	9,350	6,479	5,331	3,036	20,333	19,162	16,858	13,767	
26	15,882	6,184	11,831	9,350	6,479	5,331	3,036	20,333	19,162	16,858	13,767	326	

# Welsh Ambulance Trust

Period : Jul 22

Table H - PSPP

This table needs completing on a quarterly basis  
NOTE: Data to 1 decimal place

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
PROMPT PAYMENT OF INVOICE PERFORMANCE														
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	92.4%	-2.6%		-95.0%		-95.0%		-95.0%	92.4%	-2.6%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	95.3%	0.3%		-95.0%		-95.0%		-95.0%	95.3%	0.3%	95.0%	0.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	97.2%	2.2%		-95.0%		-95.0%		-95.0%	97.2%	2.2%	95.0%	0.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	96.5%	1.5%		-95.0%		-95.0%		-95.0%	96.5%	1.5%	95.0%	0.0%

10 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Actual %			Actual %		Actual %		Actual %		Actual %		Actual %	
PROMPT PAYMENT OF INVOICE PERFORMANCE														
5	% of NHS Invoices Paid Within 10 Days - By Value	75.9%									75.9%		80.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number	85.2%									85.2%		80.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value	77.1%									77.1%		80.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number	69.2%									69.2%		80.0%	

# Welsh Ambulance Trust

Period : Jul 22

This Table is currently showing 0 errors

Table I - 2022-23 Capital Resource / Expenditure Limit Management

£'000 35,256  
 Approved CRL / CEL issued at : 24/6/22

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure</i>						
	All Wales Capital Programme:						
	Schemes:						
1	ESMCP – Control Room Solution	2	2	0	443	443	0
2	111 Project Costs	103	103	0	13,629	13,629	0
3	DPIF -EPCR	185	185	0	1,150	1,150	0
4	MDVS	0	0	0	2,000	2,000	0
5	GUH transfer vehicles	(93)	(93)	0	694	694	0
6	Ambulance Replacement Programme 21-22	712	712	0	1,916	1,916	0
7	Ambulance Replacement Programme 22-23	292	292	0	9,564	9,564	0
8	Phone First	520	520	0	1,040	1,040	0
9	EFAB	92	92	0	92	92	0
10	WAST- Make Ready Depot - Cardiff	290	290	0	290	290	0
11				0			0
12				0			0
13				0			0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	<b>Sub Total</b>	<b>2,103</b>	<b>2,103</b>	<b>0</b>	<b>30,818</b>	<b>30,818</b>	<b>0</b>
	<b>Discretionary:</b>						
43	I.T.	52	52	0	249	249	0
44	Equipment	153	153	0	255	255	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	500	500	0	2,558	2,558	0
47	Other	23	23	0	1,496	1,496	0
48	<b>Sub Total</b>	<b>728</b>	<b>728</b>	<b>0</b>	<b>4,558</b>	<b>4,558</b>	<b>0</b>

	<b>Other (Including IFRS 16 Leases) Schemes:</b>						
49				0			0
50				0			0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
70	<b>Total Expenditure</b>	<b>2,831</b>	<b>2,831</b>	<b>0</b>	<b>35,376</b>	<b>35,376</b>	<b>0</b>
	<b>Less:</b>						
	<b>Capital grants:</b>						
71				0			0
72				0			0
73				0			0
74				0			0
75				0			0
76	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Donations:</b>						
77				0			0
78	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Asset Disposals:</b>						
79	HM Stanley			0	120	120	0
80				0			0
81				0			0
82				0			0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>120</b>	<b>120</b>	<b>0</b>
91	<b>Technical Adjustments</b>			<b>0</b>			<b>0</b>
92	<b>CHARGE AGAINST CRL / CEL</b>	<b>2,831</b>	<b>2,831</b>	<b>0</b>	<b>35,256</b>	<b>35,256</b>	<b>0</b>
93	<b>PERFORMANCE AGAINST CRL / CEL (Under)/Over</b>		<b>(32,425)</b>			<b>0</b>	

Welsh Ambulance Trust

YTD Months to be completed from Month: 2  
 Forecast Months to be completed from Month: 2

Period : Jul 22

This Table is currently showing 0 errors

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
			Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1	ESMCP – Control Room Solution	A WILLIAMS	443	443	0	0	0	2	53	53	53	53	53	58	58	60	2	443	Low
2	111 Project Costs	A WILLIAMS	13,629	13,629	27	26	25	25	150	150	150	150	150	150	150	12,476	103	13,629	Low
3	DPIF -EPCR	A WILLIAMS	1,150	1,150	41	33	77	34	120	120	120	120	120	120	125	185	1,150	1,150	Low
4	MDVS	A WILLIAMS	2,000	2,000	0	0	0	0	245	245	245	245	245	245	245	285	0	2,000	Low
5	GUH transfer vehicles	D HOLMES	694	694	0	(105)	12	0	95	95	95	95	95	95	95	122	(93)	694	Low
6	Ambulance Replacement Programme 21-22	D HOLMES	1,916	1,916	204	201	46	261	150	150	150	150	150	150	150	154	712	1,916	Low
7	Ambulance Replacement Programme 22-23	D HOLMES	9,564	9,564	78	158	52	4	1,150	1,150	1,150	1,150	1,150	1,150	1,222	292	9,564	Low	
8	Phone First	R DAVIES	1,040	1,040	1	242	134	143	60	60	60	60	60	60	60	100	520	1,040	Low
9	EFAB	R DAVIES	92	92	15	1	19	57	0	0	0	0	0	0	0	0	92	92	Low
10	WAST- Make Ready Depot - Cardiff	R DAVIES	290	290	0	0	266	24	0	0	0	0	0	0	0	0	290	290	Low
11																	0	0	
12																	0	0	
13																	0	0	
14																	0	0	
15																	0	0	
16																	0	0	
17																	0	0	
18																	0	0	
19																	0	0	
20																	0	0	
21																	0	0	
22																	0	0	
23																	0	0	
24																	0	0	
25																	0	0	
26																	0	0	
27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	Sub Total		30,818	30,818	366	556	631	650	2,023	2,023	2,023	2,023	2,023	2,028	2,028	14,544	2,103	30,818	
<b>Discretionary:</b>																			
35	I.T.	A WILLIAMS	249	249	0	3	(4)	53	20	20	25	25	25	25	25	32	52	249	Low
36	Equipment	D HOLMES	255	255	1	45	56	51	10	10	10	10	15	15	15	17	153	255	Low
37	Statutory Compliance	R DAVIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low
38	Estates	R DAVIES	2,558	2,558	25	238	268	(31)	255	255	255	255	255	255	273	500	2,558	Low	
39	Other	E ROBERTS	1,496	1,496	1	35	(17)	4	150	150	150	150	150	200	200	323	23	1,496	Low
40	Sub Total		4,558	4,558	27	321	303	77	435	435	440	440	445	495	495	645	728	4,558	
<b>Other Schemes (Including IFRS 16 Leases):</b>																			
41																	0	0	
42																	0	0	
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
50																	0	0	
51																	0	0	
52																	0	0	
53																	0	0	
54																	0	0	
55																	0	0	
56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	Total Capital Expenditure		35,376	35,376	393	877	934	627	2,458	2,458	2,463	2,463	2,468	2,523	2,523	15,189	2,831	35,376	

# Welsh Ambulance Trust

Period : Jul 22

Table K - Capital Disposals

This Table is currently showing 0 errors

**A: In Year Disposal of Assets**

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 22)	MM/YY (text format, e.g. Apr 22)	MM/YY (text format, e.g. Feb 23)	£'000	£'000	£'000	£'000	
1	Sale of HM Stanley	N/A	N/A	2022-23	120	400	26	254	
2	Vehicles & Equipment disposals	N/A	N/A	2022-23	0	209		209	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	<b>Total for in-year</b>				120	609	26	463	

**B: Future Years Disposal of Assets**

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 23)	MM/YY (text format, e.g. Apr 23)	MM/YY (text format, e.g. Feb 24)	£'000	£'000	£'000	£'000	
20								0	
21								0	
22								0	
23								0	
24								0	
25								0	
26								0	
27								0	
28								0	
29								0	
30								0	
31								0	
32								0	
33								0	
34								0	
35								0	
36								0	
37								0	
38								0	
	<b>Total for future years</b>				0	0	0	0	

# Welsh Ambulance Trust

Period : Jul 22

This Table is currently showing 0 errors

This table needs completing monthly from Month: 3

**Table L: EXTERNAL FINANCING LIMIT**

		Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
REF	<i>NET FINANCIAL CHANGE</i>	A	B	C	D
1	Retained surplus/(deficit) for period			0	(3)
2	Depreciation	16,174	18,585	2,411	6,196
3	Depreciation on Donated Assets		0	0	0
4	DEL and AME Impairments			0	
5	Net gain/loss on disposal of assets		(463)	(463)	(122)
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals		583	583	122
8	Other Income (specify)			0	
9	<i>APPLICATION OF FUNDS</i>				
10	Capital Expenditure	(35,256)	(35,376)	(120)	(2,831)
11	Other Expenditure	(1,124)		1,124	
	<i>MOVEMENTS IN WORKING CAPITAL</i>				
12	Inventories			0	0
13	Current assets - Trade and other receivables			0	1,033
14	Current liabilities - Trade and other payables			0	(12,166)
15	Non current liabilities - Trade and other payables			0	0
16	Provisions			0	(843)
17	Sub total - movement in working capital	0	0	0	(11,976)
18	<b>NET FINANCIAL CHANGE</b>	<b>(20,206)</b>	<b>(16,671)</b>	<b>3,535</b>	<b>(8,614)</b>
	<i>EFL REQUIREMENT TO BE MET BY</i>				
19	Increase in Public Dividend Capital	20,206	16,671	(3,535)	0
20	Net change in temporary borrowing			0	0
21	Change in bank deposits and interest bearing securities			0	9,359
22	Net change in finance lease payables			0	(745)
23	<b>TOTAL EXTERNAL FINANCE</b>	<b>20,206</b>	<b>16,671</b>	<b>(3,535)</b>	<b>8,614</b>





Welsh Ambulance Trust

Period : Jul 22

Table N - General Medical Services  
Table to be completed from Q2 / Month:

6

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION					WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
	LINE NO.	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Global Sum	1								
Practice support payment	2								
<b>Total Global Sum and MPIG</b>	<b>3</b>						<b>0</b>	<b>0</b>	
QAIF Aspiration Payments	4								
QAIF Achievement Payments	5								
QAIF - Access Achievement Payments	6								
<b>Total Quality</b>	<b>7</b>						<b>0</b>	<b>0</b>	
Direct Enhanced Services (To equal data in Section A (i) Line 31)	8								
National Enhanced Services (To equal data in Section A (ii) Line 41)	9								
Local Enhanced Services (To equal data in Section A (iii) Line 94)	10								
<b>Total Enhanced Services (To equal data in section A Line 95)</b>	<b>11</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
LHB Administered (To equal data in Section B Line 109)	12								
Premises (To equal data in section C Line 138)	13								
IM & T	14								
Out of Hours (including OOHDF)	15								
Dispensing (To equal data in Line 154)	16								
<b>Total</b>	<b>17</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

SUPPLEMENTARY INFORMATION

Directed Enhanced Services Section A (i)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Learning Disabilities	18					0
Childhood Immunisation Scheme	19					0
Mental Health	20					0
Influenza & Pneumococcal Immunisations Scheme	21					0
Services for Violent Patients	22					0
Minor Surgery Fees	23					0
<b>MENU of Agreed DES</b>						
Asylum Seekers & Refugees	24					0
Care of Diabetes	25					0
Care Homes	26					0
Extended Surgery Opening	27					0
Gender Identity	28					0
Homeless	29					0
Oral Anticoagulation with Warfarin	30					0
<b>TOTAL Directed Enhanced Services (must equal line 8)</b>	<b>31</b>				<b>0</b>	<b>0</b>

National Enhanced Services A (ii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
INR Monitoring	32					0
Shared care drug monitoring (Near Patient Testing)	33					0
Drug Misuse	34					0
IUCD	35					0
Alcohol misuse	36					0
Depression	37					0
Minor injury services	38					0
Diabetes	39					0
Services to the homeless	40					0
<b>TOTAL National Enhanced Services (must equal line 9)</b>	<b>41</b>				<b>0</b>	<b>0</b>

<b>Local Enhanced Services</b>	<b>A (iii)</b>	<b>LINE NO.</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
ADHD		42					0
Asylum Seekers & Refugees		43					0
Cardiology		44					0
Care Homes		45					0
Care of Diabetes		46					0
Chiropody		47					0
Counselling		48					0
Depo - Provera (including Implanon & Nexplanon)		49					0
Dermatology		50					0
Dietetics		51					0
DOAC/NOAC		52					0
Drugs Misuse		53					0
Extended Minor Surgery		54					0
Gonaderlins		55					0
Homeless		56					0
HPV Vaccinations		57					0
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm)		58					0
Learning Disabilities		59					0
Lithium / INR Monitoring		60					0
Local Development Schemes		61					0
Mental Health		62					0
Minor Injuries		63					0
MMR		64					0
Multiple Sclerosis		65					0
Muscular Skeletal		66					0
Nursing Homes		67					0
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)		68					0
Osteopathy		69					0
Phlebotomy		70					0
Physiotherapy (inc MT3)		71					0
Referral Management		72					0
Respiratory (inc COPD)		73					0
Ring Pessaries		74					0
Sexual Health Services		75					0
Shared Care		76					0
Smoking Cessation		77					0
Substance Misuse		78					0
Suturing		79					0
Swine Flu		80					0
Transport/Ambulance costs		81					0
Vasectomy		82					0
Weight Loss Clinic (inc Exercise Referral)		83					0
Wound Care		84					0
Zoladex		85					0
		86					0
		87					0
		88					0
		89					0
		90					0
		91					0
		92					0
		93					0
<b>TOTAL Local Enhanced Services (must equal line 10)</b>		<b>94</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL Enhanced Services (must equal line 11)</b>		<b>95</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**GENERAL MEDICAL SERVICES  
Operating Expenditure**

<b>LHB Administered</b>	<b>Section B</b>	<b>LINE NO.</b>	<b>WG Allocation £000's</b>	<b>Current Plan £000's</b>	<b>Forecast Outturn £000's</b>	<b>Variance £000's</b>	<b>Year to Date £000's</b>
Seniority		96					
Doctors Retention Scheme Payments		97					
Locum Allowances consists of adoptive, paternity & maternity		98					
Locum Allowances : Cover for Sick Leave		99					
Locum Allowances : Cover For Suspended Doctors		100					
Prolonged Study Leave		101					
Recruitment and Retention (including Golden Hello)		102					
Appraisal - Appraiser Costs		103					
Primary Care Development Scheme		104					
Partnership Premium - GP partners		105					
Partnership Premium - Non GP Partners		106					
Supply of syringes & needles		107					
Other (please provide detail below, this should reconcile to line 128)		108					
<b>TOTAL LHB Administered (must equal line 12)</b>		<b>109</b>				<b>0</b>	<b>0</b>

Analysis of Other Payments (line 108)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Additional Managed Practice costs (costs in excess of Global Sum/MPIG)	110					
CRB checks	111					
GP Locum payments	112					
LHB Locality group costs	113					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	114					
Primary Care Initiatives	115					
Salaried GP costs	116					
Stationery & Distribution	117					
Training	118					
Translation fees	119					
COVID vaccination payments to GP practices	120					
	121					
	122					
	123					
	124					
	125					
	126					
	127					
<b>TOTAL of Other Payments (must equal line 108)</b>	<b>128</b>					<b>0</b>

Premises	Section C	LINE NO.	£000's	£000's	£000's	£000's	£000's
Notional Rents		129					
Actual Rents: Health Centres		130					
Actual Rents: Others		131					
Cost Rent		132					
Clinical Waste/ Trade Refuse		133					
Rates, Water, sewerage etc		134					
Health Centre Charges		135					
Improvement Grants		136					
All other Premises (please detail below which should reconcile to line 146)		137					
<b>TOTAL Premises (must equal line 13)</b>		<b>138</b>				<b>0</b>	<b>0</b>

Analysis of Other Premises (Line 137)	LINE NO.	£000's	£000's	£000's	£000's	£000's
	139					
	140					
	141					
	142					
	143					
	144					
	145					
<b>TOTAL of Other Premises (must equal line 137)</b>	<b>146</b>					<b>0</b>

Memorandum item	LINE NO.	£000's	£000's	£000's	£000's	£000's
Enhanced Services included above but in dispute with LMC (TOTAL)	147					
Enhanced Services included above but not yet formally agreed LMC	148					

**GENERAL MEDICAL SERVICES**  
Dispensing

Dispensing Data	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
<b>Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)</b>						
Dispensing Doctors	149					
Prescribing Medical Practitioners - Personal Administration	150					
Dispensing Service Quality Payment	151					
<b>Professional Fees and on-cost</b>						
Dispensing Doctors	152					
Prescribing Medical Practitioners - Personal Administration	153					
<b>TOTAL DISPENSING DATA (must equal line 16)</b>	<b>154</b>				<b>0</b>	<b>0</b>

**Welsh Ambulance Trust**

Period : Jul 22

**Table O - General Dental Services**

This Table is currently showing 0 errors

Table to be completed from Q2 / Month: 6

Operating Expenditure from the revenue allocation for the dental contract

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
<b>OTHER (PLEASE DETAIL BELOW)</b>	<b>12</b>				<b>0</b>	
<b>TOTAL DENTAL SERVICES EXPENDITURE</b>	<b>13</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training</b>	LINE NO.	£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14				
Additional Access	15				
Sedation services including GA	16				
Continuing professional development	17				
Occupational Health / Hepatitis B	18				
Gwen Am Byth - Oral Health in care homes	19				
Refund of patient charges	20				
Design to Smile	21				
Other Community Dental Services	22				
Dental Foundation Training/Vocational Training	23				
DBS/CRB checks	24				
Health Board staff costs associated with the delivery / monitoring of the dental contract	25				
Oral Surgery	26				
Orthodontics	27				
Special care dentistry e.g. WHC/2015/002	28				
Oral Health Promotion/Education	29				
Improved ventilation in dental practices	30				
Attend Anywhere	31				
	32				
	33				
	34				
	35				
	36				
	37				
	38				
	39				
	40				
	41				
	42				
<b>TOTAL OTHER (must equal line 12)</b>	<b>43</b>			<b>0</b>	<b>0</b>

**RECEIPTS**

<b>TOTAL DENTAL SERVICES INCOME (Enter as a negative value)</b>	<b>44</b>				<b>0</b>	
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## Swyddfa Cyllid ac Adnoddau Corfforaethol

### Finance and Corporate Resource Office

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Mrs AJ Hughes  
Head of NHS Financial Management  
Welsh Government  
North Wales NHS Financial Management  
Sarn Mynach  
Llandudno Junction  
LL31 9RZ

13<sup>th</sup> September 2022

Your ref: WAST\m4\ajh\ry

Dear Andrea

**Re: AUGUST 2022 (MONTH 5 2022/23) MONITORING RETURN**

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for August 2022. All automatic validation rules incorporated in the reporting template have been successfully passed.

In line with our submitted IMTP, our opening budgets and financial plan for the year reflect the level of funding, expenditure plans and savings requirement included and submitted and supported by our Commissioners and approved by the Trust Board in March 2022.

The Trust's performance against financial targets for Month 5 2022/23 is as follows: -

#### 1. Actual Year to Date 22/23 (Tables A, B & B2)

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the Trust's detailed budget setting. The key funding assumptions for 2022/23 being that the 2021/22 funding is, where applicable, fully recurrent, and the 2022/23 funding will include: -

- The nationally made available 2.8% uplift for core cost growth, which excludes any funding to meet the 2022/23 pay award costs, (which will be subject to a future additional funding allocation);
- Impact of previously agreed developments/other adjustments, in line with support by Commissioners in the previous IMTP and Annual Plan, along with funding for other nationally delivered projects;
- As confirmed in WG correspondence in March 2022 and fully detailed in the IMTP, assumed funding support for the exceptional cost pressures of additional National Insurance costs, energy, utilities and fuel and some elements of continuing costs put in place as a result of the Covid-19 pandemic.

Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain atoedi

The Trust welcomes correspondence in Welsh or English, and that corresponding in Welsh will not lead to a delay

[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)

Pencadlys Rhanbarthol  
Ambiwylans a Chanolfan  
Cyfathrebu Clinigol

Regional Ambulance  
Headquarters and  
Clinical Contact Centre

Tŷ Vantage Point  
Vantage Point House  
Tŷ Coch Way  
Cwmbran NP44 7HF

Ffôn/Tel  
01633 626262

As such, Month 5 2022/23 therefore continues to include an income assumption to offset elements of net additional unavoidable revenue costs incurred by WAST due to COVID-19. The year-to-date COVID-19 value stands at £0.585m as shown in Table B3.

The resulting reported performance at Month 5 as per Table B is a very small over-spend against budget of £0.002m, after allowing for the above IMTP, exceptional cost pressures and COVID-19 funding assumptions.

The reported total pay variance against plan as at Month 5 is an underspend of £1.764m. Much of this is to offset a current known underachievement of income.

The non-pay position at Month 5 is a reported overspend of £1.040m, this is made up of overspends on medical & surgical consumables, fleet maintenance costs and taxis. As per Table B3 the COVID-19 non pay related costs to Month 5 totalled £0.413m.

Income at Month 5 shows an underachievement of £0.726m. Within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures. However, there is one income stream contained within our IMTP which is currently not assumed within the M05 reported financial position, as confirmation of this has yet to be received from the CASC. This relates to an annual value of c£1.8m assumed within the Trust's IMTP for costs to backfill an increase of 36 WTE clinicians into the Clinical Support Desk, agreed in 2021/22. This has yet to be secured by the CASC and subsequently this is not assumed within our current reported position, as above. Whilst this is broadly the cost of backfilling these with A4C Band 4 EMTs (EMS technicians), as suggested within the financial plan within the IMTP this is currently being managed by holding a number of ACA (Band 3) vacancies within our front-line operational workforce, in order to financially balance. How sustainable this may remain given current services pressures and should this funding not be secured is being constantly reviewed. We continue to seek assurance from CASC to confirm that funding will be forthcoming. If not, realignment of both the income and delegated expenditure budgets will now be undertaken, to offset variances in both.

In addition, there is a further item of income not currently within the Month 5 position, the Trust has previously received confirmation from the Emergency Ambulance Services Committee on an additional £3m amount of funding for emergency ambulance capacity. We continue to work with the commissioner to agree the drawdown mechanisms for this and to ensure we are making the best use of this funding to support the system.

Given the current challenging operational environment the Trust is working in, it should be noted that whilst a broadly balanced YTD position has been reported, with the future phasing of savings especially around the overtime saving scheme (which was in part linked to expected reductions in sickness absence), which was planned to take effect, and has therefore been phased from Quarter 2 onwards, achieving a balanced financial position from M05 remains at risk. This is currently being further put at risk by the continuing operational pressures, further spikes of Covid affecting staff absences, some other emerging cost pressures which were not expected at the start of the financial year and, to a lesser financial value, other local schemes.

## **2. Movement (Table A)**

The Movement table has been completed in accordance with the new guidance, incorporating the submitted Annual Plan (AOP) data. Included within the Movement table is the additional income and expenditure assumed in association with the COVID-19 costs.

## **3. Risk (Table A2)**

The risks reported in Table A2 continue to be fully assessed, however at present it is considered that there are no individual high likelihood risks that the Trust is aware of and as we move through the next month or so we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Alongside ensuring that Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

However, as stated at the outset of this financial year there are a number of risks that need to be documented within the reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP, plus any others as they emerge.

Non delivery of in year saving schemes have been included at £0.500m. Whilst still considered a low risk, this is in part due to the inability to currently identify additional recurrent replacement schemes as the organisation has been responding and focusing on COVID 19 activities as well as extreme service pressures. This risk will continue to be reviewed as we move through the financial year, noting the comments above around pressures on sickness and overtime, depending on how well we are able to see some of the step up in savings required as we move through Q2, please note the £0.500m reduction from the month 4 submission. **(Action Point 3.2).**

Given the pressures the Trust feels every winter, the Trust has included a figure of £0.500m to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years.

Included within the table is a medium risk of at least £1.5m for some additional costs currently being incurred (and funded – as per the IMTP) for system wide pressures, should these schemes need to continue. This would be costs incurred later in the financial year, as some of these are currently now confirmed to be funded up until Mid-August by our main commissioner EASC, therefore the above has been reduced from £2.000m to £1.500m. However, the risk remains that other elements may not be funded for the full financial year, if required, although the Trust's starting point from a financial perspective would clearly be that costs could not continue if the additional funding previously provided to support these is not then available. This includes some of the ED cohorting that was put in place last winter and some continued support earlier in the financial year from St Johns Cymru. Further discussions also continue with the commissioner in relation to any potential further funding available via EASC for any continuation of such spend through winter.

In Month 5 the £5.8m medium risk relating to 'WG exceptional cost pressures and Covid funding' has not changed, this is subject to ongoing monitoring of energy prices. Please also refer to the supplementary Other C-19 and Exceptional Costs 2022-23 submission for more detail. Again, once funding routes for these costs are fully confirmed, this risk will be removed.

A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) £1m. Matched funding for this highly volatile area is provided by WG on an annual basis, arranged between Jillian Gill and Jackie Salmon.

WAST Finance & HR representatives have recently met with our local pension's experts at NWSSP, to assist in liaising with the NHS Pensions Business Services Authority, in order to allow WAST to produce a potential forecast of future pension control notice invoice costs. This information is to be worked through however our colleagues at NWSSP have advised that we are unlikely to see further material invoices as the recent invoices had been generated due to a set of unique circumstances namely the McCloud judgement increasing the volume of retirement applications across Wales, as well as a number of Paramedics in the 1995 Pensions scheme progressing from bands 5 to band 6 grades over the last few years. It must be noted that producing an accurate forecast of future costs will be fraught with challenges primarily as it is difficult to predict if anyone part of the 1995 Pension Scheme, at an individual level may or may not decide to retire as that is personal and confidential choice at a particular point in time. **(ACTION POINT 4.1)**

On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the impact of IFRS16 as well as the 2022/23 pay award will be fully funded by WG.

As noted above, whilst there are no additional individually assessed high financial risks as we progress through the financial year, the number and total value of financial risks described within these returns is clearly greater than in recent financial years, which in itself raises the level of risks in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressures and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed within the IMTP, this will be a challenging financial year, despite the broadly continued good financial performance to M05. Full consideration and management of all these risks will continue to be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties has also recently been increased on the Trust's Corporate Risk Register.

#### **4. Monthly Profiles (Table B)**

This table has been completed in full, and in accordance with the guidance.

Included within Table B is the impact of the transitional leases, given WAST is funded via the Commissioner the assumption taken within the Month 5 return is that WG will invoice the Trust, instead of our income being reduced given the complex funding mechanism, the Trust requests if this could be confirmed during month 6 following the finalisation of the outstanding leasing issues.

#### **5. Pay and Agency/Locum (premium) Expenditure (Table B2)**

Agency costs for Month 5 totalled £0.154m. The current percentage of agency costs against the total pay figure is 1%, this is to cover vacancies along with additional agency costs associated with the 111 website development and the Cohorting costs mention below. The Trust is always attempting to minimise agency costs by recruiting into permanent positions.

The additional costs for month 1- 5 relates to the Cohorting arrangement the Trust has outside GUH and Morrison hospital which ceased in Mid-August 22.

The forecasted costs are based on the Trust ambition to reduce agency expenditure and as mentioned in previous months the uplift in these costs, as again mentioned above relate to the Cohorting, once this stops the Trust anticipates it agency expenditure to reduce in line with the forecast (**Action Point 3.3**)

## **6. COVID-19 (Table B3)**

Table B3 has been completed in accordance with the guidance and information provided in the required table. It should be noted the expenditure forecasts are based on best estimation based on local intelligence and the Trust is working with operation colleagues to ensure that estimates are as accurate as possible.

It is acknowledged that the rate of spend in relation to the PPE is slightly lower than previously forecasted however the Trust is still anticipating this expenditure to increase, given the current spend profile the Trust will hold off on invoicing until end of quarter 2. (**Action Point 3.4**).

It should also be noted that the COVID-19 table now includes the MTU pay and non-pay costs as requested by Adrian Davies within Welsh Government, these again will be billed for at the end of quarter 2, the increased costs forecast for March 22 are included to cover any redundancy payments if contract not further extended.

The brought forward value of Annual Leave accrual was £3.227m. The remaining value after 'Sell Back' is £2.958m, only a further £2k was processed in month 5, however we expect given the time of year this figure to start reducing at a much faster rate as operational staff take leave and hours are covered by additional overtime. Review will be undertaken at the mid-point of this financial year, noting the nationally proposed approach to managing any remaining elements of this as part of the overall NHS Wales financial position.

## **7. Saving Plans (Table C, C1, C2 & C3)**

For Month 5 the Trust is reporting planned savings of £1.799m and actual savings of £1.880m, this is a small over achievement to plan.

I would again flag the issue of the future operational and other pressures in relation to the delivery of the challenging saving profiles from Quarter 2 onwards.

## **8. Exceptional Costs Template**

The 'Other' templates have again been completed in relation to energy costs and is now consistent with table E1 as requested.

## **9. Income/Expenditure Assumptions (Tables D, E and E1)**

These are set out in Tables D, E and E1.

The Trust will be engaging with colleagues across NHS Wales to eliminate any variance within reported values elsewhere, which is always likely at the outset of the financial year as financial plans are fully aligned.

A detailed exercise was undertaken in month to ensure that income assumptions were correct, given the change in the funding model with NEPTS funding now flowing through the commissioner as such a number of HB returns have changed to reflect these adjustments.

Confirmation has now also been received from the CASC that funding in relation to some system wide support to end of this financial year is available, on an actual cost recovery basis. Additional cost pressures will be discussed with EASC as we move through the remaining months of the financial year. As above, the teams continue in constant contact to seek to ensure that the funding sources and mechanisms for this spend alongside other outstanding values agreed, are identified as soon as possible, alongside the agreed required recharging mechanism(s).

On top of this, any further developments which the Trust may be seeking to progress, including anything else suggested as such within the IMTP or the separately submitted Transition Plan, will again only be progressed when a detailed line of sight to a funding source is known. As noted previously an additional £3m for 2022/23 has now been agreed for some additional front line EMS capacity and the detailed make up of how this will be incurred and recovered via EASC is being finalised.

As per your request, the WRP risk share amount has been reduced within Table E1 (**Action Point 4.3**)



## 10. Statement of Financial Position and Aged Welsh NHS Debtors (Table F & M)

At Month 5 there was 21 invoices over 11 weeks with a total value of just over £0.132m. Investigations are ongoing to ensure these invoices are either paid or adjusted during month 6.

## 11. Cash flow (Table G)

The cash flow has been completed in accordance with the guidance, included below is the details of 'Other' receipts and 'Other' payments as shown within lines 10 and 22 of Table G.

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
<b>RECEIPTS</b>													
other (specify in narrative)													
CRU Income	18	19	22	16	16	16	16	17	16	16	16	17	205
Other Non NHS Income	1,913	135	326	235	1,210	0	0	0	0	0	0	0	3,819
Pensions Agency	15	0	0	0	0	0	0	0	0	0	0	0	15
Vat Refund	450	432	171	609	719	512	300	300	350	350	300	350	4,843
Risk Pool Refund	0	0	339	0	518	0	0	0	0	0	0	0	857
<b>Total</b>	<b>2,396</b>	<b>586</b>	<b>858</b>	<b>860</b>	<b>2,463</b>	<b>528</b>	<b>316</b>	<b>317</b>	<b>366</b>	<b>366</b>	<b>316</b>	<b>367</b>	<b>9,739</b>
<b>PAYMENTS</b>													
Other items (specify in narrative)													
VAT Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Pensions / Retirements	173	0	51	232	122	0	0	0	0	0	0	0	578
<b>Total</b>	<b>0</b>	<b>0</b>	<b>51</b>	<b>232</b>	<b>122</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>578</b>

As a result of requirements within the capital programme, we are at present highlighting a need for £10m cash to be drawn down in November 2022 to support the forecast cash flow. This may of course change as we move through the financial year.

## 12. Public Sector Payment Compliance (Table I)

This table has been completed in accordance with the guidance. The Trust will endeavour to ensure that NHS invoices along with non-NHS invoices are paid within targets moving through 2022/23.

Up to quarter 1 the cumulative percentage of non-NHS invoices paid within 30 days by number was 96.5% against a target of 95%, this will be updated in next month's return.

## 13. Capital & EFL (Tables I, K and L)

The capital tables have been completed in accordance with the guidance.

Works are ongoing with Programme managers to establish updated cash flows that reflect the profiles of approved projects now for the remainder of the financial year, however at present schemes are progressing well, and more detailed updates will be provided as the financial year progresses. The Trust's initial discretionary capital programme for this financial year was approved at the Trust Board meeting on 26th May 2022, with a further update on some estate's schemes affordable within the Trust's remaining discretionary funding also recently approved by the Exec Team.

Correspondence has also recently been provided in relation to the current position with respect to the 111 IIS scheme funding within the AWCP. Separate correspondence has also recently been sent in relation to ESMCP financial impacts (capital and revenue), including a further extension of Airwave.

The Trust is happy to confirm that the adjustment for the transitional leases have been reflected within the ledger, as discussed between a number of the finance team and WG colleagues, the Trust is in the process of finalising these numbers and will provide a further update as soon as we can.

## 14. Committee to receive Financial Monitoring Return

The Trust confirms that financial information reported in the monitoring return is entirely consistent with financial details reported internally, including details within Trust Board papers and that of its Committees.

The Month 5 financial performance of the Trust will be presented to the Finance and Performance Committee on 20<sup>th</sup>

September then on to the Trust Board meeting on 29<sup>th</sup> September 2022.

Governance arrangements for formal sign off of the monitoring return narrative in the absence of the Director of Finance or Chief Executive will be delegated to their Deputies but in exceptional circumstances could be signed by a Senior Finance Manager and an Executive Director. Signatures on this return contain Chris Turley, Director of Finance & Corporate Resources and Jason Killens, Chief Executive.

## 15. Other Issues

### Overtime and Pay for Annual Leave (Flowers case)

Due to ongoing complexities with delivering a technical solution within ESR to enable the application of ongoing payments i.e. from 1 April 2021, employers and trade union partners discussed the specific arrangements for making the ongoing payments from 1 April 2021 and agreed that further lump sum payments will be made during the 2021/22 and 2022/23 financial years to ensure payments can be made on an ongoing basis. A final payment was paid in July 22 to cover the period April 2022 – June 2022 and this was paid using the 13% multiplier and this equated to £0.308m.

Agreement has now been reached and a technical solution identified and from 1 July 2022, payments will be made monthly based on the following multipliers (depending on annual leave entitlement) and will be applied to any overtime paid:

34 days leave - 15.04%  
30 days leave – 13.04%  
28 days leave - 12.07%

This has resulted in payments made in July of £0.121m and August of £0.125m. In relation to the above payments thank you for clarifying the need for the Trust to invoice WG, as requested the Trust has included an assumed income amount of £1.500m (**Action Point 4.4**)

In relation to the NHS Wales pay rise it is assumed that the Trust will invoice WG on an actual basis, quarterly. We also await any further information being released in the relation to the additional bank holiday following King Charles III announcement of the 19<sup>th</sup> September being a bank holiday for the state funeral of HM Queen Elizabeth II.


There are no other matters of major significance to draw to your attention at this stage.

If you would like to discuss any matter included in this monitoring return letter or attached tables, please do not hesitate to contact me.

Yours sincerely



Chris Turley  
Executive Director of Finance & Corporate Resources



Jason Killens  
Chief Executive

Enc

cc:

Mr M Woodford, Chairman  
Non-Executive Directors Executive Directors

## VALIDATION SUMMARY 2022-23

Your organisation is showing as :	WELSH AMBULANCE TRUST
Period is showing :	AUG 22
TABLE A : MOVEMENT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A1 : UNDERLYING POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A2: RISKS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : PAY & AGENCY/LOCUM	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B3 : COVID-19	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C, C1 & C2 : SAVINGS SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C3 : TRACKER	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E1 : INVOICED INCOME	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F : STATEMENT OF FINANCIAL POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE J: CAPITAL IN YEAR SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL DISPOSALS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE L : EFL	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE N : GENERAL MEDICAL SERVICES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE O : GENERAL DENTAL SERVICES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
<b>TOTAL ERRORS FOR YOUR AUG 22 RETURN IS</b>	<b>YOUR RETURN HAS ZERO ERRORS</b>

# Welsh Ambulance Trust

Period : Aug 22

## Summary Of Main Financial Performance

### Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	(2)	(0)



Table A1 - Underlying Position

This table needs completing monthly from Month: 1

This Table is currently showing 0 errors

Section A - By Spend Area		IMTP	Full Year Effect of Actions			New, Recurring,	IMTP
	Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal	Full Year Effect of Unmitigated Pressures (-ve)	Underlying Position c/f	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Pay - Administrative, Clerical & Board Members			0		0	
2	Pay - Medical & Dental			0		0	
3	Pay - Nursing & Midwifery Registered			0		0	
4	Pay - Prof Scientific & Technical			0		0	
5	Pay - Additional Clinical Services			0		0	
6	Pay - Allied Health Professionals			0		0	
7	Pay - Healthcare Scientists			0		0	
8	Pay - Estates & Ancillary			0		0	
9	Pay - Students			0		0	
10	Non Pay - Supplies and services - clinical			0		0	
11	Non Pay - Supplies and services - general			0		0	
12	Non Pay - Consultancy Services			0		0	
13	Non Pay - Establishment			0		0	
14	Non Pay - Transport			0		0	
15	Non Pay - Premises			0		0	
16	Non Pay - External Contractors			0		0	
17	Health Care Provided by other Orgs – Welsh LHBs			0		0	
18	Health Care Provided by other Orgs – Welsh Trusts			0		0	
19	Health Care Provided by other Orgs – WHSSC			0		0	
20	Health Care Provided by other Orgs – English			0		0	
21	Health Care Provided by other Orgs – Private / Other			0		0	
22	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

Section B - By Directorate		IMTP	Full Year Effect of Actions			New, Recurring,	IMTP
	Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal	Full Year Effect of Unmitigated Pressures (-ve)	Underlying Position c/f	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Primary Care			0		0	
2	Mental Health			0		0	
3	Continuing HealthCare			0		0	
4	Commissioned Services			0		0	
5	Scheduled Care			0		0	
6	Unscheduled Care			0		0	
7	Children & Women's			0		0	
8	Community Services			0		0	
9	Specialised Services			0		0	
10	Executive / Corporate Areas			0		0	
11	Support Services (inc. Estates & Facilities)			0		0	
12	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

# Welsh Ambulance Trust

Period : Aug 22

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
<b>Opportunities to achieve IMTP/AOP (positive values)</b>			
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	<b>Total Opportunities to achieve IMTP/AOP</b>	0	
<b>Risks (negative values)</b>			
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Under achievement of Savings	(500)	Low
13	WG exceptional cost pressures and Covid funding	(5,833)	Medium
14	Winter pressures	(500)	Low
15	Continuation of costs for system wide pressures	(1,500)	Medium
16	PIBS	(1,000)	Low
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	<b>Total Risks</b>	<b>(9,333)</b>	
<b>Further Opportunities (positive values)</b>			
27			
28			
29			
30			
31			
32			
33			
34	<b>Total Further Opportunities</b>	<b>0</b>	
35	<b>Current Reported Forecast Outturn</b>	<b>(0)</b>	
36	<b>IMTP / AOP Outturn Scenario</b>	<b>(0)</b>	
37	<b>Worst Case Outturn Scenario</b>	<b>(9,333)</b>	
38	<b>Best Case Outturn Scenario</b>	<b>(0)</b>	

# Welsh Ambulance Trust

YTD Months to be completed from Month: 1  
 Forecast Months to be completed from Month: 1

Table B - Monthly Positions

Period : Aug 22

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1	Revenue Resource Limit	Actual/Fcast												0	0	
2	Capital Donation / Government Grant Income (Health Board only)	Actual/Fcast												0	0	
3	Welsh NHS Local Health Boards & Trusts Income	Actual/Fcast	1,505	1,377	1,466	1,609	850	1,287	1,288	1,288	1,288	1,288	1,288	6,807	15,822	
4	WHSSC Income	Actual/Fcast	18,052	19,141	18,681	17,434	19,425	19,341	19,340	19,341	19,340	19,341	19,341	92,733	228,118	
5	Welsh Government Income (Non RRL)	Actual/Fcast	1,336	1,308	1,337	4,350	2,247	1,417	1,416	1,417	1,417	1,416	1,416	10,578	20,494	
6	Other Income	Actual/Fcast	1,142	498	681	(651)	238	674	673	673	673	673	673	1,908	6,621	
7	<b>Income Total</b>		<b>22,035</b>	<b>22,324</b>	<b>22,165</b>	<b>22,742</b>	<b>22,760</b>	<b>22,719</b>	<b>22,717</b>	<b>22,720</b>	<b>22,718</b>	<b>22,719</b>	<b>22,718</b>	<b>112,026</b>	<b>271,055</b>	
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/Fcast												0	0	
9	Primary Care - Drugs & Appliances	Actual/Fcast												0	0	
10	Provided Services - Pay	Actual/Fcast	15,215	15,544	15,287	15,621	15,106	15,746	15,746	15,745	15,745	15,745	15,745	76,773	186,990	
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/Fcast	3,728	3,726	3,682	4,019	4,022	4,157	4,157	4,164	4,440	4,149	4,149	4,150	19,177	48,543
12	Secondary Care - Drugs	Actual/Fcast	33	33	44	33	45	31	31	30	30	30	30	188	400	
13	Healthcare Services Provided by Other NHS Bodies	Actual/Fcast												0	0	
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/Fcast												0	0	
15	Continuing Care and Funded Nursing Care	Actual/Fcast												0	0	
16	Other Private & Voluntary Sector	Actual/Fcast	1,025	1,039	1,088	1,030	994	620	619	619	619	619	619	5,176	9,510	
17	Joint Financing and Other	Actual/Fcast												0	0	
18	Losses, Special Payments and Irrecoverable Debts	Actual/Fcast	81	81	82	84	63	85	85	84	84	83	81	391	977	
19	Exceptional (Income) / Costs - (Trust Only)	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	
20	Total Interest Receivable - (Trust Only)	Actual/Fcast	(12)	(15)	(15)	(20)	(21)	(15)	(15)	(15)	(15)	(15)	(15)	(83)	(188)	
21	Total Interest Payable - (Trust Only)	Actual/Fcast	3	(2)	1	4	41	12	12	11	11	10	11	47	125	
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/Fcast	1,517	1,517	1,613	1,549	2,067	1,653	1,652	1,652	1,652	1,652	1,652	8,263	19,829	
23	AME Donated Depreciation/Impairments	Actual/Fcast	444	444	444	444	444	445	444	445	444	444	445	2,220	5,332	
24	Uncommitted Reserves & Contingencies	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	
25	Profit/Loss Disposal of Assets	Actual/Fcast	(3)	(43)	(59)	(17)	(2)	(15)	(16)	(15)	(293)	0	0	(124)	(463)	
26	<b>Cost - Total</b>		<b>22,031</b>	<b>22,324</b>	<b>22,167</b>	<b>22,747</b>	<b>22,759</b>	<b>22,719</b>	<b>22,717</b>	<b>22,719</b>	<b>22,718</b>	<b>22,718</b>	<b>22,718</b>	<b>112,028</b>	<b>271,055</b>	
27	<b>Net surplus/ (deficit)</b>		<b>4</b>	<b>0</b>	<b>(2)</b>	<b>(5)</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>(2)</b>	<b>0</b>	

B. Cost Total by Directorate		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
28	Primary Care	Actual/Fcast												0	0
29	Mental Health	Actual/Fcast												0	0
30	Continuing HealthCare	Actual/Fcast												0	0
31	Commissioned Services	Actual/Fcast												0	0
32	Scheduled Care	Actual/Fcast												0	0
33	Unscheduled Care	Actual/Fcast	17,480	17,773	17,558	18,151	17,645	18,018	18,016	18,020	18,018	18,019	18,019	88,607	214,735
34	Children & Women's	Actual/Fcast												0	0
35	Community Services	Actual/Fcast												0	0
36	Specialised Services	Actual/Fcast												0	0
37	Executive / Corporate Areas	Actual/Fcast	2,422	2,422	2,371	2,422	2,422	2,422	2,422	2,422	2,422	2,422	2,422	12,059	29,013
38	Support Services (inc. Estates & Facilities)	Actual/Fcast	168	168	181	181	181	181	181	181	181	181	181	879	2,146
39	Reserves	Actual/Fcast												0	0
40	<b>Cost - Total (Excluding DEL &amp; AME Non-Cash Charges)</b>		<b>20,070</b>	<b>20,363</b>	<b>20,110</b>	<b>20,754</b>	<b>20,248</b>	<b>20,621</b>	<b>20,619</b>	<b>20,623</b>	<b>20,621</b>	<b>20,622</b>	<b>20,622</b>	<b>101,545</b>	<b>245,894</b>

### C. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000
28. Actual YTD surplus/ (deficit)	(2)
29. Actual YTD surplus/ (deficit) last month	(3)
30. Current month actual surplus/ (deficit)	1
	Trend
31. Average monthly surplus/ (deficit) YTD	(0)
32. YTD /remaining months	(0)

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	5
34. Year to Date Trend Scenario	(5)





# Welsh Ambulance Trust

Period : Aug 22

YTD Months to be completed from Month: 1  
Forecast Months to be completed from Month: 1

This Table is currently showing 0 errors

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

REF	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Administrative, Clerical & Board Members	2,341	2,372	2,300	2,417	2,292	2,659	2,660	2,659	2,660	2,659	2,660	2,659	11,722	30,338
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered	1,019	1,037	917	994	904	1,051	1,051	1,052	1,052	1,052	1,052	1,052	4,871	12,233
4	Prof Scientific & Technical	5	5	5	9	10	26	26	25	25	25	25	25	34	211
5	Additional Clinical Services	6,511	6,728	6,544	6,602	6,365	6,708	6,708	6,708	6,708	6,709	6,709	6,709	32,750	79,709
6	Allied Health Professionals	5,178	5,221	5,357	5,407	5,354	5,114	5,113	5,113	5,113	5,113	5,113	5,113	26,517	62,308
7	Healthcare Scientists													0	0
8	Estates & Ancillary	161	181	164	192	181	188	188	188	187	188	186	187	879	2,191
9	Students													0	0
10	<b>TOTAL PAY EXPENDITURE</b>	<b>15,215</b>	<b>15,544</b>	<b>15,287</b>	<b>15,621</b>	<b>15,106</b>	<b>15,746</b>	<b>15,746</b>	<b>15,745</b>	<b>15,745</b>	<b>15,745</b>	<b>15,745</b>	<b>15,745</b>	<b>76,773</b>	<b>186,990</b>

Analysis of Pay Expenditure

11	LHB Provided Services - Pay	15,215	15,544	15,287	15,621	15,106	15,746	15,746	15,745	15,745	15,745	15,745	15,745	76,773	186,990
12	Other Services (incl. Primary Care) - Pay													0	0
13	<b>Total - Pay</b>	<b>15,215</b>	<b>15,544</b>	<b>15,287</b>	<b>15,621</b>	<b>15,106</b>	<b>15,746</b>	<b>15,746</b>	<b>15,745</b>	<b>15,745</b>	<b>15,745</b>	<b>15,745</b>	<b>15,745</b>	<b>76,773</b>	<b>186,990</b>

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

REF	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Administrative, Clerical & Board Members	48	40	21	170	54	30	30	10	10	10	10	10	333	443
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered	8	8	5	0	(5)								16	16
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services	170	170	119	169	88								716	716
6	Allied Health Professionals	6		10	5	4								25	25
7	Healthcare Scientists													0	0
8	Estates & Ancillary	1		(4)	10	13								20	20
9	Students													0	0
10	<b>TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE</b>	<b>233</b>	<b>218</b>	<b>151</b>	<b>354</b>	<b>154</b>	<b>30</b>	<b>30</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>1,110</b>	<b>1,220</b>

11	Agency/Locum (premium) % of pay	1.5%	1.4%	1.0%	2.3%	1.0%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	1.4%	0.7%
----	---------------------------------	------	------	------	------	------	------	------	------	------	------	------	------	------	------

C - Agency / Locum (premium) Expenditure

- Analysed by Reason for Using Agency/Locum (premium)

REF	REASON	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Vacancy	48	40	26	43	45	30	30	10	10	10	10	10	202	312
2	Maternity/Paternity/Adoption Leave													0	0
3	Special Leave (Paid) - inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)	179	178	121	306	105								889	889
7	Annual Leave													0	0
8	Sickness	6		4	5	4								19	19
9	Restricted Duties													0	0
10	Jury Service													0	0
11	WLI													0	0
12	Exclusion (Suspension)													0	0
13	COVID-19													0	0
14	<b>TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE</b>	<b>233</b>	<b>218</b>	<b>151</b>	<b>354</b>	<b>154</b>	<b>30</b>	<b>30</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>1,110</b>	<b>1,220</b>











Table C1- Savings Schemes Pay Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000	
1 Changes in Staffing Establishment	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4 Variable Pay	Budget/Plan	266	263	244	305	287	277	274	276	274	277	272	276	1,365	3,291		3,291	0			
	Actual/F'cast	249	263	237	402	336	264	246	274	285	287	283	282	1,486	3,407	43.62%	3,407	0	0	3,407	3,407
	Variance	(17)	0	(8)	97	49	(13)	(28)	(2)	11	10	11	6	121	116	8.90%	116	0			
8 Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11 Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
14 Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
17 Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
20 Total	Budget/Plan	266	263	244	305	287	277	274	276	274	277	272	276	1,365	3,291		3,291	0			
	Actual/F'cast	249	263	237	402	336	264	246	274	285	287	283	282	1,486	3,407	43.62%	3,407	0	0	3,407	3,407
	Variance	(17)	0	(8)	97	49	(13)	(28)	(2)	11	10	11	6	121	116	8.90%	116	0			

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000	
1 Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4 Non Medical 'off contract to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
7 Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11 Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14 Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			



This Table is currently showing 0 errors

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	371	345	327	387	369	359	356	358	356	359	355	358	1,799	4,300	0	4,300	0	4,300
	Month 1 - Actual/Forecast	342	322	366	445	405	337	316	345	356	357	355	354	1,880	4,300	0	4,300	0	4,300
	Variance	(29)	(23)	39	58	36	(22)	(40)	(13)	0	(2)	0	(4)	81	(0)	0	(0)	0	(0)
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	371	345	327	387	369	359	356	358	356	359	355	358	1,799	4,300	0	4,300	0	4,300
	Total Actual/Forecast	342	322	366	445	405	337	316	345	356	357	355	354	1,880	4,300	0	4,300	0	4,300
	Total Variance	(29)	(23)	39	58	36	(22)	(40)	(13)	0	(2)	0	(4)	81	(0)	0	(0)	0	(0)
	Net Income Generation	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	371	345	327	387	369	359	356	358	356	359	355	358	1,799	4,300	0	4,300	0	4,300
	Month 1 - Actual/Forecast	342	322	366	445	405	337	316	345	356	357	355	354	1,880	4,300	0	4,300	0	4,300
	Variance	(29)	(23)	39	58	36	(22)	(40)	(13)	0	(2)	0	(4)	81	(0)	0	(0)	0	(0)
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	371	345	327	387	369	359	356	358	356	359	355	358	1,799	4,300	0	4,300	0	4,300
	Total Actual/Forecast	342	322	366	445	405	337	316	345	356	357	355	354	1,880	4,300	0	4,300	0	4,300
	Total Variance	(29)	(23)	39	58	36	(22)	(40)	(13)	0	(2)	0	(4)	81	(0)	0	(0)	0	(0)

Welsh Ambulance Trust

This Table is currently showing 0 errors

Period : Aug 22

Table E - Resource Limits

1. BASE ALLOCATION

	STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered into Table
	HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000						
1 LATEST ALLOCATION LETTER/SCHEDULE REF:										
2 Total Confirmed Funding					0					

2. ANTICIPATED ALLOCATIONS

3 DEL Non Cash Depreciation - Baseline Surplus / Shortfall					0					
4 DEL Non Cash Depreciation - Strategic					0					
5 DEL Non Cash Depreciation - Accelerated					0					
6 DEL Non Cash Depreciation - Impairment					0					
7 DEL Non Cash Depreciation - IFRS 16 Leases					0					
8 AME Non Cash Depreciation - IFRS 16 Leases (Peppercom)					0					
9 AME Non Cash Depreciation - Donated Assets					0					
10 AME Non Cash Depreciation - Impairment					0					
11 AME Non Cash Depreciation - Impairment Reversals					0					
12 Removal of Donated Assets / Government Grant Receipts					0					
13 Total COVID-19 (see below analysis)	0	0	0	0	0					See below analysis
14 Removal of IFRS-16 Leases (Revenue)					0					
15 Energy (Price Increase)					0					
16 Employers NI Increase (1.25%)					0					
17 Real Living Wage					0					
18					0					
19					0					
20					0					
21					0					
22					0					
23					0					
24					0					
25					0					
26					0					
27					0					
28					0					
29					0					
30					0					
31					0					
32					0					
33					0					
34					0					
35					0					
36					0					
37					0					
38					0					
39					0					
40					0					
41					0					
42					0					
43					0					
44					0					
45					0					
46					0					
47					0					
48					0					
49					0					
50					0					
51					0					
52					0					
53					0					
54					0					
55					0					
56					0					
57					0					
58 Total Anticipated Funding	0	0	0	0	0			0	0	0

3. TOTAL RESOURCES & BUDGET RECONCILIATION

59 Confirmed Resources Per 1. above	0	0	0	0	0			0	0	0
60 Anticipated Resources Per 2. above	0	0	0	0	0			0	0	0
61 Total Resources	0	0	0	0	0			0	0	0

ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE

	Allocated Total £'000	Anticipated HCHS £'000	Anticipated Pharmacy £'000	Anticipated Dental £'000	Anticipated GMS £'000	Total RRL £'000	WG Contact and date item first entered into table.
62 Testing (inc Community Testing)						0	
63 Tracing						0	
64 Mass COVID-19 Vaccination						0	
65 PPE						0	
66 Extended Flu						0	
67 Clearing Standards						0	
68 Long Covid						0	
69						0	
70						0	
71						0	
72						0	
73						0	
74						0	
75						0	
76						0	
77						0	
78						0	
79						0	
80						0	
81						0	
82						0	
83						0	
84						0	
85						0	
86						0	
87						0	
88						0	
89						0	
90						0	
91						0	
92 Total Funding	0	0	0	0	0	0	

## Welsh Ambulance Trust

Period : Aug 22

Table D - Income/Expenditure Assumptions

### Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University	1,369	271	<b>1,640</b>
2	Aneurin Bevan University	12,269	426	<b>12,695</b>
3	Betsi Cadwaladr University	746	944	<b>1,690</b>
4	Cardiff & Vale University	0	10	<b>10</b>
5	Cwm Taf Morgannwg University	0	1,594	<b>1,594</b>
6	Hywel Dda University	1,314	916	<b>2,230</b>
7	Powys	0	30	<b>30</b>
8	Public Health Wales	0	109	<b>109</b>
9	Velindre	983	67	<b>1,050</b>
10	NWSSP	0	0	<b>0</b>
11	DHCW	390	0	<b>390</b>
12	Wales Ambulance Services			<b>0</b>
13	WHSSC	0	0	<b>0</b>
14	EASC	230,096	0	<b>230,096</b>
15	HEIW	0	772	<b>772</b>
16	NHS Wales Executive	0	0	<b>0</b>
17	<b>Total</b>	<b>247,167</b>	<b>5,139</b>	<b>252,306</b>

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
0	95	<b>95</b>
0	324	<b>324</b>
389	89	<b>478</b>
0	34	<b>34</b>
0	88	<b>88</b>
0	97	<b>97</b>
0	53	<b>53</b>
6	46	<b>52</b>
1,323	988	<b>2,311</b>
0	0	<b>0</b>
1,086	0	<b>1,086</b>
		<b>0</b>
0	0	<b>0</b>
0	0	<b>0</b>
0	3	<b>3</b>
0	0	<b>0</b>
<b>2,804</b>	<b>1,817</b>	<b>4,621</b>

Welsh Ambulance Trust

Period : Aug 22

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref	Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	DHCW £'000	HEIW £'000	WG £'000	EASC £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
1	1,369	12,269	746	0	0	1,314	0	0	0	983	0	390	0	0	230,096	0	0	247,167	
	<b>Details of Anticipated Income</b>																		
2																		0	
3														3,655				3,655	M3 based on June Forecast
4																		0	
5																		0	
6														1,245				1,245	M4 Andrea Hughes (Action point 4.5)
7																		0	
8																		0	
9														5,332				5,332	M1 based on IMTP submission
10																		0	
11														2,416				2,416	See below analysis
12														(1,124)				(1,124)	M4 Andrea Hughes (Action point 4.5)
13														3,533				3,533	M1 Reply letter Action Point 1.6a
14														1,900				1,900	M1 Reply letter Action Point 1.6a
15																		0	
16														1,000				1,000	M1 Jackie Salmon
17														(464)				(464)	M4 Reply letter Action Point 4.3
18														20				20	Band 1-2 increase - Andrea Hughes MMR reply letter Action Point
19														1,500				1,500	Gwen Kolher
20																		0	
21																		0	
22																		0	
23																		0	
24																		0	
25																		0	
26																		0	
27																		0	
28																		0	
29																		0	
30																		0	
31																		0	
32																		0	
33																		0	
34																		0	
35																		0	
36																		0	
37	1,369	12,269	746	0	0	1,314	0	0	0	983	0	390	0	19,013	230,096	0	0	266,180	

**ANALYSIS OF WG FUNDING DUE FOR COVID-19 INCLUDED ABOVE**

	Allocated £'000	Anticipated £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
38 Testing (inc Community Testing)		1,016	1,016	Adrian Davies Not invoiced
39 Tracing			0	
40 Mass COVID-19 Vaccination			0	
41 PPE		1,000	1,000	M1 Not invoiced
42 Extended Flu			0	
43 Cleaning Standards		400	400	M1 Not invoiced
44 Long Covid			0	Per MTH1 MMR
45 A2. Increased bed capacity specifically related to COVID-19			0	Per MTH1 MMR
46 A3. Other Capacity & facilities costs (exclude contract cleaning)			0	Per MTH1 MMR
47 B1. Prescribing charges directly related to COVID symptoms			0	Per MTH1 MMR
48 C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance			0	Per MTH1 MMR
49 D1. Discharge Support			0	Per MTH1 MMR
50 D4. Support for National Programmes through Shared Service			0	Per MTH1 MMR
51 D5. Other Services that support the ongoing COVID response			0	Per MTH1 MMR
52 E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income			0	Per MTH1 MMR
53			0	
54			0	
55			0	
56			0	
57			0	
58			0	
59			0	
60			0	
61			0	
62			0	
63			0	
64			0	
65			0	
66			0	
67			0	
68 Total Funding	0	2,416	2,416	

Welsh Ambulance Trust

Period : Aug 22

This table needs completing monthly from Month: 3  
This Table is currently showing 0 errors

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 22 £'000	Closing Balance End of Aug 22 £'000	Forecast Closing Balance End of Mar 23 £'000
<b>Non-Current Assets</b>			
1 Property, plant and equipment	95,594	102,189	108,836
2 Intangible assets	3,231	2,507	1,496
3 Trade and other receivables	790	2,278	0
4 Other financial assets	0	0	2,000
5 <b>Non-Current Assets sub total</b>	<b>99,615</b>	<b>106,974</b>	<b>112,332</b>
<b>Current Assets</b>			
6 Inventories	1,826	1,827	1,500
7 Trade and other receivables	17,148	16,565	17,148
8 Other financial assets	0	0	0
9 Cash and cash equivalents	18,708	8,856	326
10 Non-current assets classified as held for sale	130	130	0
11 <b>Current Assets sub total</b>	<b>37,812</b>	<b>27,378</b>	<b>18,974</b>
12 <b>TOTAL ASSETS</b>	<b>137,427</b>	<b>134,352</b>	<b>131,306</b>
<b>Current Liabilities</b>			
13 Trade and other payables	35,752	25,009	11,580
14 Borrowings (Trust Only)	1,364	1,690	1,690
15 Other financial liabilities	0	0	0
16 Provisions	4,402	1,347	7,000
17 <b>Current Liabilities sub total</b>	<b>41,518</b>	<b>28,046</b>	<b>20,270</b>
18 <b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>95,909</b>	<b>106,306</b>	<b>111,036</b>
<b>Non-Current Liabilities</b>			
19 Trade and other payables	0	0	0
20 Borrowings (Trust Only)	0	8,568	7,444
21 Other financial liabilities	0	0	0
22 Provisions	10,058	11,887	6,234
23 <b>Non-Current Liabilities sub total</b>	<b>10,058</b>	<b>20,455</b>	<b>13,678</b>
24 <b>TOTAL ASSETS EMPLOYED</b>	<b>85,851</b>	<b>85,851</b>	<b>97,358</b>
<b>FINANCED BY: Taxpayers' Equity</b>			
25 General Fund	0	0	0
26 Revaluation Reserve	10,333	10,333	10,333
27 PDC (Trust only)	81,219	81,219	92,726
28 Retained earnings (Trust Only)	(5,701)	(5,701)	(5,701)
29 Other reserve	0	0	0
30 <b>Total Taxpayers' Equity</b>	<b>85,851</b>	<b>85,851</b>	<b>97,358</b>

	Opening Balance Beginning of Apr 22	Closing Balance End of Aug 22	Closing Balance End of Mar 23
<b>EXPLANATION OF ALL PROVISIONS</b>			
31 Clinical Negligence	1,698	1,216	1,216
32 Personal Injury and special payments	980	1,023	1,023
33 Personal Injury-PIBS	10,151	10,243	10,243
34 Defence legal fees and other administration	369	333	333
35 Pensions-other staff PIBS	71	76	76
36 Redress	206	254	254
37 Restructurings	0	0	0
38 Other	985	89	89
39			
40 <b>Total Provisions</b>	<b>14,460</b>	<b>13,234</b>	<b>13,234</b>

	£'000
<b>ANALYSIS OF WELSH NHS RECEIVABLES (current month)</b>	
41 Welsh NHS Receivables Aged 0 - 10 weeks	585
42 Welsh NHS Receivables Aged 11 - 16 weeks	132
43 Welsh NHS Receivables Aged 17 weeks and over	0

	£'000	£'000	£'000
<b>ANALYSIS OF TRADE &amp; OTHER PAYABLES (opening, current &amp; closing)</b>			
44 Capital	10,167	1,859	10,167
45 Revenue	25,585	23,150	1,413

	£'000	£'000	£'000
<b>ANALYSIS OF CASH (opening, current &amp; closing)</b>			
46 Capital	10,167	1,859	50
47 Revenue	8,541	6,997	276

# Welsh Ambulance Trust

Period : Aug 22

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
<b>RECEIPTS</b>													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only												0
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only												0
3	2,998	17	86	759	83	3,591	754	17	1,832	754	17	2,583	13,491
4	WG Capital Funding - Cash Limit - LHB & SHA only												0
5	17,779	16,007	28,302	19,468	19,981	22,748	21,800	21,800	21,800	21,990	22,100	22,207	255,982
6	Short Term Loans - Trust only												0
7	0	0			0		0	0	10,206		0		10,206
8	12	15	14	20	21	20	20	20	20	20	20	20	222
9	3	43	59	18	2	61	61	61	61	94	0	0	463
10	2,396	586	858	860	2,463	528	316	317	366	366	316	367	9,739
11	<b>23,188</b>	<b>16,668</b>	<b>29,319</b>	<b>21,125</b>	<b>22,550</b>	<b>26,948</b>	<b>22,951</b>	<b>22,215</b>	<b>34,285</b>	<b>23,224</b>	<b>22,453</b>	<b>25,177</b>	<b>290,103</b>
<b>PAYMENTS</b>													
12	Primary Care Services : General Medical Services												0
13	Primary Care Services : Pharmacy Services												0
14	Primary Care Services : Prescribed Drugs & Appliances												0
15	Primary Care Services : General Dental Services												0
16	Non Cash Limited Payments												0
17	14,982	15,672	15,548	15,525	15,286	15,601	15,700	15,700	15,700	15,700	15,700	15,876	186,990
18	1,637	7,477	6,858	6,905	6,386	7,483	7,483	7,483	7,483	7,483	7,483	7,488	81,649
19	Short Term Loan Repayment - Trust only												0
20	0											0	0
21	9,222	3,217	1,215	944	1,251	4,509	2,683	2,642	2,583	2,668	2,668	5,666	39,268
22	173	0	51	232	122	0	0	0	0	0	0	0	578
23	<b>26,014</b>	<b>26,366</b>	<b>23,672</b>	<b>23,606</b>	<b>23,045</b>	<b>27,593</b>	<b>25,866</b>	<b>25,825</b>	<b>25,766</b>	<b>25,851</b>	<b>25,851</b>	<b>29,030</b>	<b>308,485</b>
24	(2,826)	(9,698)	5,647	(2,481)	(495)	(645)	(2,915)	(3,610)	8,519	(2,627)	(3,398)	(3,853)	
25	18,708	15,882	6,184	11,831	9,350	8,855	8,210	5,295	1,685	10,204	7,577	4,179	
26	15,882	6,184	11,831	9,350	8,855	8,210	5,295	1,685	10,204	7,577	4,179	326	

# Welsh Ambulance Trust

Period : Aug 22

Table H - PSPP

This table needs completing on a quarterly basis  
NOTE: Data to 1 decimal place

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
PROMPT PAYMENT OF INVOICE PERFORMANCE														
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	92.4%	-2.6%		-95.0%		-95.0%		-95.0%	92.4%	-2.6%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	95.3%	0.3%		-95.0%		-95.0%		-95.0%	95.3%	0.3%	95.0%	0.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	97.2%	2.2%		-95.0%		-95.0%		-95.0%	97.2%	2.2%	95.0%	0.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	96.5%	1.5%		-95.0%		-95.0%		-95.0%	96.5%	1.5%	95.0%	0.0%

10 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Actual %			Actual %		Actual %		Actual %		Actual %		Actual %	
PROMPT PAYMENT OF INVOICE PERFORMANCE														
5	% of NHS Invoices Paid Within 10 Days - By Value		75.9%								75.9%		80.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		85.2%								85.2%		80.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		77.1%								77.1%		80.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		69.2%								69.2%		80.0%	



# Welsh Ambulance Trust

Period : Aug 22

This Table is currently showing 0 errors

Table I - 2022-23 Capital Resource / Expenditure Limit Management

£'000 25,256  
 Approved CRL / CEL issued at : 24/6/22

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure</i>						
	All Wales Capital Programme:						
	Schemes:						
1	ESMCP – Control Room Solution	49	49	0	443	443	0
2	111 Project Costs	129	129	0	3,629	3,629	0
3	DPIF -EPCR	222	222	0	1,150	1,150	0
4	MDVS	0	0	0	2,000	2,000	0
5	GUH transfer vehicles	(87)	(87)	0	694	694	0
6	Ambulance Replacement Programme 21-22	816	816	0	1,916	1,916	0
7	Ambulance Replacement Programme 22-23	412	412	0	9,564	9,564	0
8	Phone First	780	780	0	1,040	1,040	0
9	EFAB	79	79	0	92	92	0
10	WAST- Make Ready Depot - Cardiff	290	290	0	290	290	0
11				0			0
12				0			0
13				0			0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	<b>Sub Total</b>	<b>2,688</b>	<b>2,688</b>	<b>0</b>	<b>20,818</b>	<b>20,818</b>	<b>0</b>
	<b>Discretionary:</b>						
43	I.T.	21	21	0	249	249	0
44	Equipment	187	187	0	255	255	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	903	903	0	3,278	3,278	0
47	Other	47	47	0	776	776	0
48	<b>Sub Total</b>	<b>1,158</b>	<b>1,158</b>	<b>0</b>	<b>4,558</b>	<b>4,558</b>	<b>0</b>

	Other (Including IFRS 16 Leases) Schemes:						
49				0			0
50				0			0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69	Sub Total	0	0	0	0	0	0

70	Total Expenditure	3,846	3,846	0	25,376	25,376	0
----	-------------------	-------	-------	---	--------	--------	---

	Less:						
	Capital grants:						
71				0			0
72				0			0
73				0			0
74				0			0
75				0			0
76	Sub Total	0	0	0	0	0	0

	Donations:						
77				0			0
78	Sub Total	0	0	0	0	0	0

	Asset Disposals:						
79	HM Stanley			0	120	120	0
80				0			0
81				0			0
82				0			0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90	Sub Total	0	0	0	120	120	0

91	Technical Adjustments			0			0
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92	CHARGE AGAINST CRL / CEL	3,846	3,846	0	25,256	25,256	0
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93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(21,410)			0	
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Welsh Ambulance Trust

YTD Months to be completed from Month: 2  
Forecast Months to be completed from Month: 2

Period : Aug 22

This Table is currently showing 0 errors

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
			Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1	ESMCP – Control Room Solution	A WILLIAMS	443	443	0	0	0	2	47	53	53	53	58	58	66	66	49	443	Low
2	111 Project Costs	A WILLIAMS	3,629	3,629	27	26	25	25	26	150	150	150	150	150	150	2,600	129	3,629	Low
3	DPIF -EPCR	A WILLIAMS	1,150	1,150	41	33	77	34	37	120	120	120	120	120	208	222	1,150	Low	
4	MDVS	A WILLIAMS	2,000	2,000	0	0	0	0	0	245	245	245	245	325	325	370	0	2,000	Low
5	GUH transfer vehicles	D HOLMES	694	694	0	(105)	12	0	6	95	95	95	95	95	95	211	(87)	694	Low
6	Ambulance Replacement Programme 21-22	D HOLMES	1,916	1,916	204	201	46	261	104	150	150	150	150	150	150	200	816	1,916	Low
7	Ambulance Replacement Programme 22-23	D HOLMES	9,564	9,564	78	158	52	4	120	1,295	1,295	1,295	1,295	1,295	1,382	412	9,564	Low	
8	Phone First	R DAVIES	1,040	1,040	1	242	134	143	260	100	100	60	0	0	0	0	0	1,040	Low
9	EFAB	R DAVIES	92	92	15	1	19	57	(13)	12	0	0	0	0	0	1	79	92	Low
10	WAST- Make Ready Depot - Cardiff	R DAVIES	290	290	0	0	266	24	0	0	0	0	0	0	0	290	290	Low	
11																	0	0	
12																	0	0	
13																	0	0	
14																	0	0	
15																	0	0	
16																	0	0	
17																	0	0	
18																	0	0	
19																	0	0	
20																	0	0	
21																	0	0	
22																	0	0	
23																	0	0	
24																	0	0	
25																	0	0	
26																	0	0	
27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	<b>Sub Total</b>		<b>20,818</b>	<b>20,818</b>	<b>366</b>	<b>556</b>	<b>631</b>	<b>650</b>	<b>586</b>	<b>2,220</b>	<b>2,208</b>	<b>2,168</b>	<b>2,108</b>	<b>2,193</b>	<b>2,193</b>	<b>5,039</b>	<b>2,689</b>	<b>20,818</b>	
<b>Discretionary:</b>																			
35	I.T.	A WILLIAMS	249	249	0	3	(4)	53	(31)	20	25	25	25	25	83	21	249	Low	
36	Equipment	D HOLMES	255	255	1	45	56	51	34	10	10	10	10	10	8	187	255	Low	
37	Statutory Compliance	R DAVIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low
38	Estates	R DAVIES	3,278	3,278	25	238	268	(31)	403	300	340	340	340	340	375	903	3,278	Low	
39	Other	E ROBERTS	776	776	1	35	(17)	4	24	100	100	100	100	100	129	47	776	Low	
40	<b>Sub Total</b>		<b>4,558</b>	<b>4,558</b>	<b>27</b>	<b>321</b>	<b>303</b>	<b>77</b>	<b>430</b>	<b>430</b>	<b>475</b>	<b>475</b>	<b>475</b>	<b>475</b>	<b>595</b>	<b>1,158</b>	<b>4,558</b>		
<b>Other Schemes (Including IFRS 16 Leases):</b>																			
41																	0	0	
42																	0	0	
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
50																	0	0	
51																	0	0	
52																	0	0	
53																	0	0	
54																	0	0	
55																	0	0	
56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61	<b>Sub Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
62	<b>Total Capital Expenditure</b>		<b>25,376</b>	<b>25,376</b>	<b>393</b>	<b>877</b>	<b>934</b>	<b>627</b>	<b>1,015</b>	<b>2,650</b>	<b>2,683</b>	<b>2,643</b>	<b>2,583</b>	<b>2,668</b>	<b>2,668</b>	<b>5,634</b>	<b>3,846</b>	<b>25,375</b>	

# Welsh Ambulance Trust

Period : Aug 22

Table K - Capital Disposals

This Table is currently showing 0 errors

**A: In Year Disposal of Assets**

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 22)	MM/YY (text format, e.g. Apr 22)	MM/YY (text format, e.g. Feb 23)	£'000	£'000	£'000	£'000	
1	Sale of HM Stanley	N/A	N/A	2022-23	120	400	26	254	
2	Vehicles & Equipment disposals	N/A	N/A	2022-23	0	209		209	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	<b>Total for in-year</b>				120	609	26	463	

**B: Future Years Disposal of Assets**

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 23)	MM/YY (text format, e.g. Apr 23)	MM/YY (text format, e.g. Feb 24)	£'000	£'000	£'000	£'000	
20								0	
21								0	
22								0	
23								0	
24								0	
25								0	
26								0	
27								0	
28								0	
29								0	
30								0	
31								0	
32								0	
33								0	
34								0	
35								0	
36								0	
37								0	
38								0	
	<b>Total for future years</b>				0	0	0	0	

# Welsh Ambulance Trust

Period : Aug 22

This Table is currently showing 0 errors

This table needs completing monthly from Month: 3

**Table L: EXTERNAL FINANCING LIMIT**

REF	<i>NET FINANCIAL CHANGE</i>	Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
		A	B	C	D
1	Retained surplus/(deficit) for period			0	(2)
2	Depreciation	16,174	19,829	3,655	8,263
3	Depreciation on Donated Assets		0	0	0
4	DEL and AME Impairments			0	
5	Net gain/loss on disposal of assets		(463)	(463)	(124)
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals		583	583	124
8	Other Income (specify)			0	
9	<b><i>APPLICATION OF FUNDS</i></b>				
10	Capital Expenditure	(25,256)	(25,376)	(120)	(3,846)
11	Other Expenditure	(1,124)	(1,124)	0	(10,288)
	<b><i>MOVEMENTS IN WORKING CAPITAL</i></b>				
12	Inventories			0	0
13	Current assets - Trade and other receivables			0	(905)
14	Current liabilities - Trade and other payables			0	(10,742)
15	Non current liabilities - Trade and other payables			0	0
16	Provisions			0	(1,226)
17	Sub total - movement in working capital	0	0	0	(12,873)
18	<b>NET FINANCIAL CHANGE</b>	<b>(10,206)</b>	<b>(6,551)</b>	<b>3,655</b>	<b>(18,746)</b>
	<b><i>EFL REQUIREMENT TO BE MET BY</i></b>				
19	Increase in Public Dividend Capital	10,206	6,551	(3,655)	0
20	Net change in temporary borrowing			0	0
21	Change in bank deposits and interest bearing securities			0	9,852
22	Net change in finance lease payables			0	8,894
23	<b>TOTAL EXTERNAL FINANCE</b>	<b>10,206</b>	<b>6,551</b>	<b>(3,655)</b>	<b>18,746</b>

Table M - Debtors Schedule

Period: 15 June 2022 to 04 May 2022  
11 weeks before end of Aug 22  
17 weeks before end of Aug 22

Table with columns: Debtor, Inv #, Inv Date, Orig Inv £, Outstand. Inv £, Valid Entry, >11 weeks but <17 weeks, Over 17 weeks, Arbitration Due Date, Comments. Rows include entries for BETS CADWALADR UNIVERSITY LHB and ANEURIN BEVAN LHB with various invoice numbers and dates.

Invoices paid since the end of the month: 132,112.69 / 132,112.69  
Total outstanding as per MR submission date: 132,112.69 / 0.00

Welsh Ambulance Trust

Period : Aug 22

Table N - General Medical Services  
Table to be completed from Q2 / Month:

6

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
	LINE NO.	£000's	£000's	£000's	£000's	£000's
Global Sum	1					
Practice support payment	2					
<b>Total Global Sum and MPIG</b>	<b>3</b>				<b>0</b>	<b>0</b>
QAIF Aspiration Payments	4					
QAIF Achievement Payments	5					
QAIF - Access Achievement Payments	6					
<b>Total Quality</b>	<b>7</b>				<b>0</b>	<b>0</b>
Direct Enhanced Services (To equal data in Section A (i) Line 31)	8					
National Enhanced Services (To equal data in Section A (ii) Line 41)	9					
Local Enhanced Services (To equal data in Section A (iii) Line 94)	10					
<b>Total Enhanced Services (To equal data in section A Line 95)</b>	<b>11</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
LHB Administered (To equal data in Section B Line 109)	12					
Premises (To equal data in section C Line 138)	13					
IM & T	14					
Out of Hours (including OOHDF)	15					
Dispensing (To equal data in Line 154)	16					
<b>Total</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

SUPPLEMENTARY INFORMATION

Directed Enhanced Services Section A (i)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Learning Disabilities	18					0
Childhood Immunisation Scheme	19					0
Mental Health	20					0
Influenza & Pneumococcal Immunisations Scheme	21					0
Services for Violent Patients	22					0
Minor Surgery Fees	23					0
<b>MENU of Agreed DES</b>						
Asylum Seekers & Refugees	24					0
Care of Diabetes	25					0
Care Homes	26					0
Extended Surgery Opening	27					0
Gender Identity	28					0
Homeless	29					0
Oral Anticoagulation with Warfarin	30					0
<b>TOTAL Directed Enhanced Services (must equal line 8)</b>	<b>31</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

National Enhanced Services A (ii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
INR Monitoring	32					0
Shared care drug monitoring (Near Patient Testing)	33					0
Drug Misuse	34					0
IUCD	35					0
Alcohol misuse	36					0
Depression	37					0
Minor injury services	38					0
Diabetes	39					0
Services to the homeless	40					0
<b>TOTAL National Enhanced Services (must equal line 9)</b>	<b>41</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Local Enhanced Services</b>	<b>A (iii)</b>	<b>LINE NO.</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
ADHD		42					0
Asylum Seekers & Refugees		43					0
Cardiology		44					0
Care Homes		45					0
Care of Diabetes		46					0
Chiropody		47					0
Counselling		48					0
Depo - Provera (including Implanon & Nexplanon)		49					0
Dermatology		50					0
Dietetics		51					0
DOAC/NOAC		52					0
Drugs Misuse		53					0
Extended Minor Surgery		54					0
Gonaderlins		55					0
Homeless		56					0
HPV Vaccinations		57					0
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm)		58					0
Learning Disabilities		59					0
Lithium / INR Monitoring		60					0
Local Development Schemes		61					0
Mental Health		62					0
Minor Injuries		63					0
MMR		64					0
Multiple Sclerosis		65					0
Muscular Skeletal		66					0
Nursing Homes		67					0
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)		68					0
Osteopathy		69					0
Phlebotomy		70					0
Physiotherapy (inc MT3)		71					0
Referral Management		72					0
Respiratory (inc COPD)		73					0
Ring Pessaries		74					0
Sexual Health Services		75					0
Shared Care		76					0
Smoking Cessation		77					0
Substance Misuse		78					0
Suturing		79					0
Swine Flu		80					0
Transport/Ambulance costs		81					0
Vasectomy		82					0
Weight Loss Clinic (inc Exercise Referral)		83					0
Wound Care		84					0
Zoladex		85					0
		86					0
		87					0
		88					0
		89					0
		90					0
		91					0
		92					0
		93					0
<b>TOTAL Local Enhanced Services (must equal line 10)</b>		<b>94</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL Enhanced Services (must equal line 11)</b>		<b>95</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**GENERAL MEDICAL SERVICES  
Operating Expenditure**

<b>LHB Administered</b>	<b>Section B</b>	<b>LINE NO.</b>	<b>WG Allocation £000's</b>	<b>Current Plan £000's</b>	<b>Forecast Outturn £000's</b>	<b>Variance £000's</b>	<b>Year to Date £000's</b>
Seniority		96					
Doctors Retention Scheme Payments		97					
Locum Allowances consists of adoptive, paternity & maternity		98					
Locum Allowances : Cover for Sick Leave		99					
Locum Allowances : Cover For Suspended Doctors		100					
Prolonged Study Leave		101					
Recruitment and Retention (including Golden Hello)		102					
Appraisal - Appraiser Costs		103					
Primary Care Development Scheme		104					
Partnership Premium - GP partners		105					
Partnership Premium - Non GP Partners		106					
Supply of syringes & needles		107					
Other (please provide detail below, this should reconcile to line 128)		108					
<b>TOTAL LHB Administered (must equal line 12)</b>		<b>109</b>				<b>0</b>	<b>0</b>



Analysis of Other Payments (line 108)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Additional Managed Practice costs (costs in excess of Global Sum/MPIG)	110					
CRB checks	111					
GP Locum payments	112					
LHB Locality group costs	113					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	114					
Primary Care Initiatives	115					
Salaried GP costs	116					
Stationery & Distribution	117					
Training	118					
Translation fees	119					
COVID vaccination payments to GP practices	120					
	121					
	122					
	123					
	124					
	125					
	126					
	127					
<b>TOTAL of Other Payments (must equal line 108)</b>	<b>128</b>					<b>0</b>

Premises	Section C	LINE NO.	£000's	£000's	£000's	£000's	£000's
Notional Rents		129					
Actual Rents: Health Centres		130					
Actual Rents: Others		131					
Cost Rent		132					
Clinical Waste/ Trade Refuse		133					
Rates, Water, sewerage etc		134					
Health Centre Charges		135					
Improvement Grants		136					
All other Premises (please detail below which should reconcile to line 146)		137					
<b>TOTAL Premises (must equal line 13)</b>		<b>138</b>				<b>0</b>	<b>0</b>

Analysis of Other Premises (Line 137)	LINE NO.	£000's	£000's	£000's	£000's	£000's
	139					
	140					
	141					
	142					
	143					
	144					
	145					
<b>TOTAL of Other Premises (must equal line 137)</b>	<b>146</b>					<b>0</b>

Memorandum item	LINE NO.	£000's	£000's	£000's	£000's	£000's
Enhanced Services included above but in dispute with LMC (TOTAL)	147					
Enhanced Services included above but not yet formally agreed LMC	148					

**GENERAL MEDICAL SERVICES**  
Dispensing

Dispensing Data	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
<b>Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)</b>						
Dispensing Doctors	149					
Prescribing Medical Practitioners - Personal Administration	150					
Dispensing Service Quality Payment	151					
<b>Professional Fees and on-cost</b>						
Dispensing Doctors	152					
Prescribing Medical Practitioners - Personal Administration	153					
<b>TOTAL DISPENSING DATA (must equal line 16)</b>	<b>154</b>				<b>0</b>	<b>0</b>

Welsh Ambulance Trust

Period : Aug 22

Table O - General Dental Services

This Table is currently showing 0 errors

Table to be completed from Q2 / Month: 6

Operating Expenditure from the revenue allocation for the dental contract

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12				0	
<b>TOTAL DENTAL SERVICES EXPENDITURE</b>	<b>13</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	LINE NO.	£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14				
Additional Access	15				
Sedation services including GA	16				
Continuing professional development	17				
Occupational Health / Hepatitis B	18				
Gwen Am Byth - Oral Health in care homes	19				
Refund of patient charges	20				
Design to Smile	21				
Other Community Dental Services	22				
Dental Foundation Training/Vocational Training	23				
DBS/CRB checks	24				
Health Board staff costs associated with the delivery / monitoring of the dental contract	25				
Oral Surgery	26				
Orthodontics	27				
Special care dentistry e.g. WHC/2015/002	28				
Oral Health Promotion/Education	29				
Improved ventilation in dental practices	30				
Attend Anywhere	31				
	32				
	33				
	34				
	35				
	36				
	37				
	38				
	39				
	40				
	41				
	42				
<b>TOTAL OTHER (must equal line 12)</b>	<b>43</b>			<b>0</b>	<b>0</b>

RECEIPTS

<b>TOTAL DENTAL SERVICES INCOME (Enter as a negative value)</b>	<b>44</b>				<b>0</b>	
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GIG  
CYMRU  
NHS  
WALES  
Ymddiriedolaeth GIG  
Gwasanaethau Ambiwllans Cymru  
Welsh Ambulance Services  
NHS Trust

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

## MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD –July/August 2022

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	20 <sup>th</sup> September 2022
<b>EXECUTIVE</b>	Rachel Marsh – Executive Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Hugh Bennett – Assistant Director of Commissioning and Performance Nicola Quiller – Commissioning & Performance Officer
<b>CONTACT</b>	<a href="mailto:Hugh.bennett2@wales.nhs.uk">Hugh.bennett2@wales.nhs.uk</a> <a href="mailto:Nicola.Quiller@wales.nhs.uk">Nicola.Quiller@wales.nhs.uk</a>

### 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 **August 2022** (and where data is only available July 2022).

### RECOMMENDATION

Finance and Performance Committee is asked to:-

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

## KEY ISSUES/IMPLICATIONS

### Overview

This Integrated Quality & Performance Report contains information on 23 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.

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

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 Finance and Performance Committee and Trust Board meetings; changes have been applied for the August 2022 report, with some final amendments required for the September 2022 report.

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

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

999 answering times have been challenged through significant increases in demand. The median and 65<sup>th</sup> percentile performance remain good, but the call answering tail increased in July 2022 to 57 seconds, which is higher than the Trust would want.

There is no additional funding secured into 2022/23 for 999 call handlers. Forecasting and modelling has been completed and fed into the EMS Co-ordination Reconfiguration project with a re-rostering project planned for completion by March 2023.

111 call answering performance saw an improvement in May 2022, but then a deterioration in June and July. Recent negotiations with commissioners suggest that the Trust has broadly the commissioned and funded number of call handlers in post, however, further work is required to reduce capacity lost through sickness absence, align capacity with demand and improve efficiency of use of resource. A recent demand & capacity review of 111 by Operational Research in Health (ORH) was presented formally to EMT on 03 August 2022 and agreed.

**111 Clinical response:** whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls, improvements were recorded in the answering of P1CT and P2CT, P3CT and P1/D1 (Dental) calls in August 2022. The Trust knows that the waits for a clinical ring back are too long. Recruitment and retention of clinicians remains a priority, with significant numbers of clinical vacancies currently. An urgent set of actions within a focused plan are now in place to increase clinician numbers. This includes introduction of a new base for staff

within the cardiff area, a more focussed recruitment campaign and consideration of expanded numbers of clinical professions.

**Ambulance Response** (safety / patient experience): Red response times declined into August 2022 despite a reduction in patient demand. In comparison Amber saw improvements in performance across the percentiles; however, the Amber 1 tail (95<sup>th</sup> percentile) remains at unacceptable levels, at five hours 56 minutes. These long response times have a direct impact on outcomes for many patients. This was the focus of the discussion during the last committee cycle where Non-Executive Directors expressed considerable concern at the levels of avoidable harm to patients and impact on staff well-being. Actions within the Trust's control include:

Capacity:

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

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

- The Ambulance Response roster review is on target for go live between September 2022 and November 2022. This will have the equivalent performance impact of 72 FTEs.
- A Managing Attendance Programme has been agreed with EMT, which includes seven work-streams. This is now live and being reported to EMT every two weeks. This is planned to reduce sickness absence in line with a trajectory included in the IMTP, and early indications are that improvements have been seen in August
- Further discussion continues constructively with trade union partners on a range of other potential workforce efficiencies and staff-well-being.

Demand Management

- The Trust has prioritised 41 additional clinicians into the Clinical Support Desk, with 36 Paramedic FTEs and five mental health practitioners successfully recruited and now in place. As well as improving the safety of the calls that are waiting, this investment will also mean an increase in consult and close rates, with the Trust now aiming to achieve a 15% rate by December 2022, an increase in the previous target of 10.2% which has been delivered.

One of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. 24,283 hours were lost in August which

represents 30% of the total number of conveying resource hours produced for the month. . The levels are so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss. Urgent and high level discussions have taken place between the Trust, Health Board CEOs and the CEO of NHS Wales. A number of mitigating actions have been agreed and a target of no >4 hour waits and a reduction of 25% in minutes per ambulance arrival (from Oct. 21 baseline.) Whilst this is a target and trajectories are in place, improvements have not yet been seen.

**Ambulance Care (formally NEPTS) (Patient Experience):** performance was above target for enhanced renal patient arrivals prior to appointment in August 2022 and has improved for patients requiring discharge; however, overall demand for the service continues to increase, although it has not yet recovered to pre CoVID-19 levels. EASC (10<sup>th</sup> May 2022) had a "focus on" development session on NEPTS, which included looking at the imbalance of demand and capacity and options for resolving this. The feedback from the "focus on" session with EASC indicated a need to look at NEPTS changing demand and the capacity to support this. In the short term a capacity management plan is in place whilst pre-work is being undertaken on a potential roster review next year. A more efficient management of demand is another line of enquiry.

**National Reportable Incidents (NRIs) / Concerns Response:** The Trust reported 10 NRIs to the Delivery Unit in August 2022, compared to two in July 2022; and 10 serious patient safety incidents were referred to health boards in August 2022 under the "Appendix B" arrangement, compared to 26 in July 2022. In August 2022 complaint response times improved slightly to 24%, failing to meet the 75% target. In the main, many of these incidents will be as a result of continued longer response times and the actions outlined below therefore are key.

**Clinical Indicators:** We are conscious that data is not currently being reported for clinical indicators. Work is ongoing to ensure that some reports are available for the September Board meeting.

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

**Hours Produced:** 112,672 Ambulance Response ambulance unit hours were produced in August 2022. The emergency ambulance unit hours production (UHP) was 95% in August 2022 and RRV UHP was 75%. Key to the hours produced is the abstractions which remain high.

**Response Abstractions:** abstraction levels increased in August 2022 to 40% but are significantly improved from the high in March 2022 of 49%, however, they remain much higher than the 30% benchmark. COVID-19 has had a significant impact on abstractions with sickness abstractions being 10% in August 2022 (benchmark 5.99%). Workforce fatigue is also an issue.

**Trust Sickness absence:** The Trust's overall sickness percentage was 10.32% in July 2022 which represents a decline when compared to June 2022. High sickness levels were seen across all areas of the Trust's operations including Ambulance Response, EMS Co-ordination, 111 and Ambulance Care, affecting capacity in all areas. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level. In addition, Employee Assistance Provider (EAP) data suggests that most requests for counselling are as a result of work related stress. A specific Managing Attendance programme has been established, led by the Deputy Director

of WOD, to identify and implement actions across a range of areas to improve sickness absence and alternative duties.

**Staff training and PADRs:** Stat / Mand training compliance rates have been improving and hit the target of 85% for the first time in nearly 2 years. PADR levels are improving steadily but remain below target.

Equality, Diversity and Inclusion: Work is ongoing to agree the indicators to be used at this level to demonstrate progress in this area. **Finance and Value**

**Financial Balance:** The Trust has reported outturn performance for August 2022 with a deficit of £2,000, but has 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.

**Post-production lost hours:** The efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). The reasons for PPLHs are many and varied. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base meal breaks. The Trust and TU partners continue to work together on options for change.

### **Partnerships/ System Contribution**

**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 11.7% in August 2022, compared to the benchmark of 10.2%, which was exceeded during 2021/22.

The Trust has an ambition to shift more patient demand left, where it is clinically safe to do so through both consult and close and see & treat, a position consistent with the EMS commissioning framework. To this end the Trust has increased the establishment in the Clinical Support Desk by 41 FTEs, almost doubling the existing establishment, with 36 Paramedic FTEs and a 5 mental health professionals FTEs into the Clinical Support Desk (CSD). The Trust is also implementing new clinical triage software (now live) and working with health boards on how they can support remote demand management. There is a revised ambition of 15% for consult and close into 2022/23 (for the second half of the year).

The Trust **conveyed** 30% of patients to emergency departments in July 2022, but this figure needs to be treated with significant caution as analysis shows that conveyance rates are linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls, with many patients cancelling the ambulance due to the long response times. In August, over 12,000 patients cancelled their ambulance and we were unable to send an ambulance due to application of CSP levels to approximately 600 callers. In the longer term, as we know, we are clear that the system needs to transform if it is to become more sustainable. A formal programme to take forward "inverting the triangle" has been established. A bid was submitted to Welsh Government to start to increase numbers of APPs being trained; this was not successful, but the Trust has decided to proceed with the option of an additional 18 MSC places from September 2022.

**Handover lost hours:** 24,283 hours were lost in August 2022. These levels are unprecedented and extreme and whilst the Trust can seek to mitigate the impact of handover lost hours through various efficiencies, the Trust cannot offset this scale of lost hours. The Trust continues to raise this issue with EASC, Health Boards and Welsh Government. Fortnightly meetings have been established with each health board by the CASC, which WAST attends, which are designed to focus on action plans and trajectories for improvement. The 2022/23 EASC commissioning intentions for handover lost hours focuses on setting improvement trajectories per site; however, the pressure on the unscheduled care system as Wales emerges from the pandemic mean that the Trust can expect these extreme levels to continue into 2022. Ministerial direction indicates that the Immediate Release Directions should be accepted and an escalation procedure has been agreed nationally for implementation from the 25<sup>th</sup> July 2022.

### Summary

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

### REPORT APPROVAL ROUTE

Date	Meeting
16 September 2022	Assistant Director of Commissioning & Performance
20 August 2022	Finance & Performance Committee

### REPORT APPENDICES

Appendix 1 – Top Indicator Dashboard

### REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	x	Financial Implications	x



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



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services  
NHS Trust

# Monthly Integrated Quality & Performance Report

## July/August 2022

### Annex 1 – Top Indicator Dashboard





# Section 1: Monthly Indicators / Top Indicators Dashboard



Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Jul-22	Aug-22	2 Year Trend	RAG
<b>Our Patients - Quality, Safety and Patient Experience</b>						
111 Abandoned Calls	< 5%	18.60%	14.6%	12.6%		R
111 Patients called back within 1 hour (P1)	90%	94.00%	93.5%	94.7%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:52	00:57	-		R
999 Red Response within 8 minutes	65%	55.2%	52.0%	50.7%		R
999 Amber 1 Median	00:18:00	01:10:33	1:40:37	1:16:10		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	77%	77%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	85%	86%		A
National Reportable Incidents reports (NRI)	Reduction Trend	5	2	10		R
Concerns Response within 30 Days	75%	61%	22%	24%		R
<b>Our People - Capacity</b>						
EMS Abstraction Rate	29.92%	42.00%	40%	40%		R
Hours Produced for Emergency Ambulances	95%	95.0%	94%	95%		G
<b>Health and Wellbeing</b>						
Sickness Absence (all staff)	5.99%	10.48%	10.33%	-		R
EMS Operations Sickness Rates	5.99%	7.76%	11.98%	9.87%		R
Staff Turnover Rate	TBD	8.71%	11.64%	11.50%		R
Frontline CoVID-19 Vaccination Rates	Reduction Trend	3913	4,284	4,284		-
Statutory & Mandatory Training	>85%	82.3%	85.17%	85.44%		G
PADR/Medical Appraisal	>85%	60%	64.66%	73.66%		R
<b>Value</b>						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%		G
Post-Production Lost Hours (EA, RRV, UCS)	Reduction Trend	8,582	6399:49:31	7175:52:30		A
<b>Partnerships / System Contribution</b>						
111 Consult and Close	Improve	7,843	17,694	14,729		G
Combined 999 & 111 Consult & Close	15.0%	10.4%	11.7%	11.7%		G
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	TBD	11.95%	-		TBD
Number of Handover Lost Hours	25% reduction from Oct-21 position	15,955	24,021	24,283		R

In-Month RAG Indicates =  
 Green: Performance is at or has exceeded the target (Indicates no action is required)  
 Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)

Amber: Performance is at or within 10% of target (Indicates some issues/risks to performance (monitoring is required))  
 TBD: Status cannot be calculated (To Be Determined)





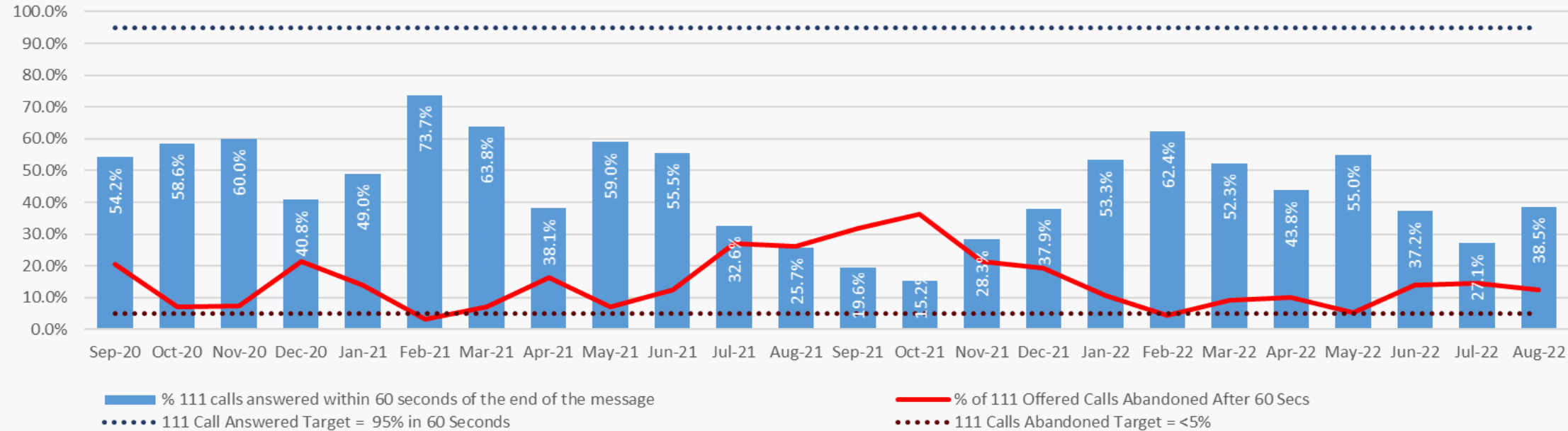
# Our Patients: Quality, Patient Safety & Experience

## 111 Call Answering/Abandoned Performance Indicators



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

111 Calls Answered vs Calls Abandoned within 60 Seconds



#### Analysis

111 call abandonment is a key patient safety indicator for the service. August 2022 saw an abandonment rate of 12.6%, therefore failing to meet the 5% target.

The percentage of 111 calls answered within 60 seconds of the end of the message improved in August 2022 to 38.5%. Given the continued high volumes of calls per month, this still represents a significant number of people who receive a poor patient experience.

111 call demand decreased in August 2022 compared to the previous month.

Capacity (staff hours) has generally been increasing in line with the roll-outs and as planned; however, this is impacted by sickness absences for Call Handlers (which includes COVID-19 Sickness) which remain high at 14.77% in August 2022. Demand has fallen therefore but so has capacity which is why performance has remain relatively stable this month.

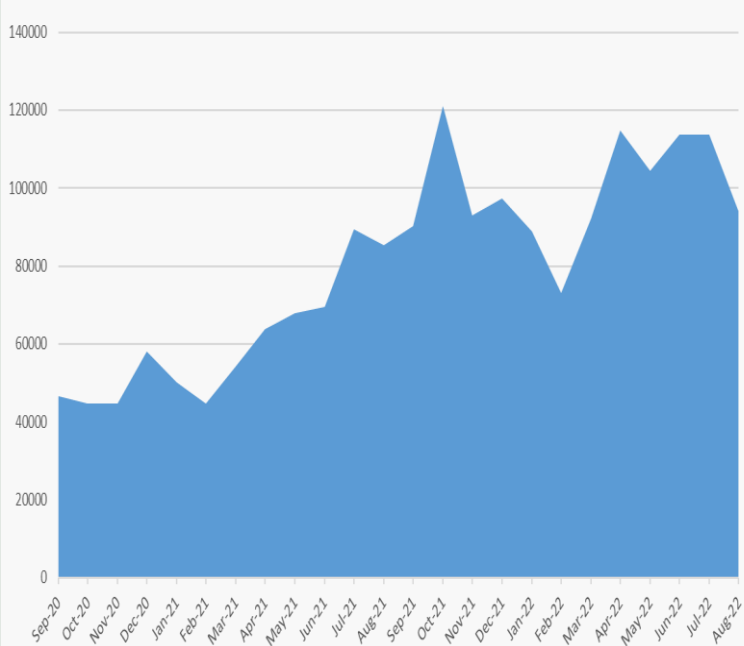
#### Remedial Plans and Actions

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

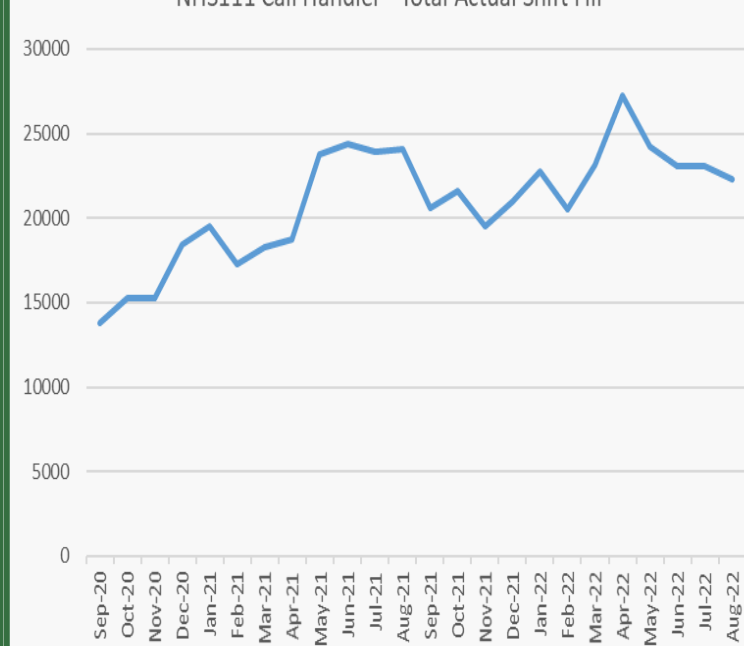
#### Expected Performance Trajectory

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

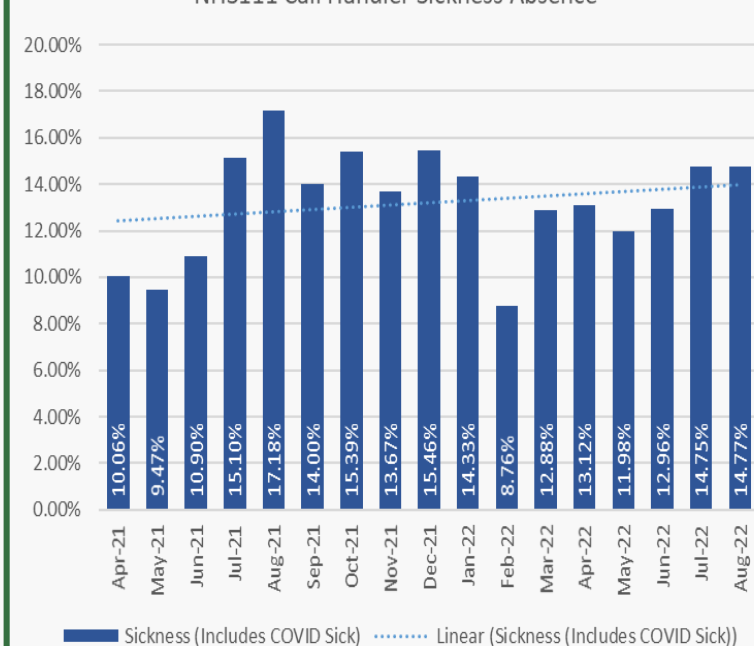
Total 111 Calls Offered



NHS111 Call Handler - Total Actual Shift Fill



NHS111 Call Handler Sickness Absence

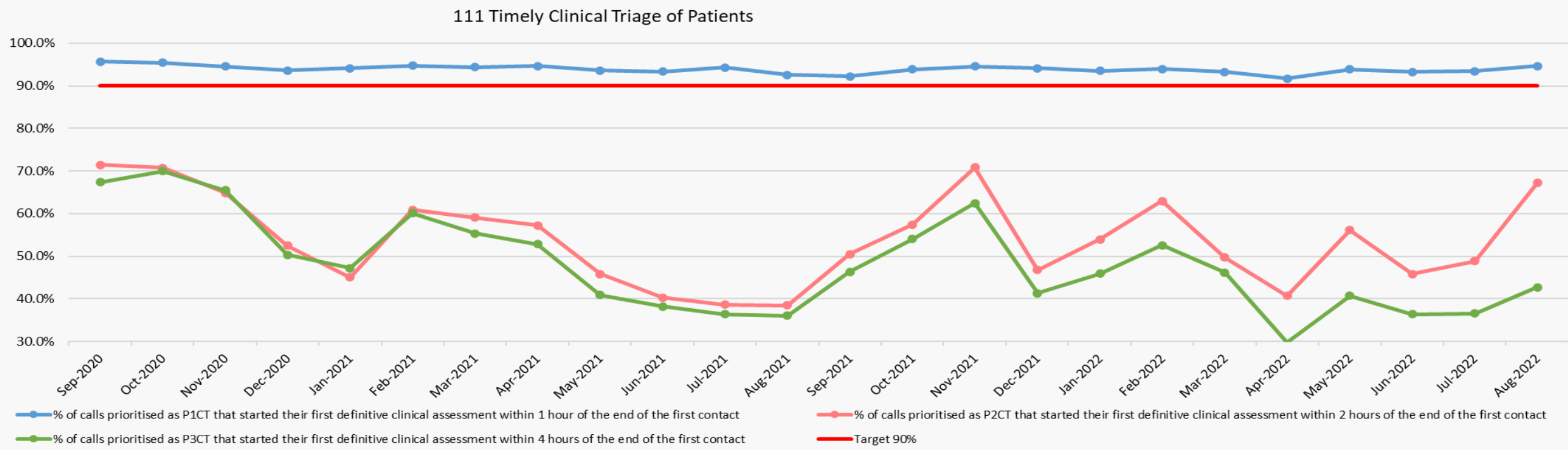




# Our Patients: Quality, Safety & Patient Experience

## 111 Clinical Assessment Start Time Performance Indicators

### Influencing Factors – Demand and Clinical Hours Produced



#### Analysis

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

The highest priority calls, P1CT, continue to receive a timely response which has continuously achieved the 90% target over the last 2 years.

For lower category calls the Trust is still not meeting the 90% target, although, in August 2022 improvements were seen in every category.

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

13,415 Hours were filled by Clinicians in August 2022 a reduction when compared to 14,840 in July 2022. Clinician sickness absence was 8.87% in August 2022.

#### Remedial Plans and Actions

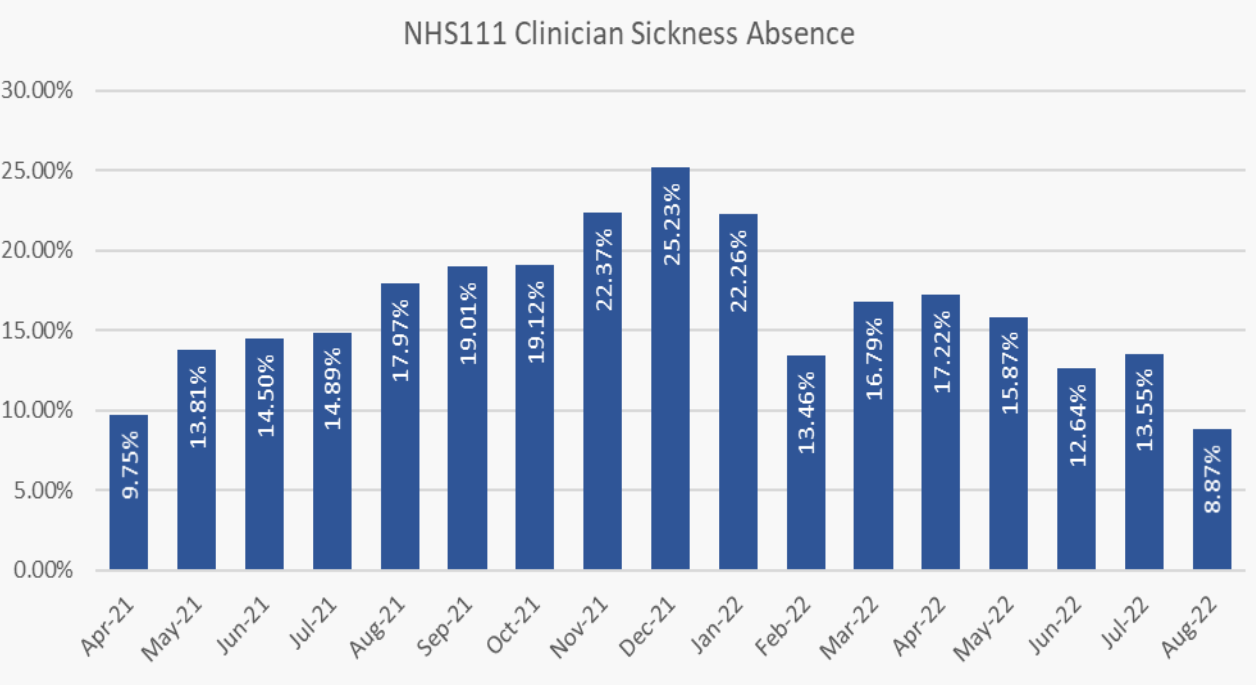
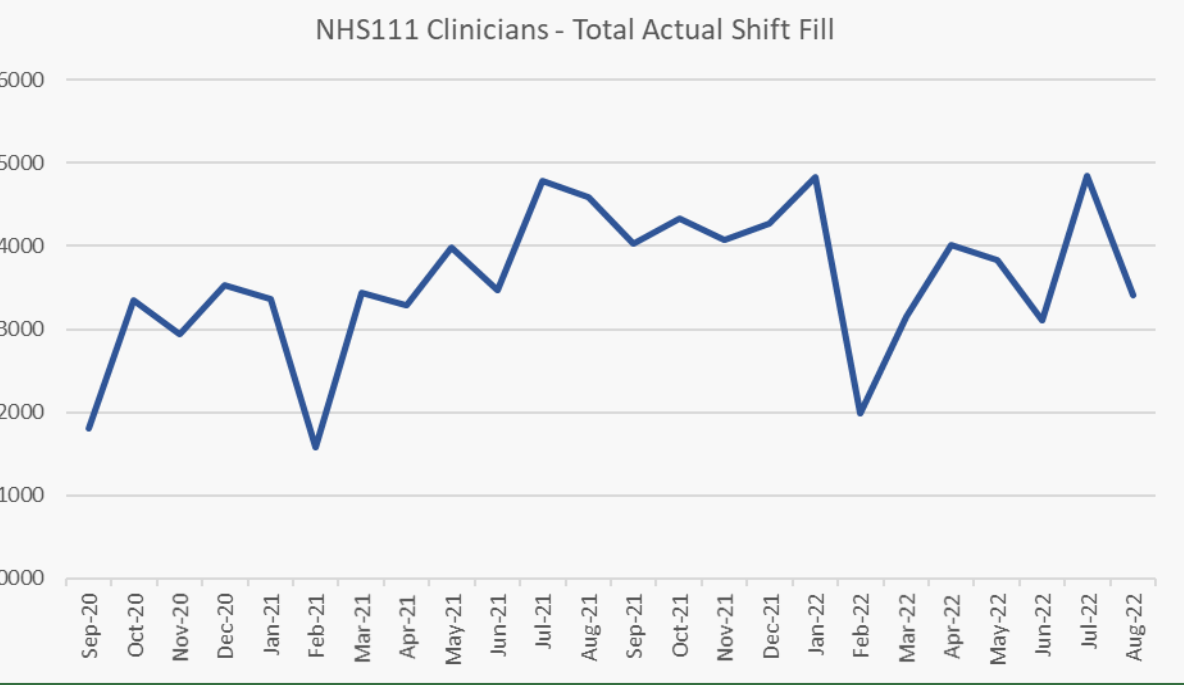
The main driver of improved performance will be the correct number of clinicians in post to manage current and expected demand. At present there are significant numbers of clinical vacancies. Urgent actions are in place now to increase recruitment this winter, including:

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

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

#### Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

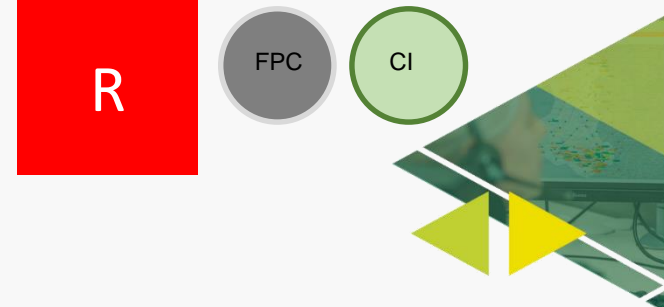
Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

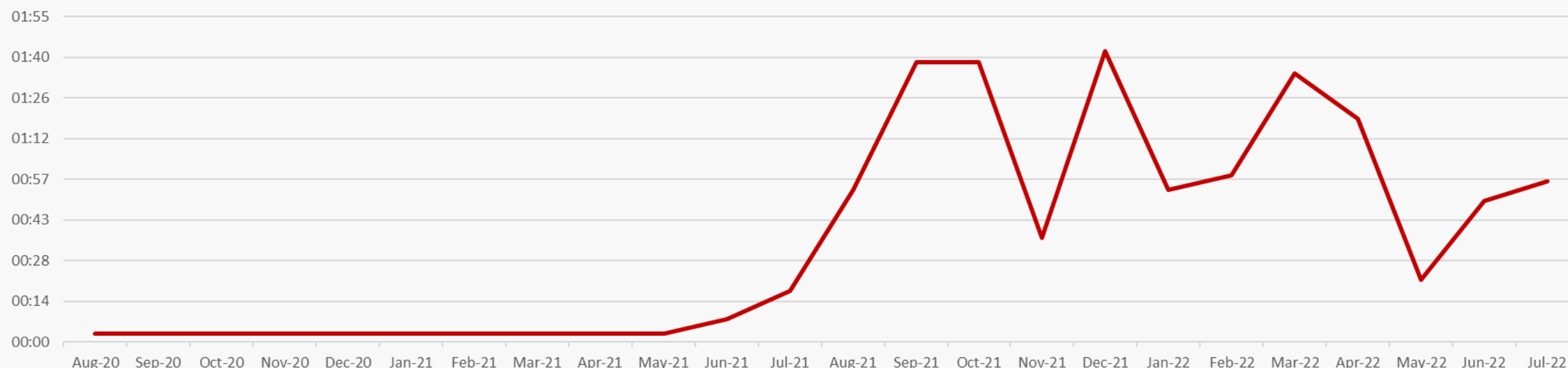
## 999 Call Performance Indicators

### Influencing Factors – Demand and Hours Produced



NB: August 2022 data unavailable as AQIs not published

95th Percentile 999 Call answer times



#### Analysis

The 95<sup>th</sup> percentile 999 call answering performance declined slightly again in July 2022 to 57 seconds, compared to 50 seconds June 2022. Increasing call answering times are a significant concern in relation to patient safety. 87.4% of calls were answered within 6 seconds in July 2022.

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

The Trust received 50,039 emergency 999 calls in July 2022, an increase compared to June 2022. August 2022 saw a reduction in sickness abstractions, in line with the planned trajectory.

Continuing high call volumes could be as a result of repeat callers, as a direct results of long wait times, prompting people to call back or conditions to deteriorate.

#### Remedial Plans and Actions

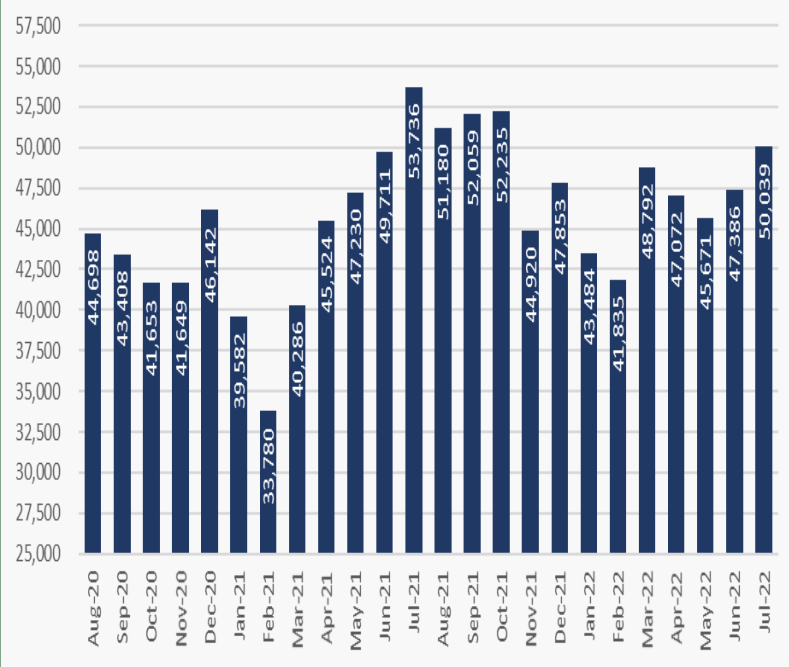
- EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately. Resources teams are focussing on balancing capacity across the 7-day period, targeting overtime to weekends and Mondays where patterns of demand and reduced UHP are identified.
- Additional funding original approved has been withdrawn this fiscal year and as such EMD establishment will remain at baseline demand levels within the financial envelope for EMS Coordination.
- Increased pressure and sustained levels of 999 demand above baseline is impacting on staff attrition and wellbeing.
- There are currently 73 FTEs (94.81%) Clinical Support Desk staff in post of the overall 77 FTE establishment, 3 of these people are in training. Therefore, there are currently 4 FTE Vacancies.

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

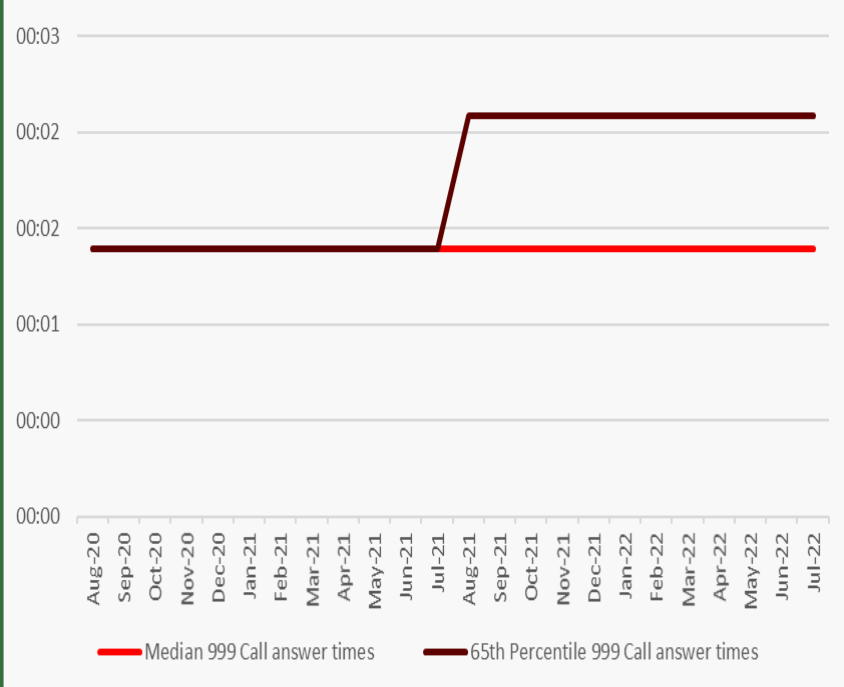
#### Expected Performance Trajectory

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

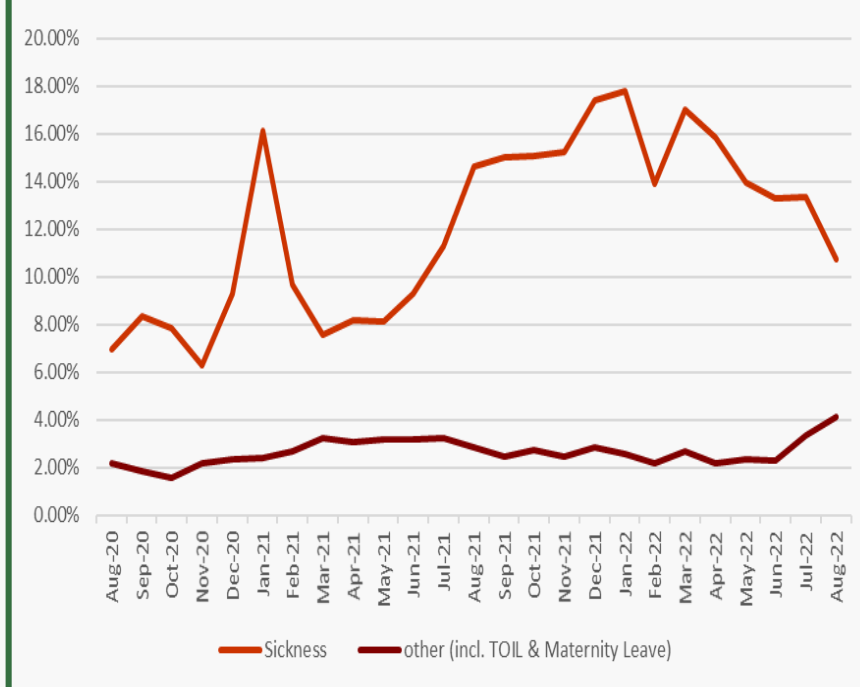
999 Call Volumes



Median & 65th Percentile 999 Call Answer Times



Pan Wales CCC Abstraction Hours - Sickness and Other Abstractions



(Responsible Officer: Lee Brooks)

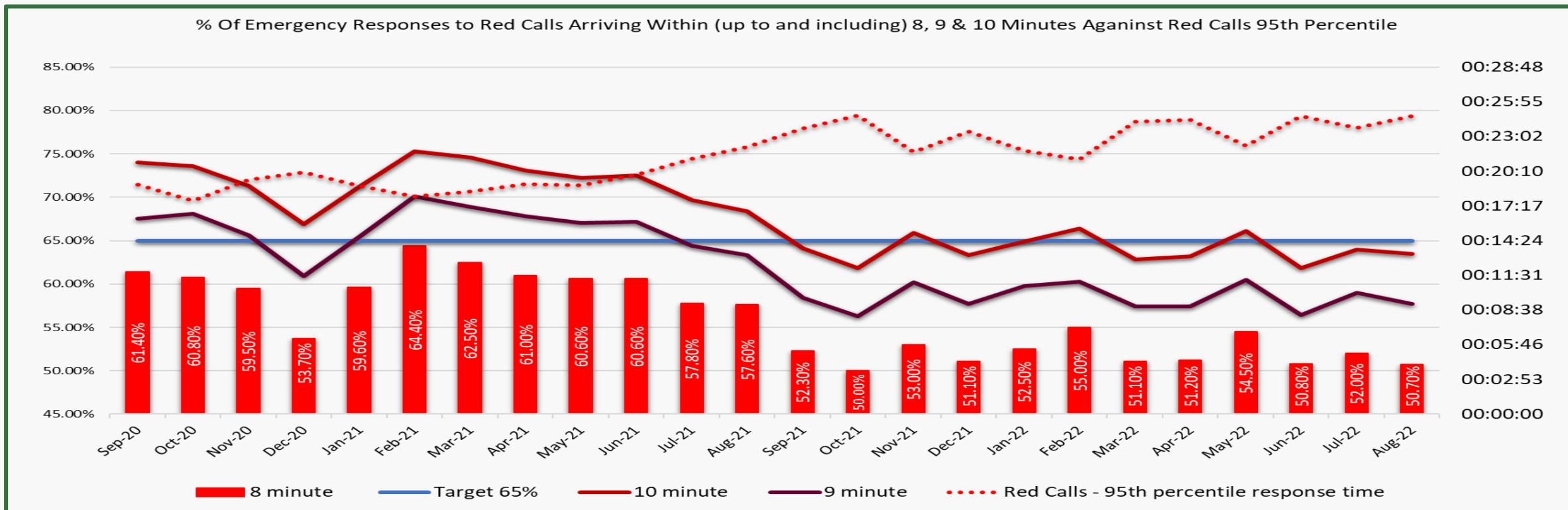
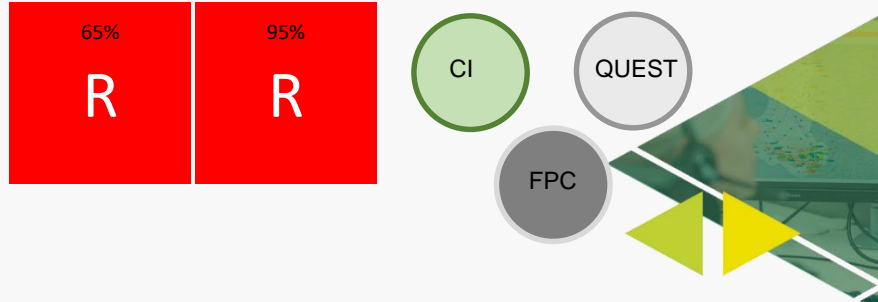
Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



**Analysis**  
**Red performance declined in August 2022; remaining significantly lower than the 65% target;** the target has not been achieved since July 2020. There was also significant health board level variation with none of the seven health board areas achieving the 65% target. A continuing level of poor performance was forecast in the spring plan based on predictions of demand, lost hours and hours produced. Red 10-minute performance was 63.5% in August 2022.

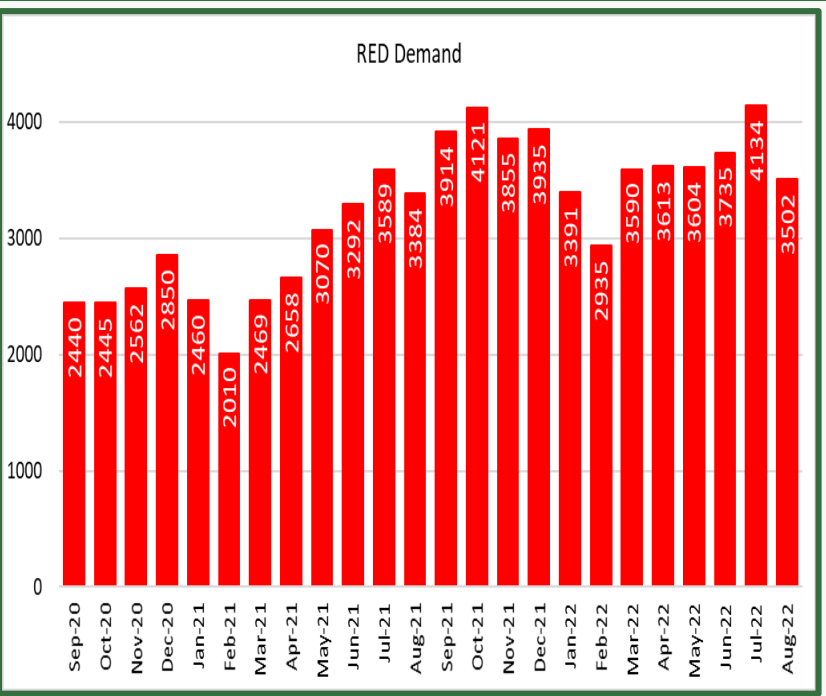
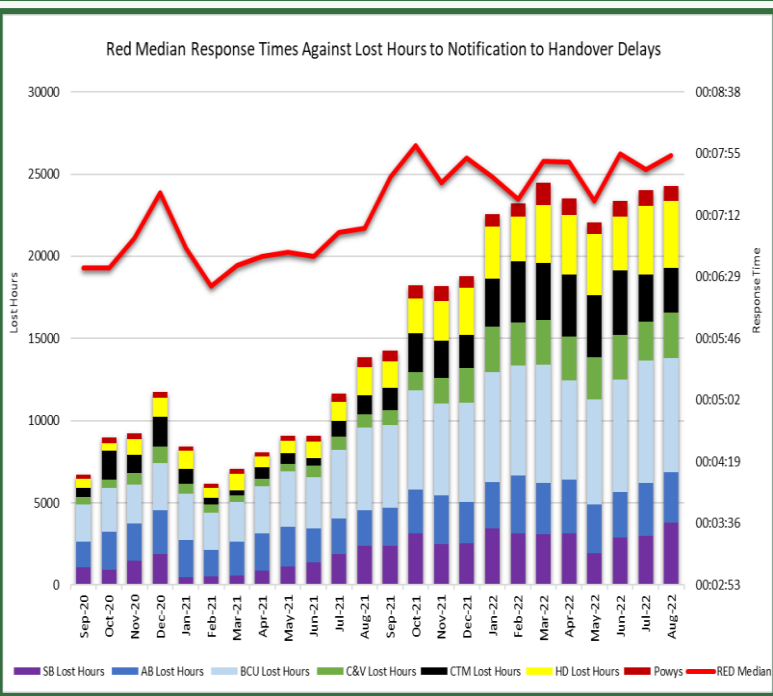
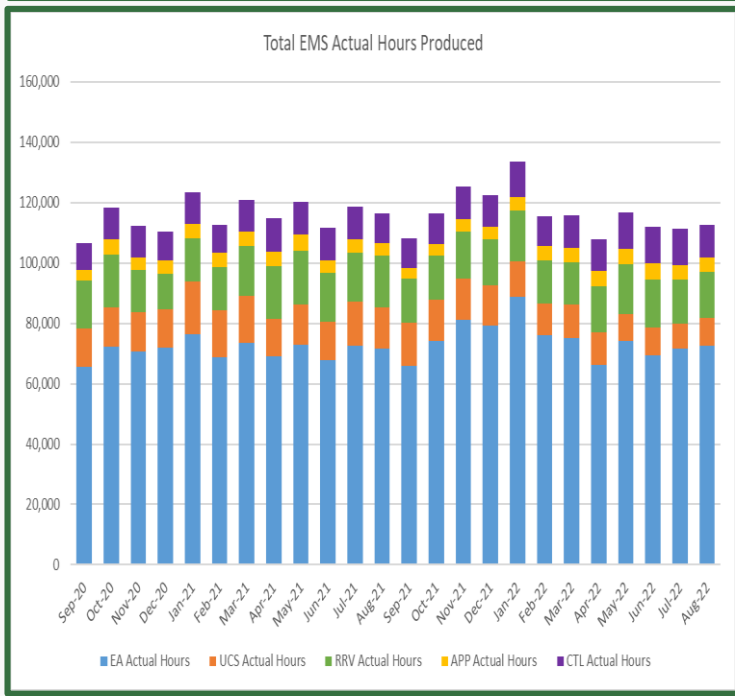
Three of the main determinants of Red performance are Red demand, unit hours produced, and handover lost hours.

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

The lower centre graph demonstrates the correlation of performance with hospital handover lost hours, with extreme levels of losses continuing to be seen with 24,282 hours lost in August.

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

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



**Expected Performance Trajectory**  
 Modelling through the summer forecasts continued poor red response times, if no reduction in hospital handover delays are seen in particular.



(Responsible Officer: Lee Brooks)

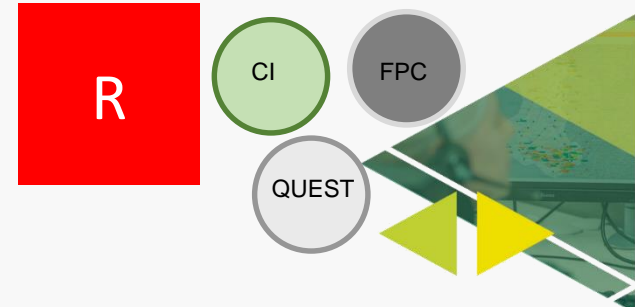
Welsh Ambulance Services NHS Trust



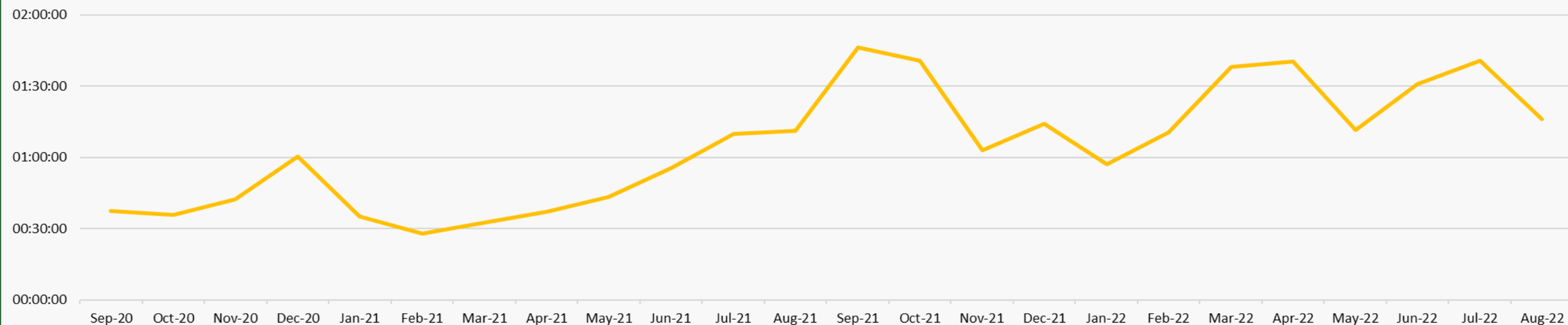
# Our Patients: Quality, Safety & Patient Experience

## Amber Performance Indicators

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



#### Amber 1 - Median Percentile



#### Analysis

Amber response times improved across the percentiles in August 2022. However, there were still some very long patient waits (see below). The ideal Amber 1 median response time is 18 minutes, in August 2022 the Trust recorded median response times of 1 hour 16 minutes.

In July 2022, 733 patients (all categories, not just Amber) waited over 12 hours, a decrease when compared to July 2021, continuing to represent a very poor quality and experience of service. 625 of these patients were in the Amber category.

Amber demand decreased slightly in August 2022 although has been broadly stable.

There is strong correlation between Amber performance and lost hours due to notification to handover delays. The number of hours lost to notification to handover delays in August 2022 increased to 24,282, although this was lower than the worst recorded in March 2022 of 24,479, but still higher than the Trust would like. Prior to August 2021 the worst handover levels recorded were in December 2019 (13,820).

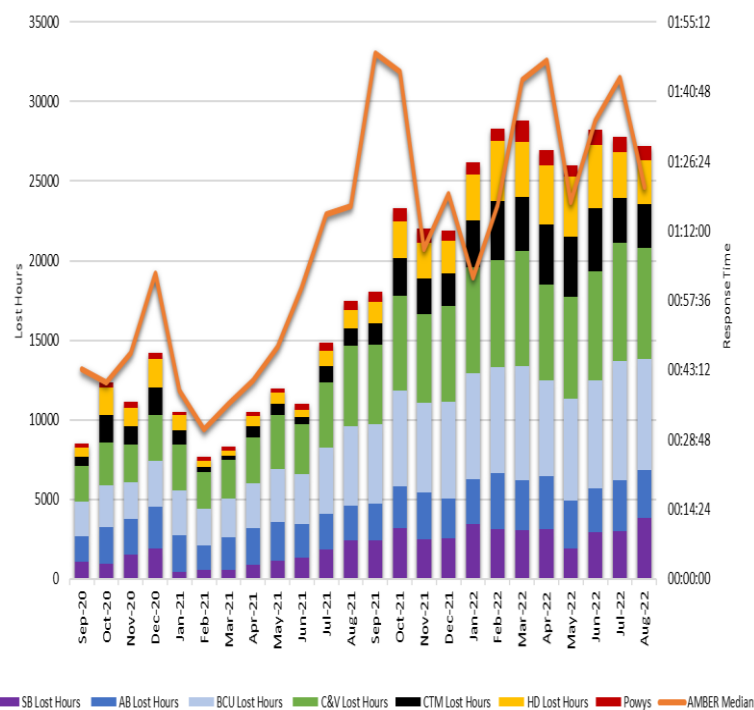
#### Remedial Plans and Actions

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

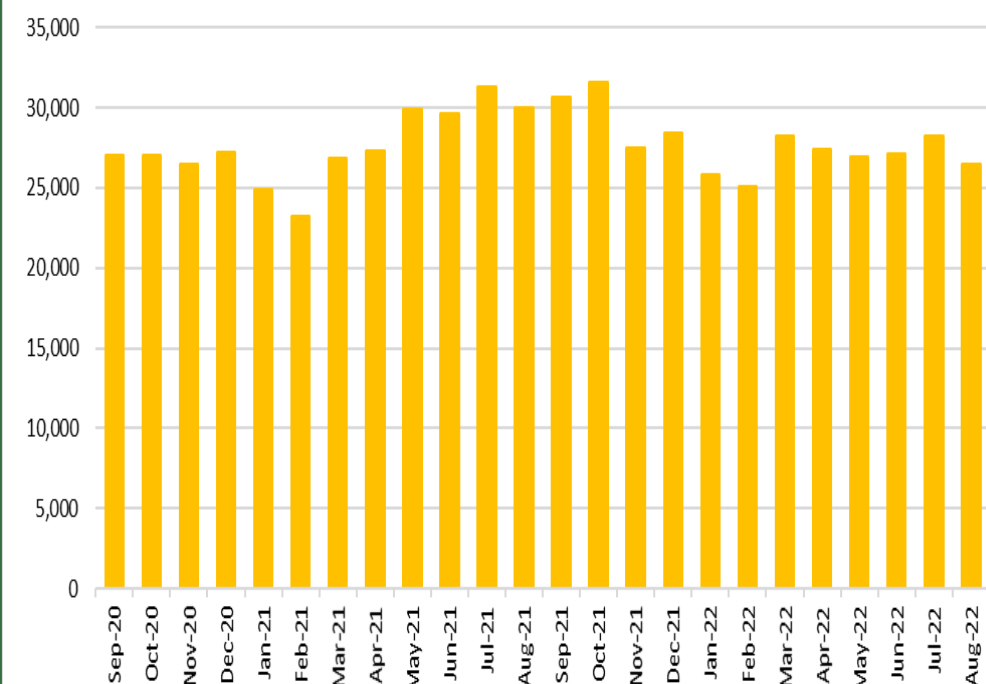
#### Expected Performance Trajectory

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

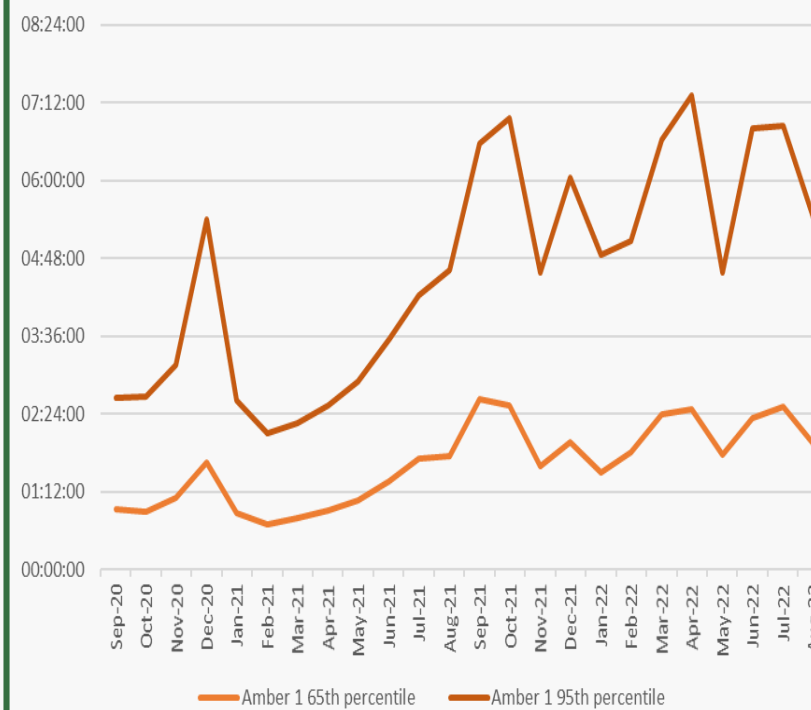
#### Amber Median Response Times against Lost Hours to Notification to Handover Delays



#### Total Verified AMBER Demand



#### Amber 1 65th and 95th Percentile



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

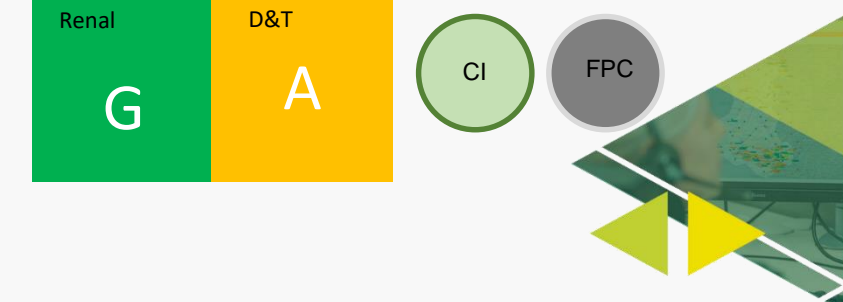




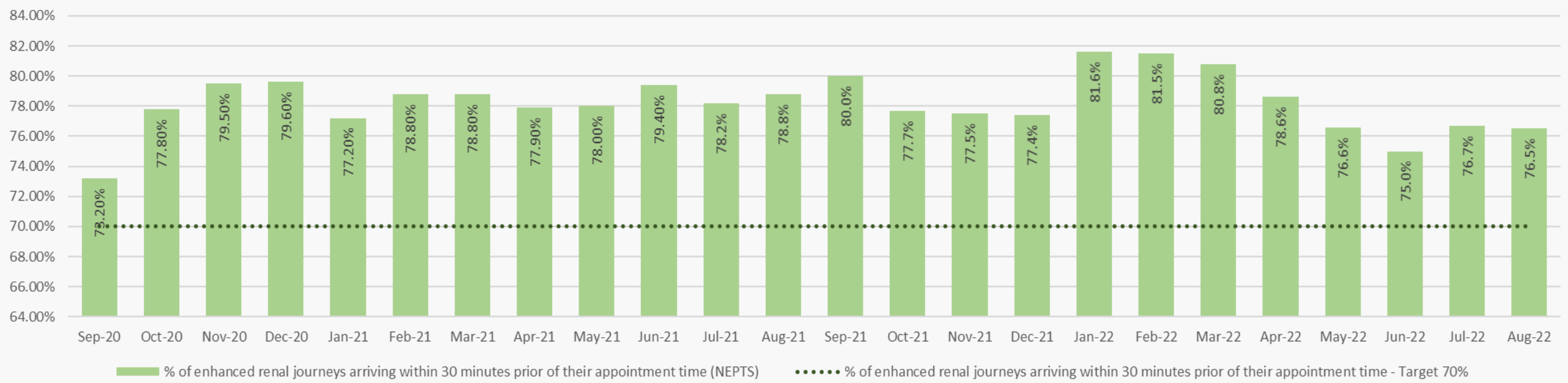
# Our Patients: Quality, Safety & Patient Experience

## Ambulance Care Indicators

### Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



#### Analysis

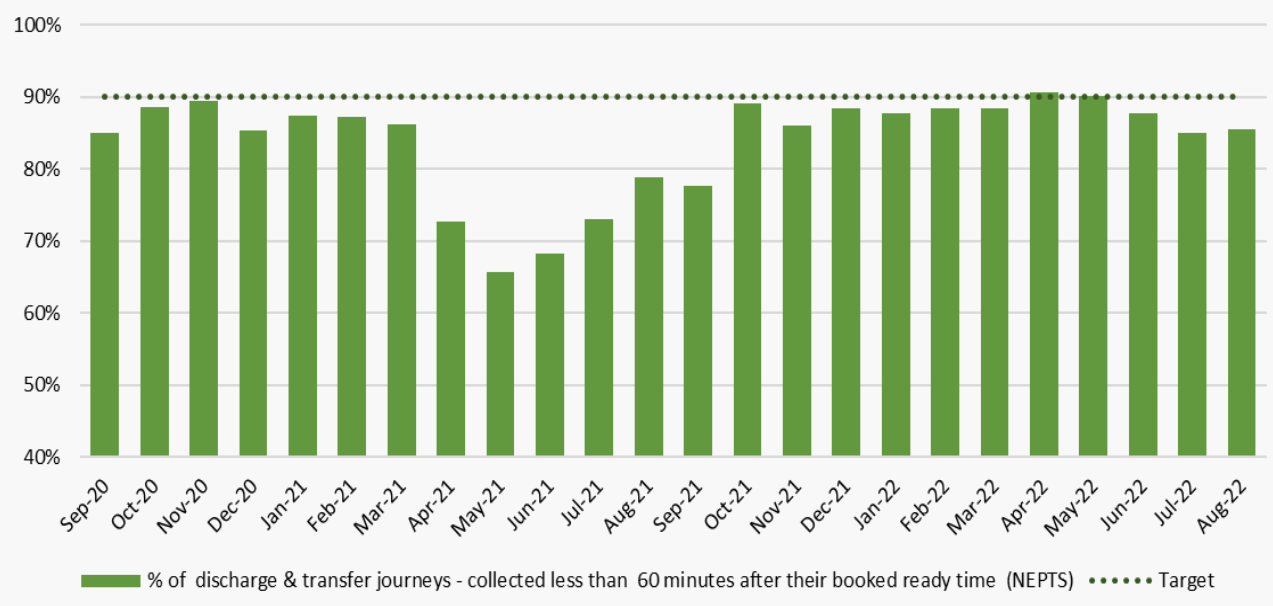
Ambulance Care has seen a stabilisation of areas of service delivery affecting patient experience. 76.5% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target in August 2022.

85.6% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, therefore not achieving the 90% target and a decline compared to July 2022 (85.0%).

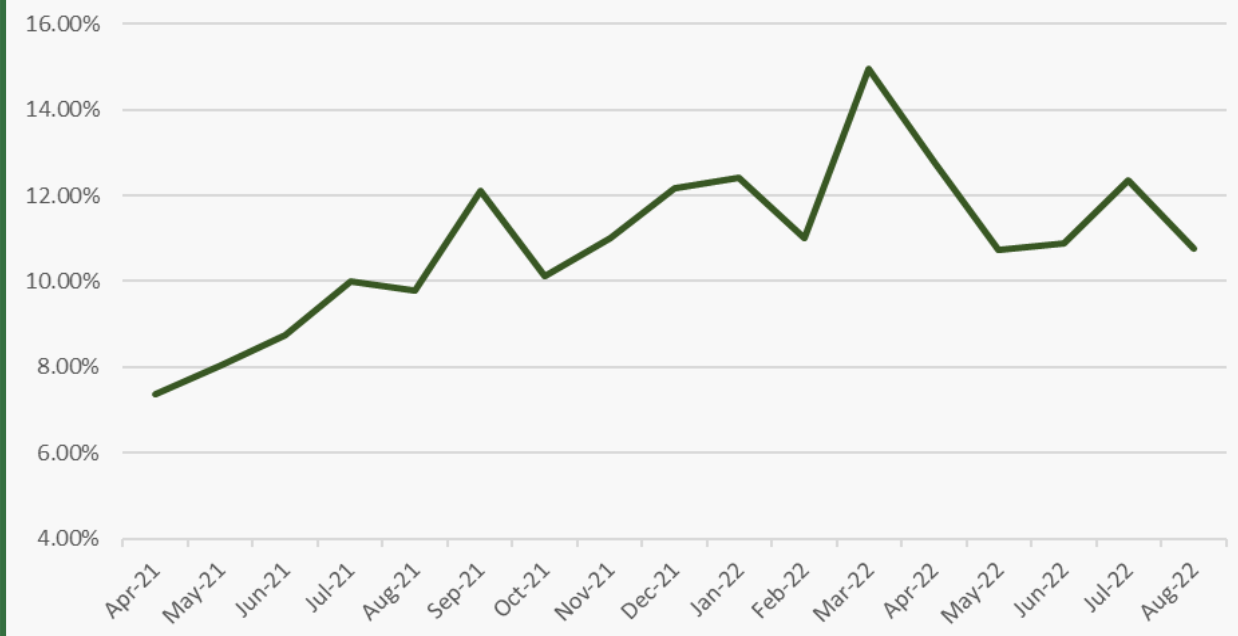
Key factors affecting these indicators are demand and capacity:

- **Capacity** continues to be adversely affected by other factors such as sickness absence levels, although these are seeing improvements and following a decline in July 2022 improved in August to 10.77%.
- Overall demand has been increasing since the initial reduction at the beginning of the pandemic, but overall it is still not quite at pre-pandemic levels.
- As the Trust emerges out of pandemic response and the health system is "re-set" it is anticipated that further demand increases could be experienced at which point capacity may be an issue. This has been modelled and mitigations put in place.

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



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



#### Remedial Plans and Actions

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

#### Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Patient National Reportable Incidents & Patient Concerns Responses Indicators

SCIF. **A**

Self Assessment:  
Strength of Internal Control: Moderate



Health & Care Standard  
Health - Safe Care / Timely Care

**Analysis**  
The percentage of responses to concerns improved marginally in August 2022 to 24%, compared to 22% in July 2022, however, it still fell well below the 75% target. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of NRI's and the availability of other departments to provide a timely response to requests for information. The number of total concerns decreased in August 2022 (110) when compared to July 2022 (123).

**There were 8 SCIF forums held in August 2022, during which 38 cases were discussed, 10 of these cases were reported to the Delivery Unit and 10 were passed to Health Boards as National Reportable Incident Framework 'Appendix B' incident referrals.**

**Year on year the overall volumes of NRIs is on an increasing trend.** Sharp increases are seen in September – November 2021, March and May 2022 and again in August 2022 which is concerning and has been linked to the significant delays across the system. In August 2022 there were 0 NRIs relating to Red calls, 6 relating to Amber calls and 1 in relation to Green calls. There were 3 NRIs as a result of calls prioritised Amber which should have been Red.

*At present it is not possible to report on the number of cases within the Complex Case Panel and Redress due to the implementation of the new Once for Wales Datix RL system.*

As reported earlier, in August 2022 733 patients waited over 12 hours, a decrease month on month, but an increase when compared to 464 in August 2021 and 148 in August 2020.

The Trust is currently unable to report the number of compliments received from patients and/or their families in August 2022 due to implementation of the new Once For Wales RL Datix system.

**Remedial Plans and Actions**  
A range of actions are in place:-

- The general theme in relation to the Trust's concerns portfolio is timeliness to respond.
- There is continued engagement with Health Boards in relation to Joint investigations where the primary causal factor is in relation to delayed handover.
- Concerns have been highlighted following a Delivery Unit report into the Health Boards handling of Appendix B cases, some of which should potentially have been reported as Nationally Reportable Incidents (NRI's) by the HBs.
- Health Board specific QSPE reports are being shared with each respective HB Directors of Nursing.
- The key strategic action is the EMS Operational Transformation Programme.

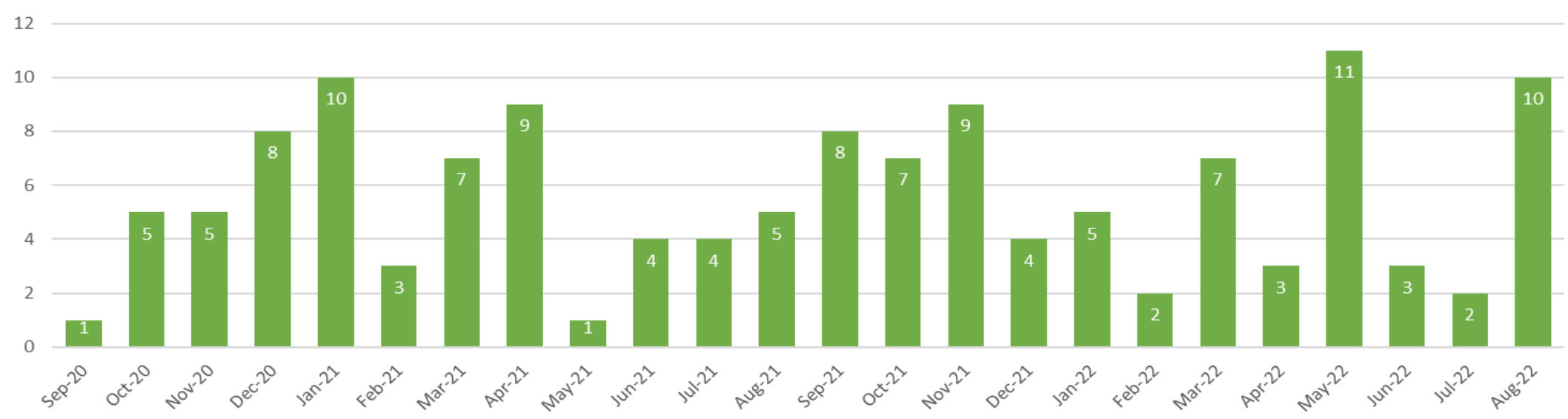
*NB: Remedial plans and actions in relation to complaint response times will be included in future iterations.*

**Expected Performance Trajectory**  
The Trust is expecting continuing challenges with performance especially as hospital delays remain a significant challenge.

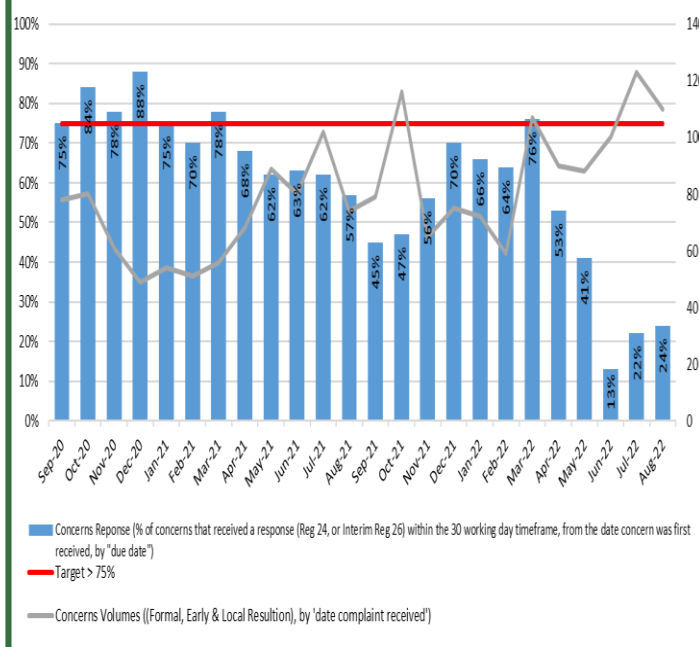
**\*\*NB: August 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change. At present reporting accurate data is not possible due to implementation of the Once For Wales Datix RL system.**

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

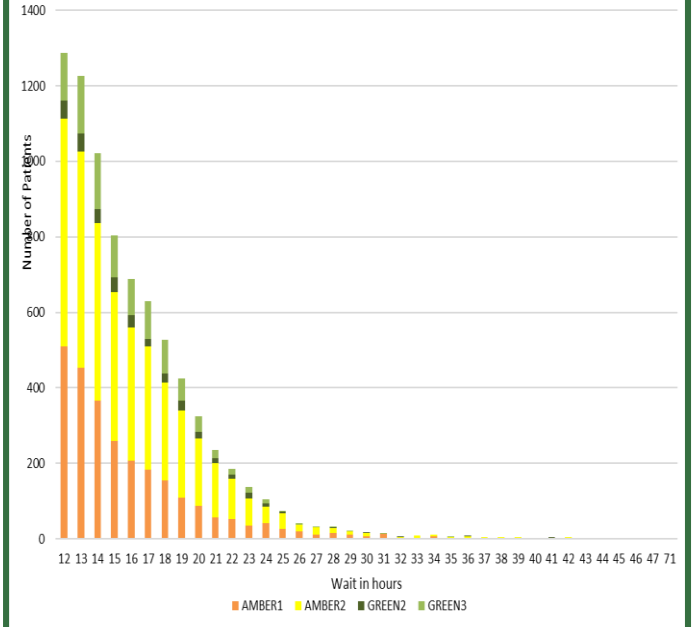
Number of SCIF cases reported as National Reportable Incidents (NRI) By Date Reported to the Delivery Unit by WAST



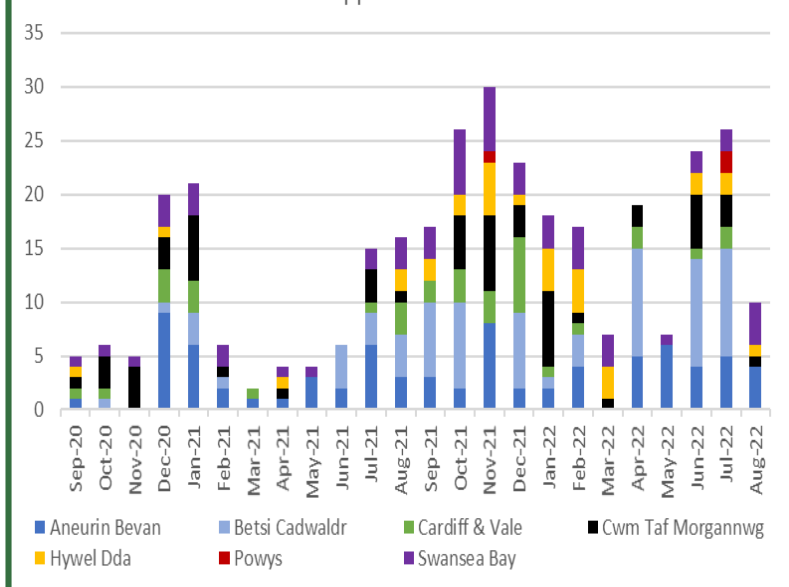
% of concerns with a response within 30 working days against concerns volumes



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



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



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



# Our Patients: Quality, Safety & Patient Experience

## Patient Safety Indicators

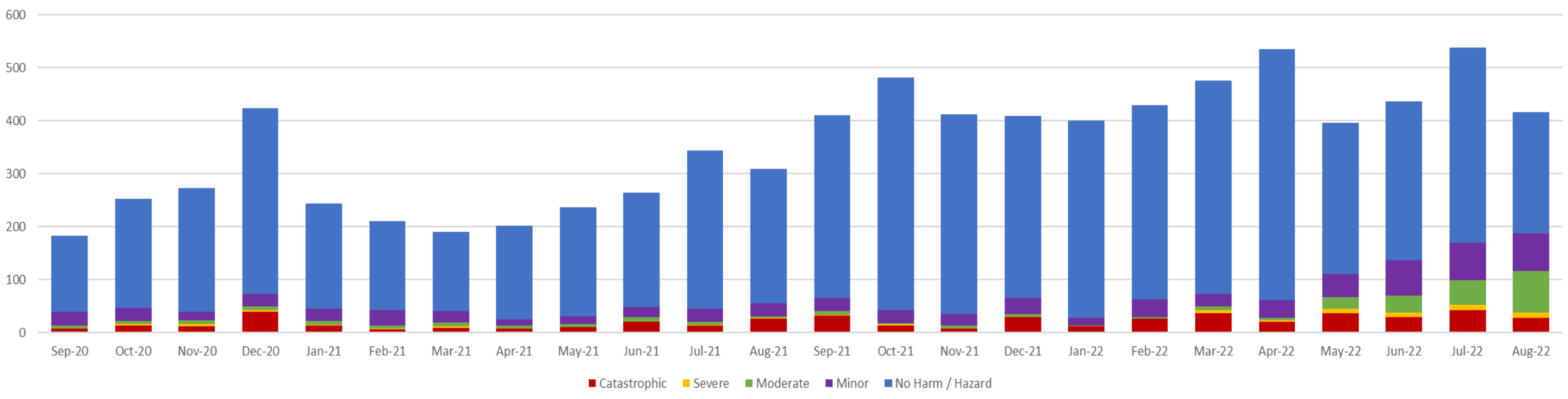
Self Assessment:  
Strength of Internal  
Control: Moderate

PCC

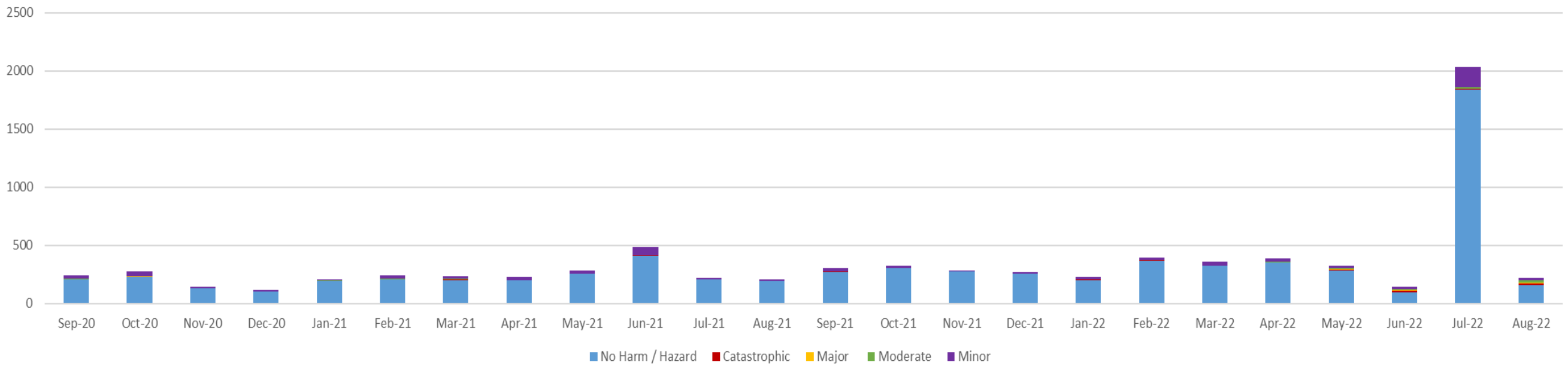
Health & Care  
Standard  
Health – Safe Care



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



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



### Analysis

**Patient Safety:** The number of patient safety adverse incidents volumes submitted on Datix Cymru via frontline crews, health boards, the Operational Delivery Unit (ODU) and CCC within August 2022 decreased to 416 when compared to 538 in July 2022. The 416 reports relate to incidents where the outcome for our patients was:

- No harm or hazard – 228
- Minor harm – 71
- Moderate harm - 79
- Severe Outcomes - 10
- Catastrophic - 28

Once cases are investigated by the Patient Safety or Clinical team, (or for instances where serious harm has occurred referred to SCIF for review) they are closed; 221 cases were closed in August 2022. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example; 2 crews submitting the same incident), however the increase in incident volumes is attributed to the current rise in hospital handovers.

### Remedial Plans and Actions

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

### Expected Performance Trajectory

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

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

Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

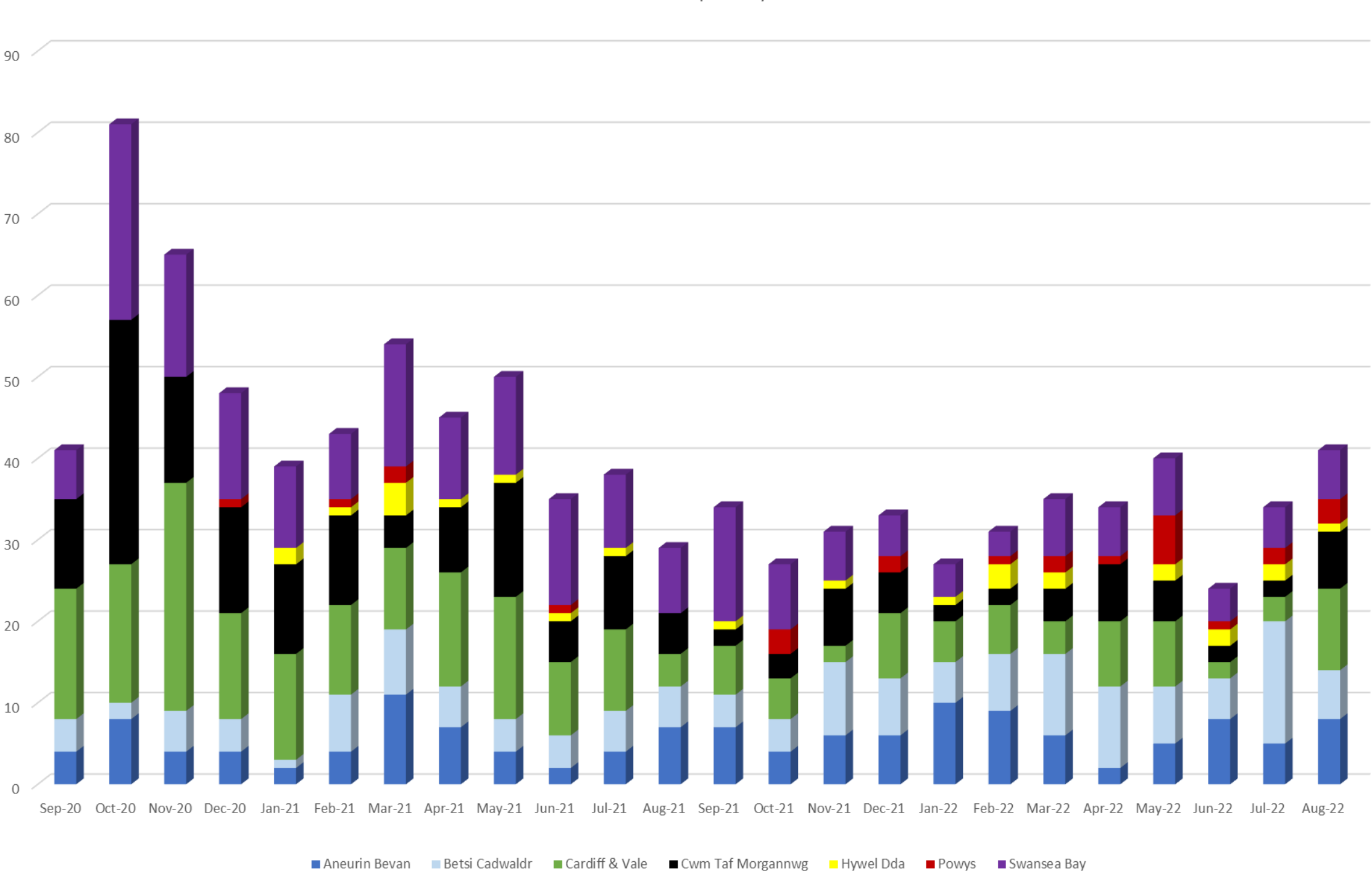
## Coroners and Ombudsmen Indicators

Self Assessment:  
Strength of Internal  
Control: Strong

QUEST

Health & Care  
Standard  
Health – Safe Care

Number of Coroner Requests by Health Board



### Analysis

**Coroners:** In August 2022, The number of in month requests continue to be increased from pre-pandemic requests. The timeliness of the Trusts response and unexpected deaths continues to be the main themes. There continues to be a marked increase in the BCUHB area.

At the end of August 2022 there are 399 claims open; these relate to Personal Injury (72 Claims); Personal Injury - Road Traffic Accidents (45 Claims), Clinical negligence (107 claims); Road Traffic Accident (151 claims) and Damage to Property (24 claims).

**Ombudsman:** There are currently 16 open Ombudsman cases in August 2022. At present cases are not being investigated, which supports the Trusts actions.

### Remedial Plans and Actions

**Coroners:** Cases continue to be registered and distributed in a timely manner. If there is likely to be a delay in responding the Trust ensures that the coroner is kept informed of the expected date of response. Inquests are being arranged for September - December 2022 at this time.

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

### Expected Performance Trajectory

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

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

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

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

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

Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Safeguarding, Data Governance & Public Engagement Indicators

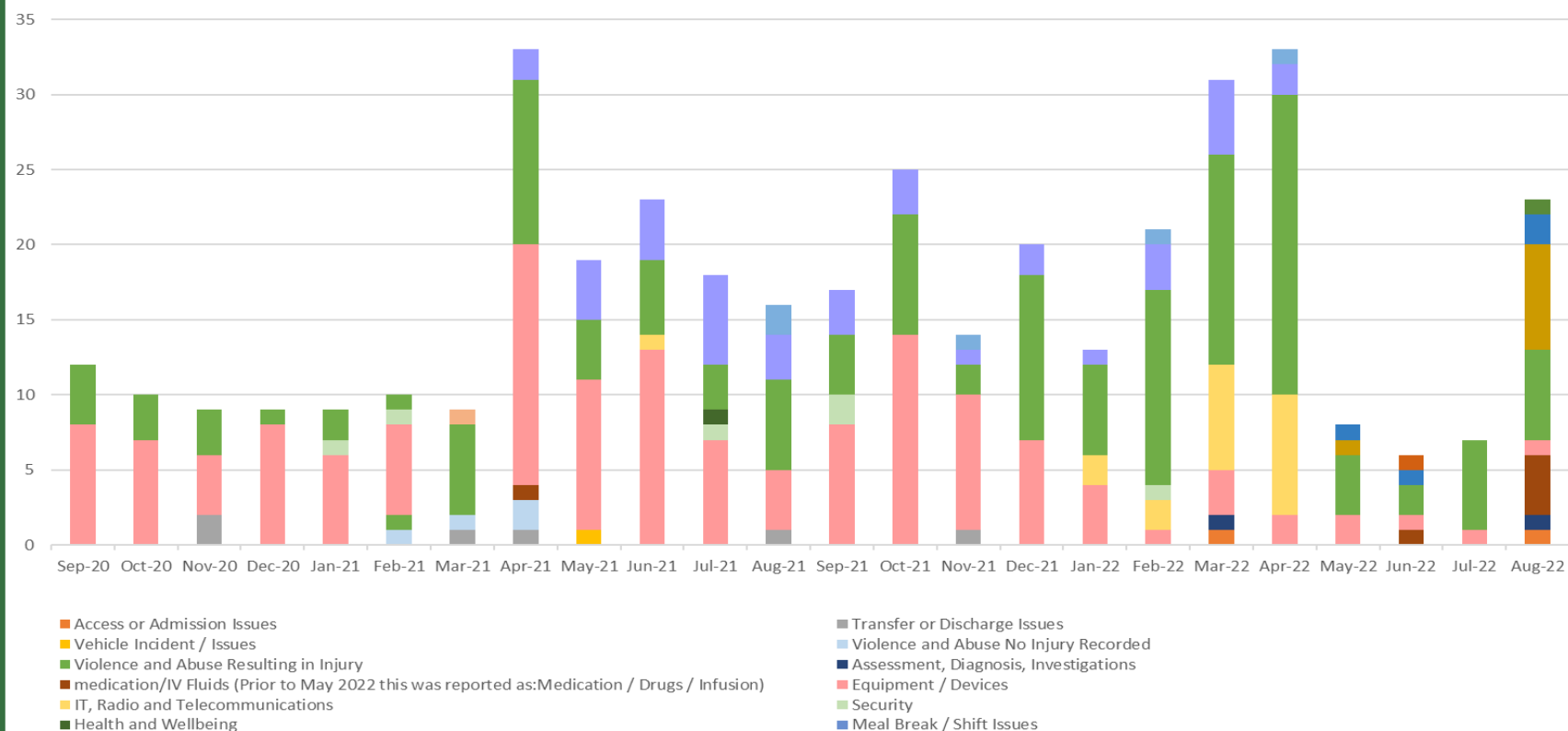
Health & Care Standard  
Health – Safe Care

Self Assessment:  
Strength of Internal Control: Strong

QUEST

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

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



### Analysis

**Safeguarding:** In August 2022 staff completed a total of 114 Adult at Risk Reports, an increase compared to July 2022 when 110 were reported. 88% of these were processed within 24 hours.

There have been 161 Child Safeguarding Reports in August 2022, an increase from July 2022 when 149 reports were made. In August 2022 91% were sent within 24 hours.

**Data Governance:** In August 2022 there were 29 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach, an increase when compared to both June and July 2022. Of these 34 breaches, 7 related to Information technology, 6 Confidentiality, 6 records/information, 4 medication/IV fluids, 2 communication, 1 safeguarding, 1 equipment / Devices, 1 admission or access issues and 1 was as a result of assessment, diagnosis, investigations.

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

### Remedial Plans and Actions

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

**Data Governance:** During the reporting period, of the 29-information governance related incidents reported on Datix all incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate. 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). One incident from April which was reported to the ICO has now been closed with no further action to be taken against the Trust. The ICO may pursue individual action against the individual concerned and have requested further information.

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

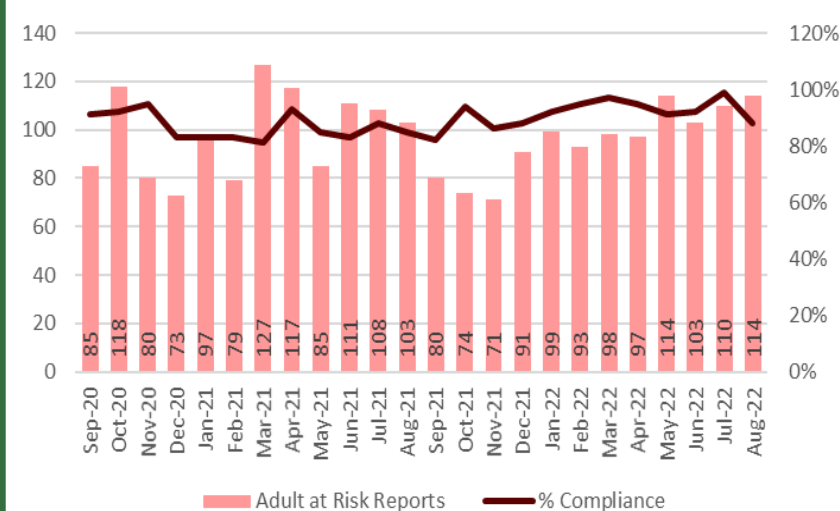
### Expected Performance Trajectory

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

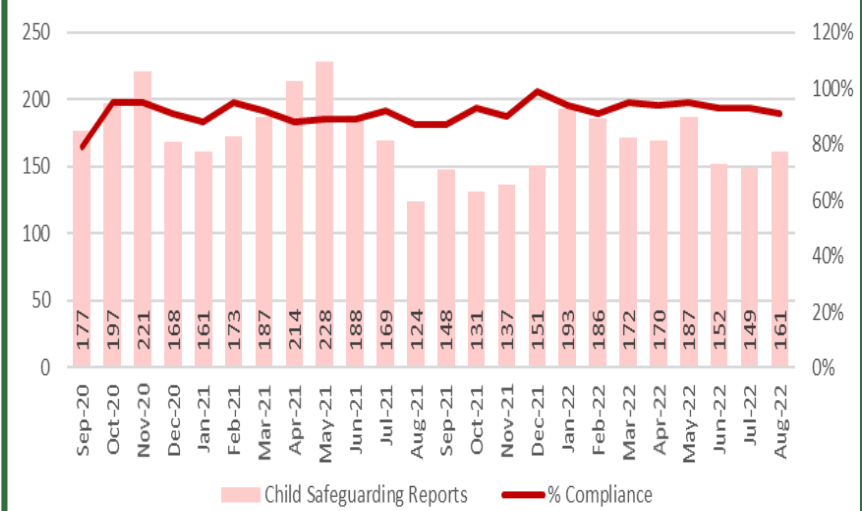
**Data Governance:** An annual assessment of compliance using the Welsh NHS IG Toolkit; an individual evidence-based assessment consisting of 255 items; will continue to be utilised to measure the Trust against National Information Governance and Security Standards. The NHS Wales IG Toolkit is undergoing further developments within the national Service Management Board and a change to the evidence-based assessment questions is due to undergo Health Board and Trust consultation during October 2022. Any change to the IG Toolkit requirements will continue to be monitored and actioned by the IG Team in readiness for the next submission date.

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

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



Number and Percentage of Child Safeguarding Reports sent within 24 Hours



Safeguarding Data source: Doc Works

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



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

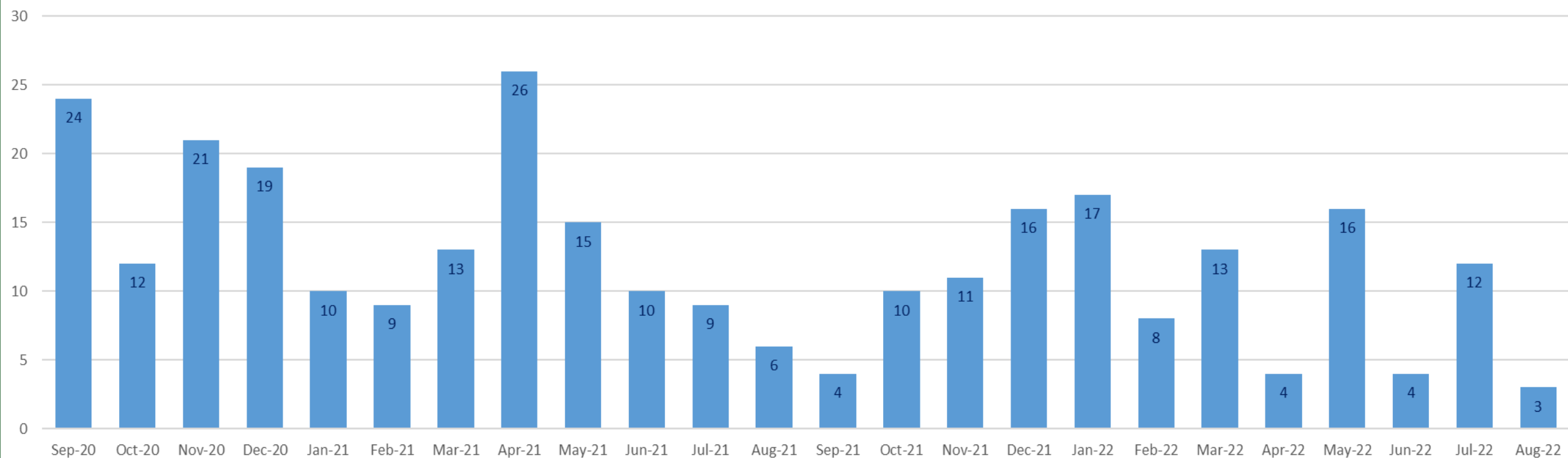
## Health & Safety (RIDDORS) Indicators

Self Assessment:  
Strength of Internal  
Control: Moderate

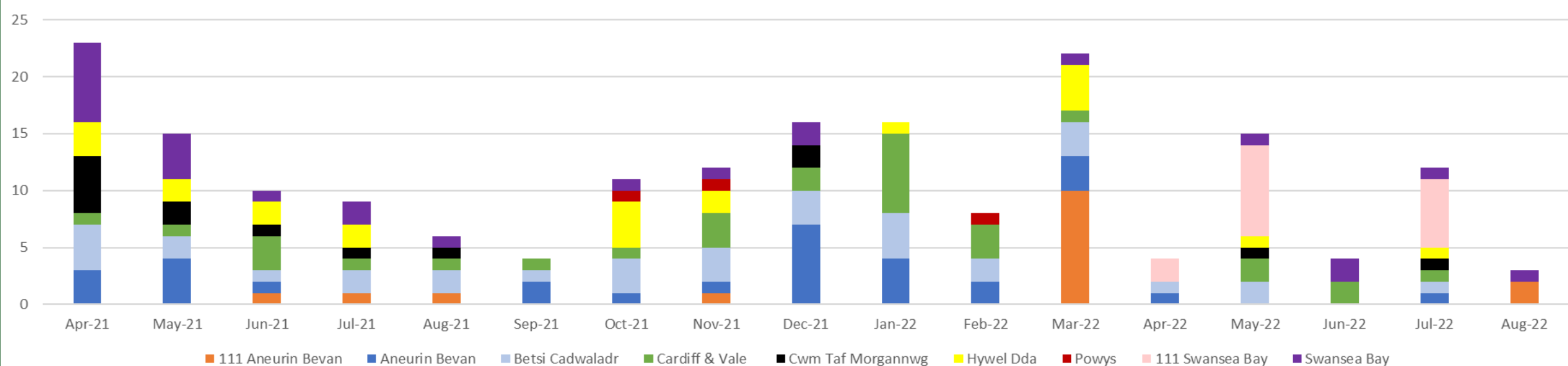
QUEST

Health & Care  
Standard  
Health – Safe Care

Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



### Analysis

Whilst there is a strong level of internal control with respect to GL1 Metrics provided to the Health & Safety Executive (HSE), there are moderate levels of internal control. Challenges around obtaining staff details are impacting on timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE).

In August 2022 there were 3 RIDDORS reported. As shown in the bottom graph, 111 ABUHB accounted for 2 and SBUHB accounted for 1 report.

### Remedial Plans and Actions

Some members of the Health & Safety Team have been granted authorisation to access details from the Electronic Staff Record (ESR) which will provide timely access to key details in relation to RIDDOR reporting. However, one key member responsible for reporting of RIDDORS left the organisation in November 2021. Additionally, the Regional H&S Manager also responsible for reporting is on long terms sickness absence.

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

### Expected Performance Trajectory

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

The Trust has recently agreed (and funded) a new structure for the Health & Safety Team, which is currently being recruited into, whilst a clear programme of work exists for reviewing and updating policies and procedures.

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

Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



# Our People

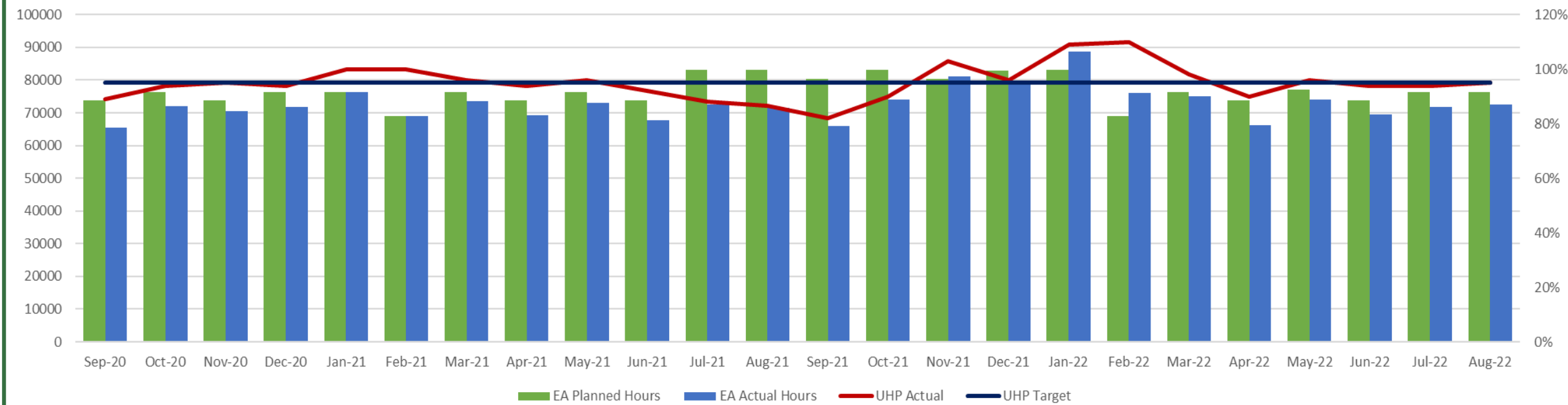
# Capacity - Ambulance Abstractions and Production Indicators

EA Production **A** Abstractions **R**

CI PCC

FPC

### Emergency Ambulance Unit Hours Production



### Analysis

As shown in the bottom right graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In August 2022, total abstractions stood at 40.19%. 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 17.69% and sickness at 9.87%. Sickness abstractions for August 2022 were lower when compared to the previous year (9.87%) and COVID-19 (non-sickness) related abstractions decreased again in August 2022 when compared to the previous month and to the same period last year accounting for 0.20% of overall abstractions.

**Emergency Ambulance Unit Hours Production (UHP) was 95% in August 2022** (72,644 Actual Hours), and therefore achieving the 95% benchmark. RRV UHP achieved 75% (15,396 Actual Hours) compared to 71% in July 2022. The total hours produced is a key metric for patient safety (included on slide 7 red performance). In July 2022 the Trust produced 112,672 hours, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hours produced has not risen sustainably.

The Demand and Capacity Roster review for EMS has concluded and new rosters will be rolled out across the Trust, commencing in September 2022.

### Remedial Plans and Actions

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

The Trust has a budgeted establishment of 1,654 FTEs for 2022-23; this will allow an increased response capacity of 100 FTEs to maximise UHP to 100% where possible.

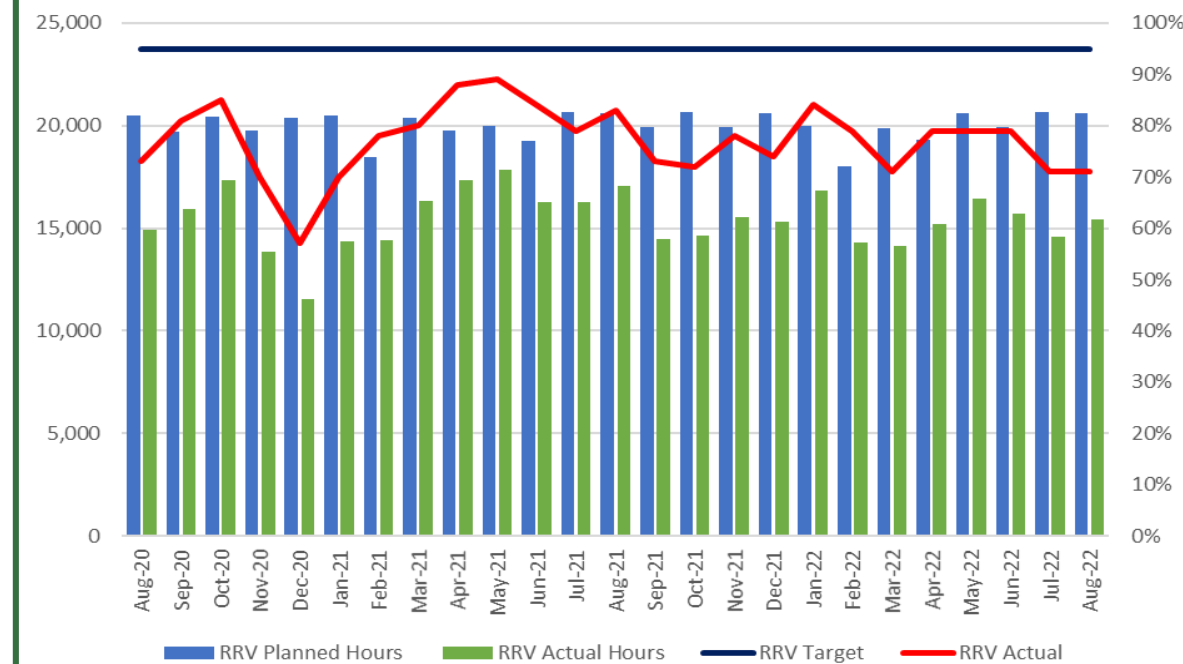
The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 100 WTE to be recruited this year.

*NB: Once available, future iterations will be amended to report UHP against commissioned levels*

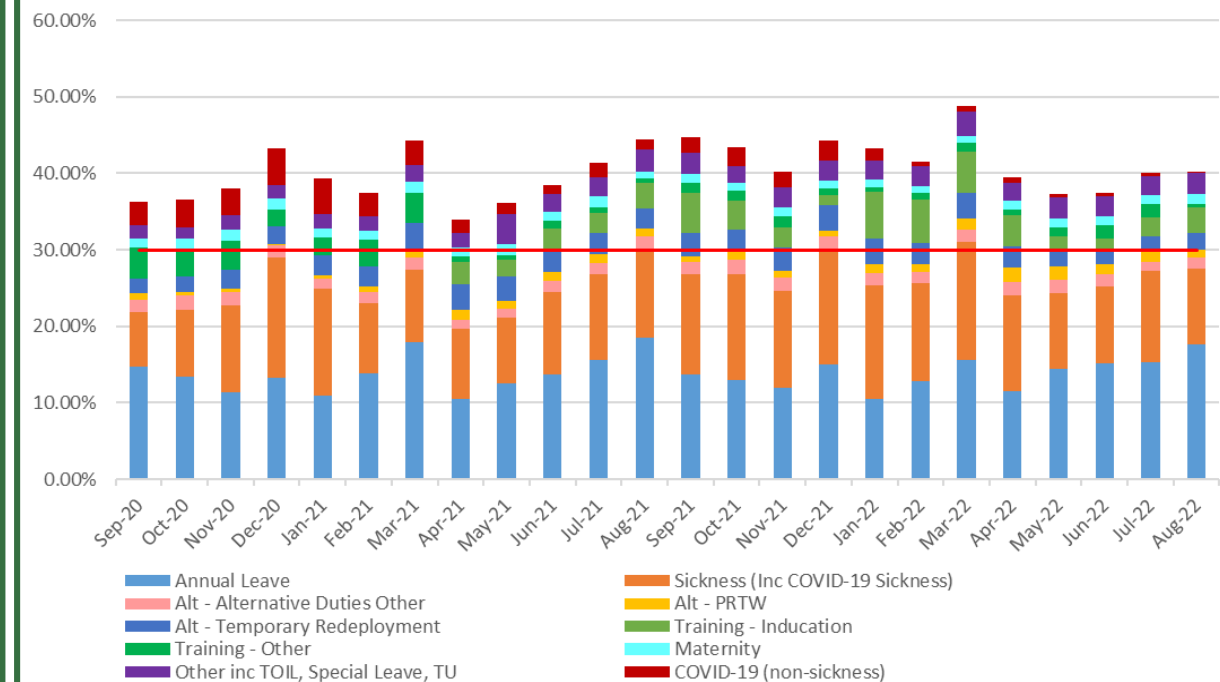
### Expected Performance Trajectory

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

### RRV Hours Planned vs Actual



### Pan Wales EMS Total Rota Abstraction Hours

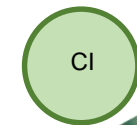


(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our People Health & Wellbeing - Sickness Absence Indicators



NB: Sickness data will always be reported one month in arrears

## Analysis

The monthly sickness absence figure for July 2022 was 10.32%, an increase of 1.14% from last month. There has been a small increase in all overall absence levels which is predominantly due to the sharp increase in short term Covid absence

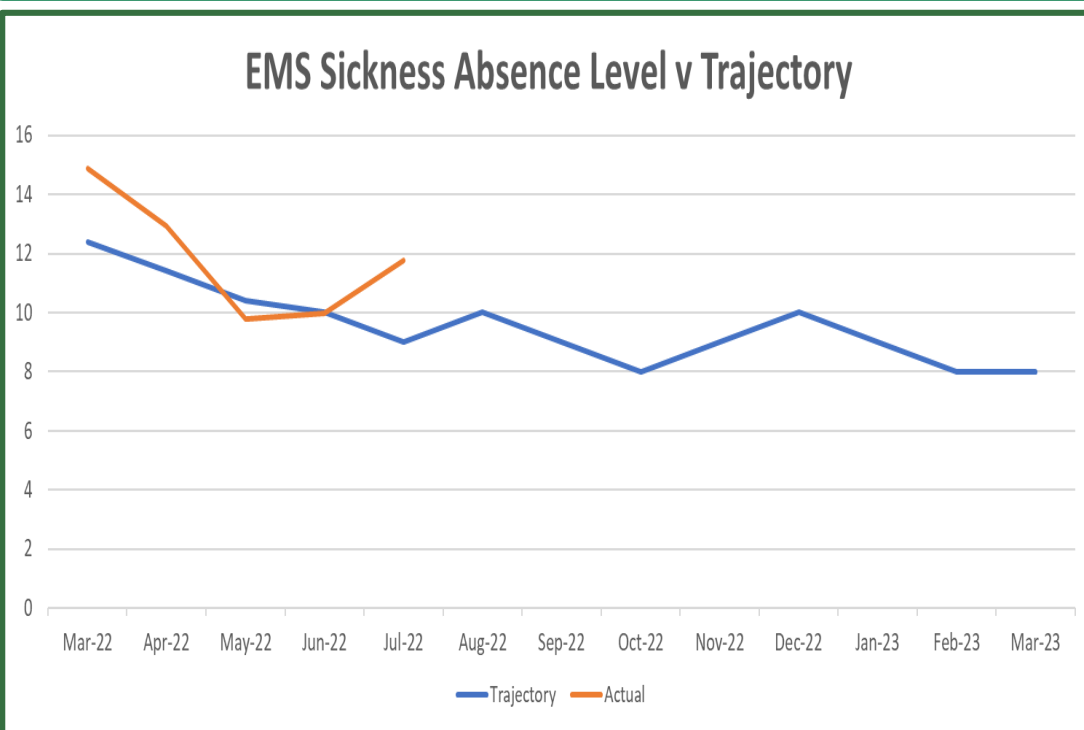
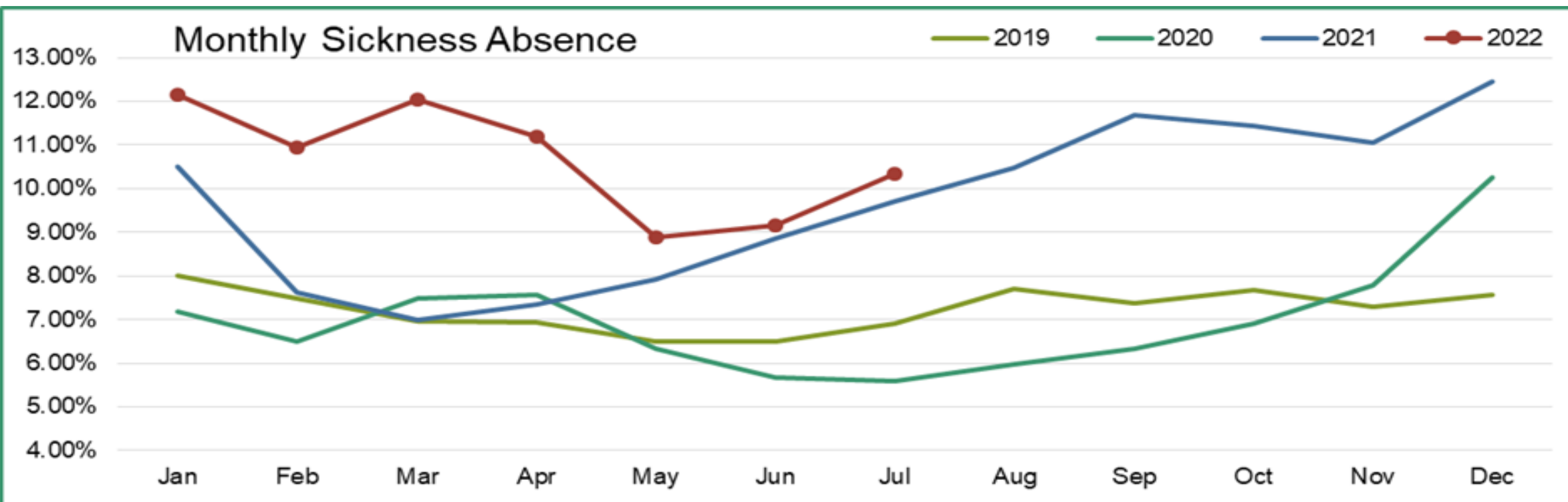
- Long term sickness levels as been reducing month on month and this trend continues
- Physiotherapy: 27 referrals were received in July 2022.
- Average Length of Time from Referral to First Contact: 0.6 days
- Average Length of Time from Referral to Televid Clinical Assessment: 2.2 days
- Average age of those referred is 44 years, with back issues being the main reason for referral.
- Health Assured- EAP: Call summary- In July 2022 42 calls
- Thrive App July 2022 – Total of 606 staff signed onto App with 56 Active Users in the month

## Remedial Plans and Actions

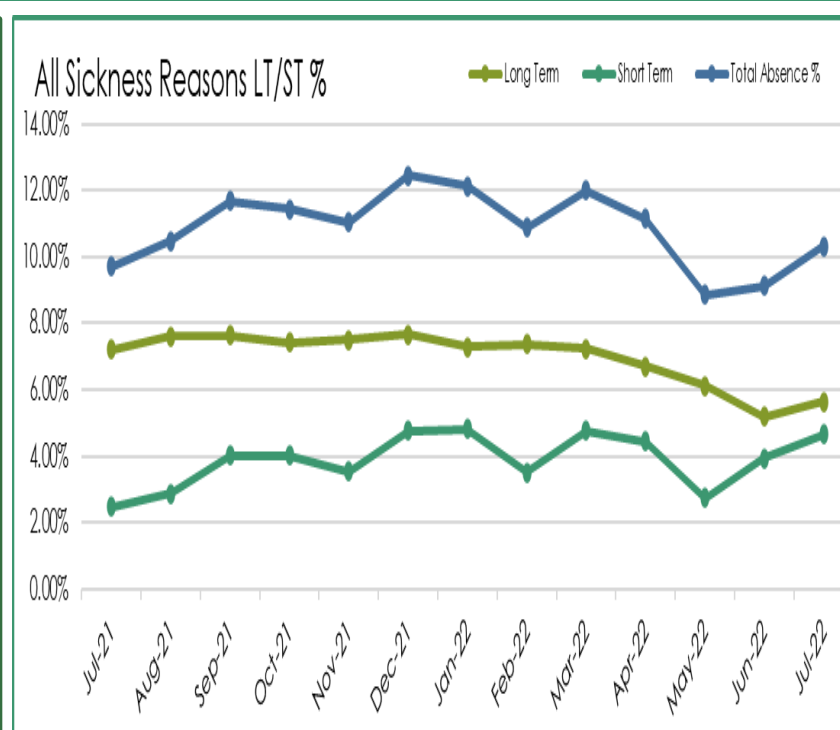
- Comprehensive training and support resource are being rolled out across WAST
- The sickness absence management programme is being adopted across CCC as a result of the improvements seen across EMS
- Considerable focus has been directed on colleagues undertaking alternative roles as a direct result of sickness absence (RTW), Health and Wellbeing and COVID
- Proactive engagement with Occupational Health has been strengthened to aim to support colleagues back to work and avoid absence
- Occupational Health continue to engage with Health Board colleagues to fast track appointments and treatment to reduce length of absences
- Regular meetings are held to discuss complex cases
- Case reviews have been undertaken to agree next steps for colleagues that are on LTS due to COVID so that comprehensive RTW plans are developed
- Local training to embed ESR and Business Intelligence reports to support attendance at work is being rolled out

## Expected Performance Trajectory

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



Average working days lost per FTE (Annual)	
25.00 days	
Single month Absence %	
10.33%	
Long Term	Short Term
5.65%	4.67%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.36%	1.04%



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust

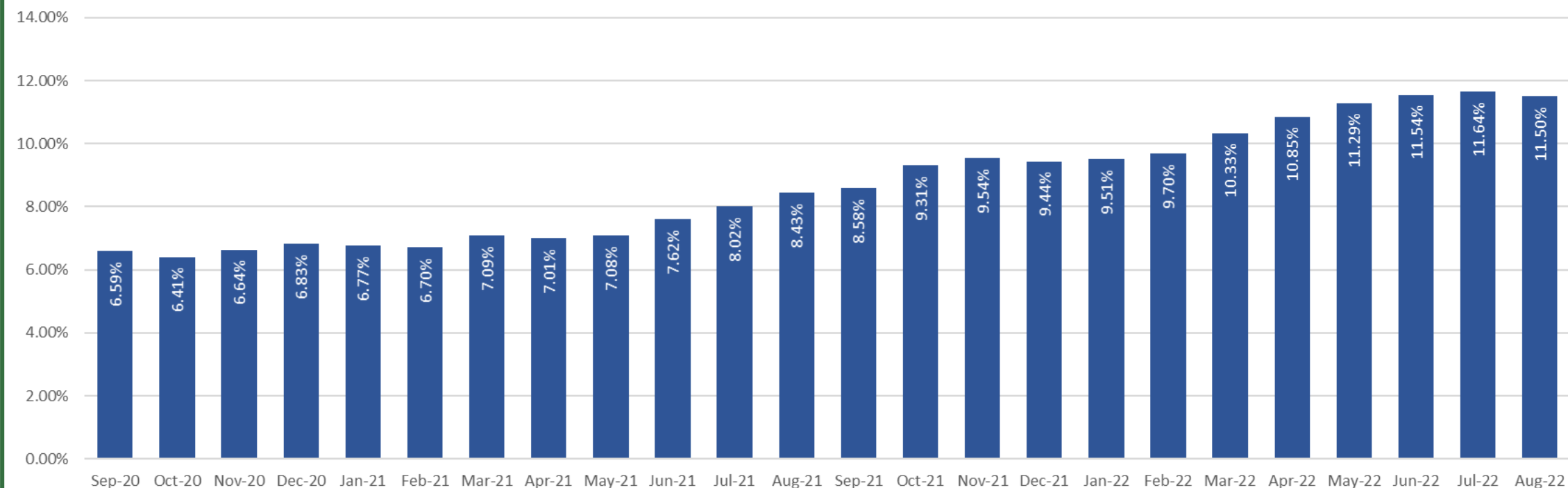




# Our People Health and Wellbeing - Turnover



Staff Turnover Rate FTE (12m)



### Analysis

Staff turnover rates in August 2022 were 11.50%, declining month on month. In comparison Staff turnover rates were 6.28% in July 2021. As highlighted in the Staff & Wellbeing deep Dive presented to People and Culture Committee in August 2022 the number of staff leavers has increased over the last 3 years and were lower pre-pandemic. As identified in the Staff Wellbeing deep dive presented to People & Culture Committee on 06<sup>th</sup> September 2022, staff leave the Trust for a variety of reasons including promotions, relocations and due 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 and events such as Mind over Mountains on 28<sup>th</sup> August 2022

### Remedial Plans and Actions

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

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

The results of a staff survey undertaken in partnership with Swansea University into staff Wellbeing at the Trust are due to be received in September 2022.

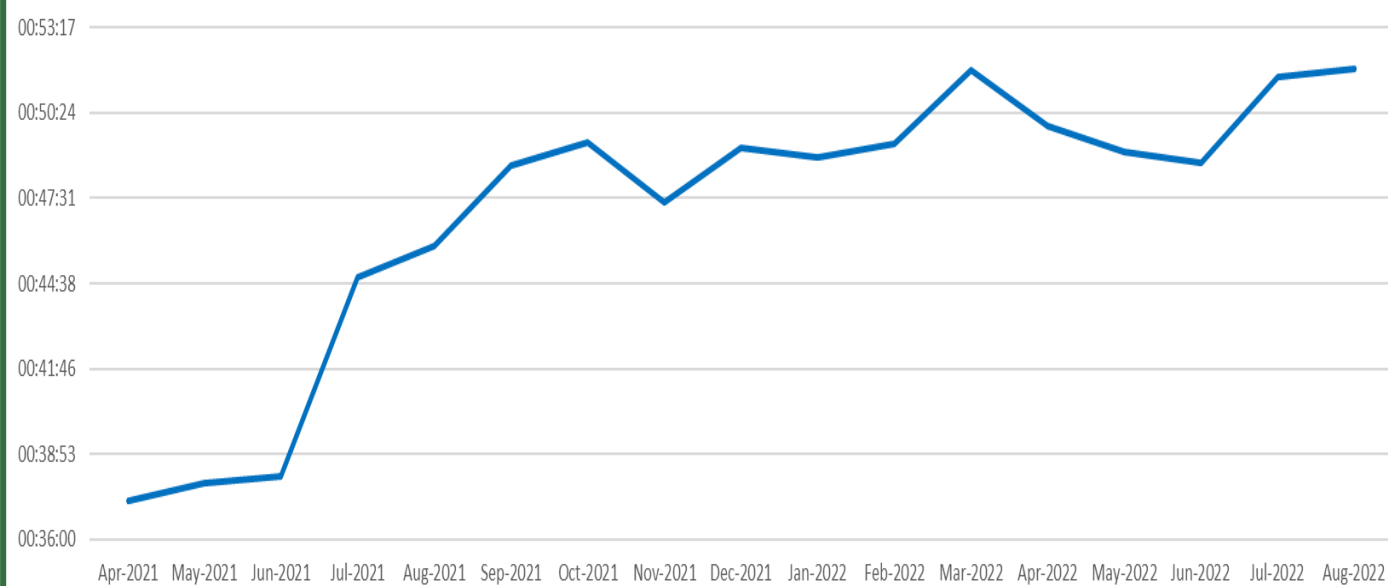
The next Mind Over Mountains, climbing Sugar Loaf Mountain event is planned for Saturday 08<sup>th</sup> October 2022.

### 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.

Total Shift Overrun Time (All Resource Types)



Org L4	FTE by Month		
	2022 / 06	2022 / 07	2022 / 08
020 Ambulance Care L4 (NX10)	699.52	836.86	837.03
020 Emergency Medical Services L4 (DX04)	1,867.65	1,719.72	1,727.01
020 Integrated Care L4 (DX03)	439.80	436.77	436.38
020 National Operations & Support L4 (DX02)	188.09	165.89	161.77
020 Resourcing & EMS Coordination L4 (DX05)	347.56	342.80	338.01
<b>Grand Total</b>	<b>3,542.62</b>	<b>3,502.04</b>	<b>3,500.21</b>
<b>Ambulance Response:</b>			1,482.24*

Note a reduction of 144.92FTE compared to the previous month due to ACA2s moving to ambulance care as of 01/07/22



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust



# Our People

## Staff Vaccination Indicators

Self Assessment:  
Strength of Internal  
Control: Moderate

Flu

R

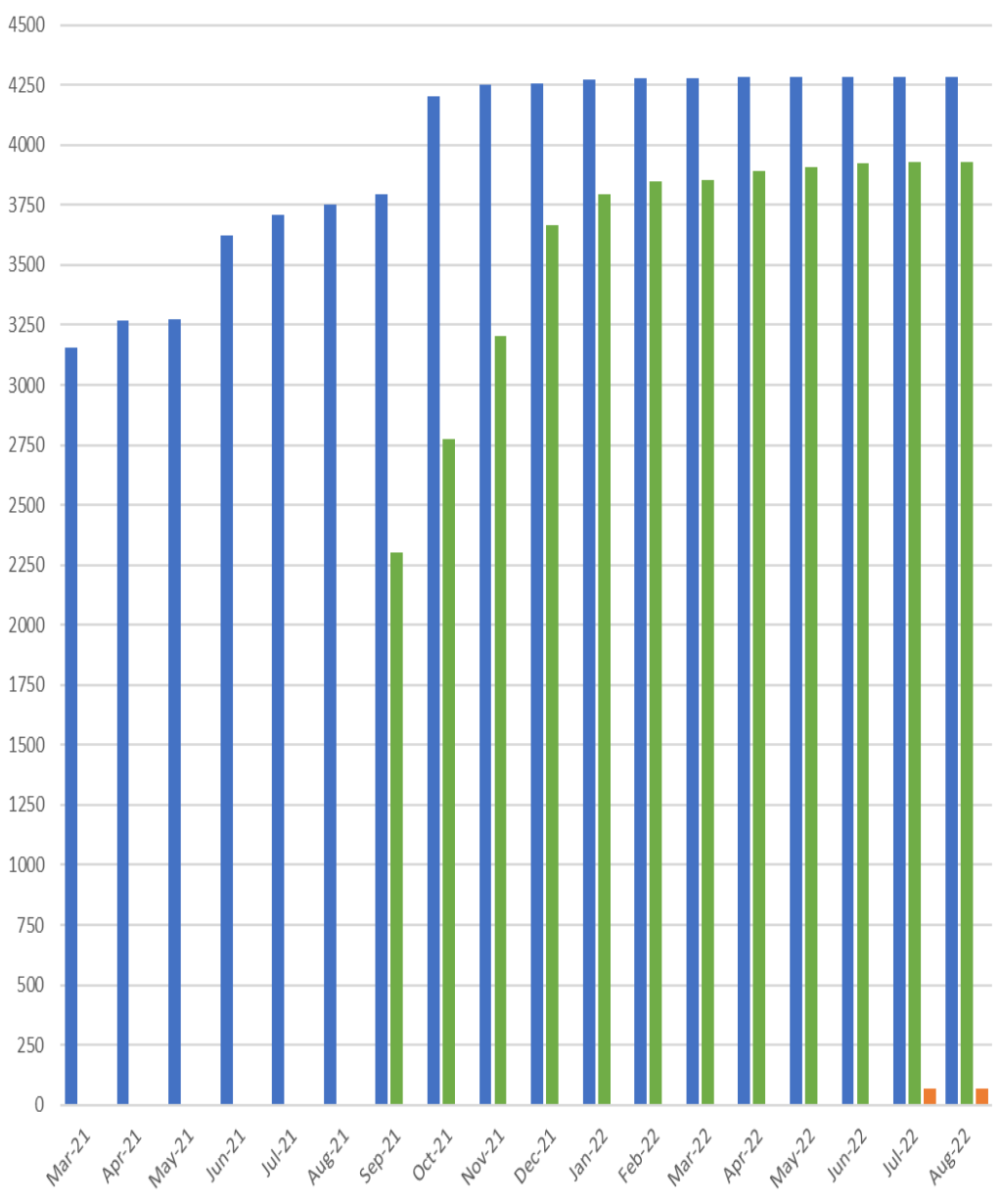
CI

PCC

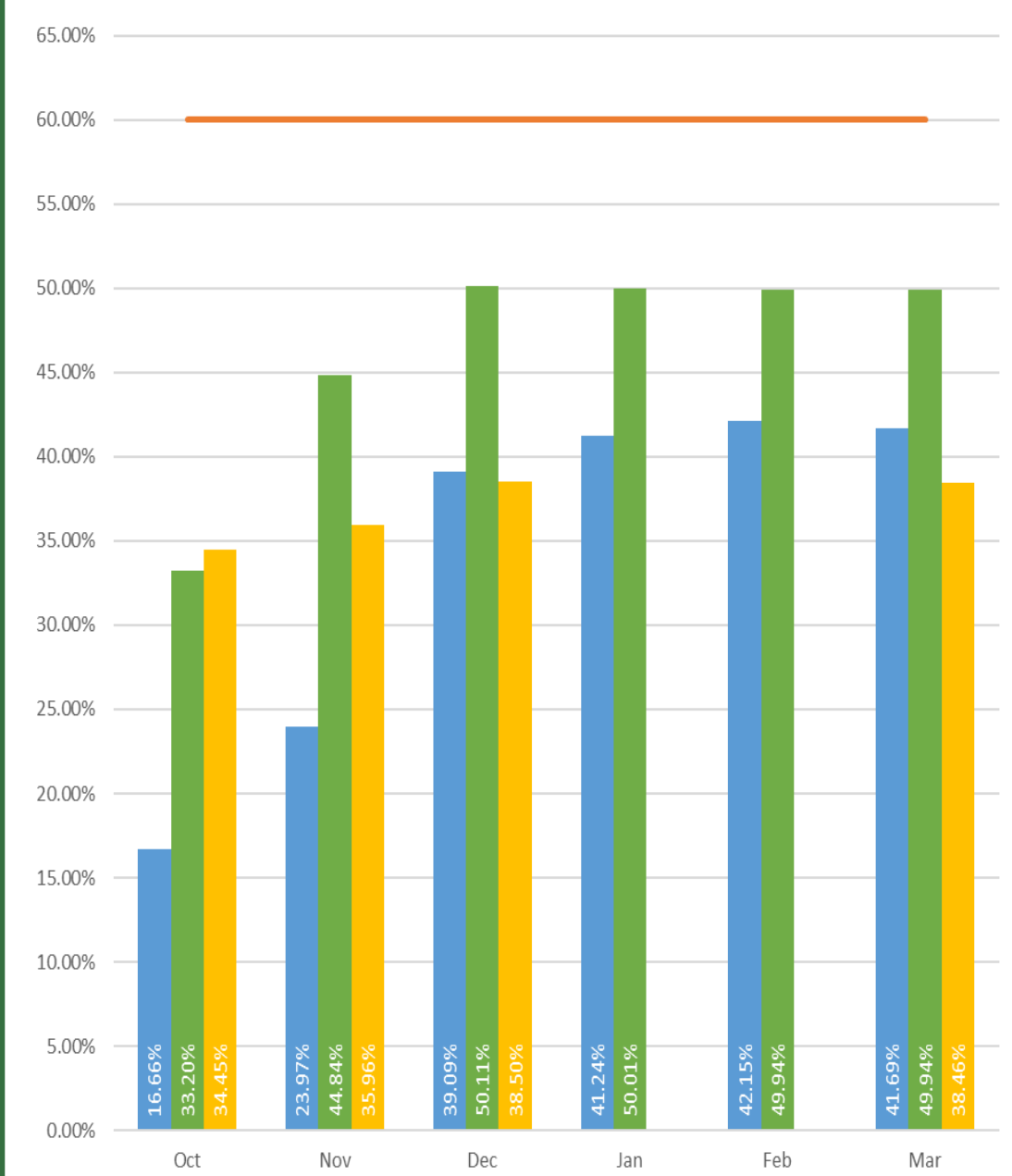
NB: Next Reporting Flu Campaign October 2022

Health & Care  
Standard  
- Health (PPI)

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



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



### Analysis

The Trust is preparing to launch the 2022-23 flu campaign, flu leads, and peer vaccinators have been identified. 2,000 vaccines are due for delivery mid-September 2022 in preparation for vaccinations will commence on 26 September 2022, and data will be reported from October 2022.

There was no change month on month in the reporting of COVID vaccinations. As of end-August 2022 4,532 staff currently employed (All staff) front line (Patient Facing and Non-Patient Facing staff), 95% of staff have received a first dose COVID-19 vaccination, 95% (4,283) have received a second dose and 87% (3,925 Staff) have received a booster vaccination. In addition, 94% of volunteers have received a first dose vaccination, 93% have received a 2<sup>nd</sup> dose and 88.5% have received a booster vaccination.

### Remedial Plans and Actions

- Staff are required to complete mandatory training for flu through Flu One e-learning modules via ESR.
- Planning has commenced earlier than ever for the 2022/23 campaign, with 48 Flu Leads (across all EMS localities and all Directorates, unlike previous years) being appointed in July 2022.
- Monthly Flu Update meetings (with Flu Leads) commenced earlier than ever too, with the first taking place on Monday 12<sup>th</sup> September to ensure all are ready for the delivery of the flu vaccines
- Vaccines are being delivered from 16<sup>th</sup> – 21<sup>st</sup> September all in a bulk order to 4 delivery points (Matrix One, Ty Elwy, Hensol and Caernarfon), as opposed to being delivered over several months and therefore, preventing vaccine supply issues that have occurred in previous years
- The Flu Siren page has launched, with all details of clinics, Flu Leads, Peer Vaccinators.
- The I.T. Department 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.

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



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust

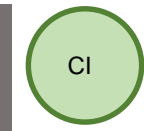


# Our People

## Health and Wellbeing - PADR and Training Rates Indicators



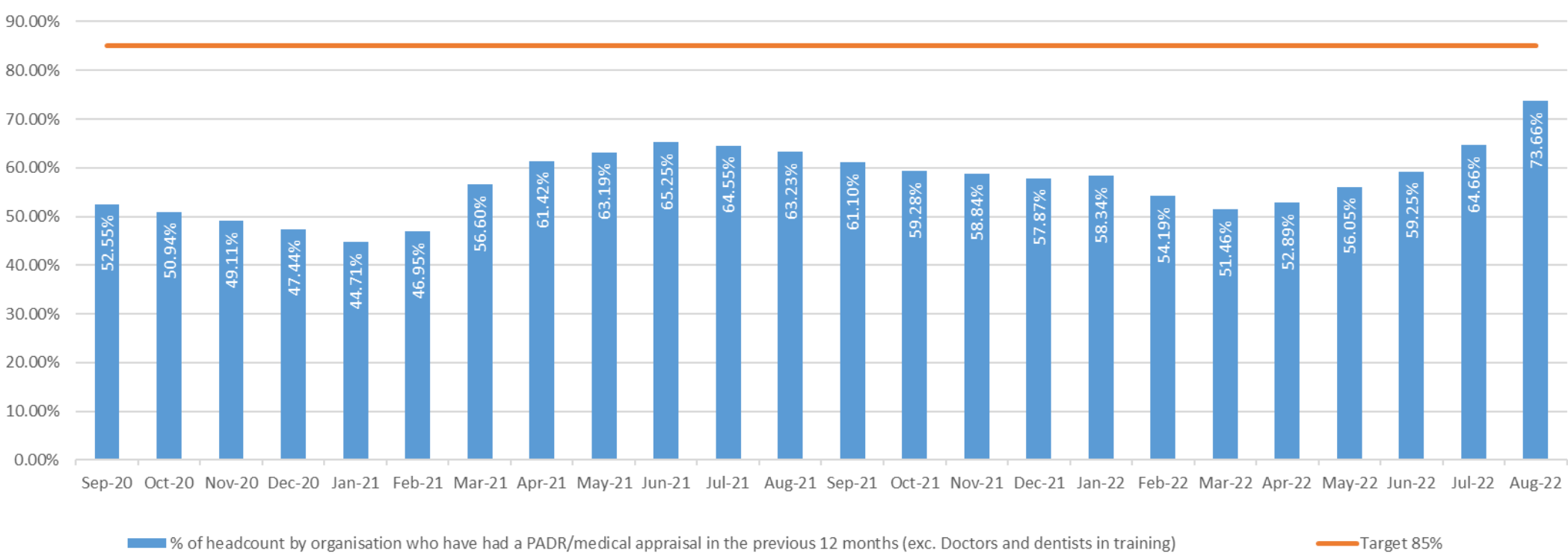
Self Assessment:  
Strength of Internal  
Control: Strong



Health & Care  
Standard  
Health – Staff &  
Resources



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



### Analysis

PADR rates for August 2022 improved for the sixth consecutive month to 73.66% and are on an upward trajectory, however they continue to remain well below the 85% target.

August 2022 Statutory & Mandatory Training rates increased by 0.27% from the July 2022 figure, once again achieving the 85% target for the fourth consecutive month. Fire Safety (68.10%) and Equality & Diversity (79.84%) failed to achieve the 85% target; however, Moving & Handling (85.30%), Information Governance (85.52%) Dementia Awareness (88.42%) and Safeguarding Adults (88.75%) achieved the target in August 2022.

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

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

### Remedial Plans and Actions

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

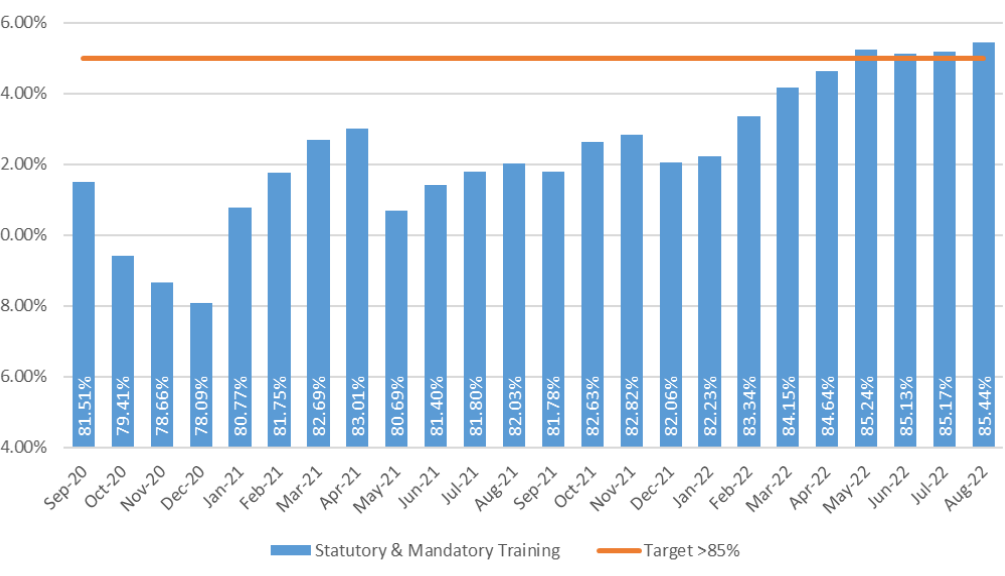
A campaign is underway to 'mop up' last years non-compliance and is due for completion shortly. A presentation to SOT and SESG in July 2022 will outline proposals for 22-23 CPD topics and structure. In addition, meetings are ongoing with the Ambulance Response Team to highlight compliance rates for Frontline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

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

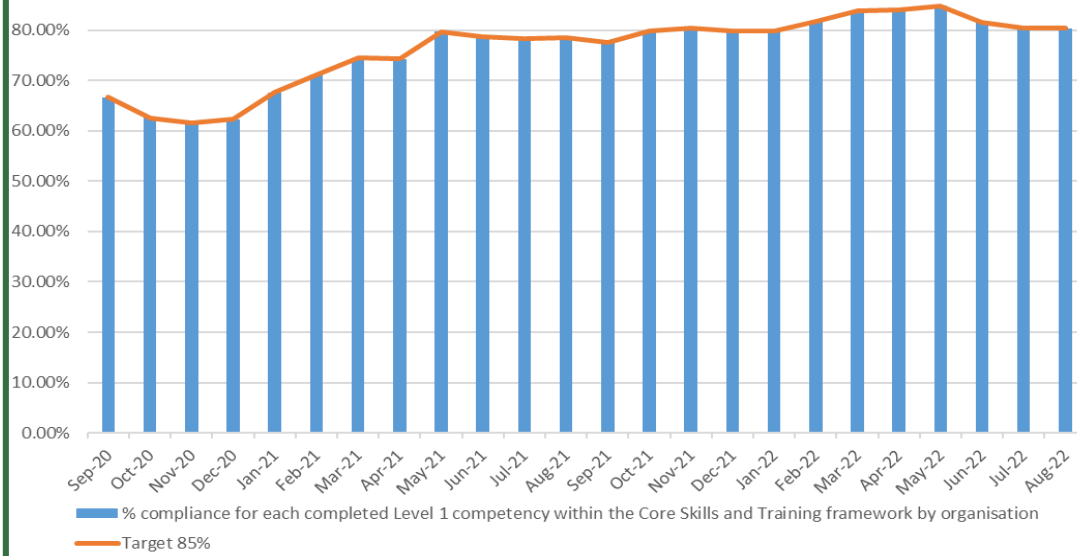
### Expected Performance Trajectory

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

% Compliance Statutory and Mandatory Training (10 CSTF Modules)



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



Data source: ESR



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust

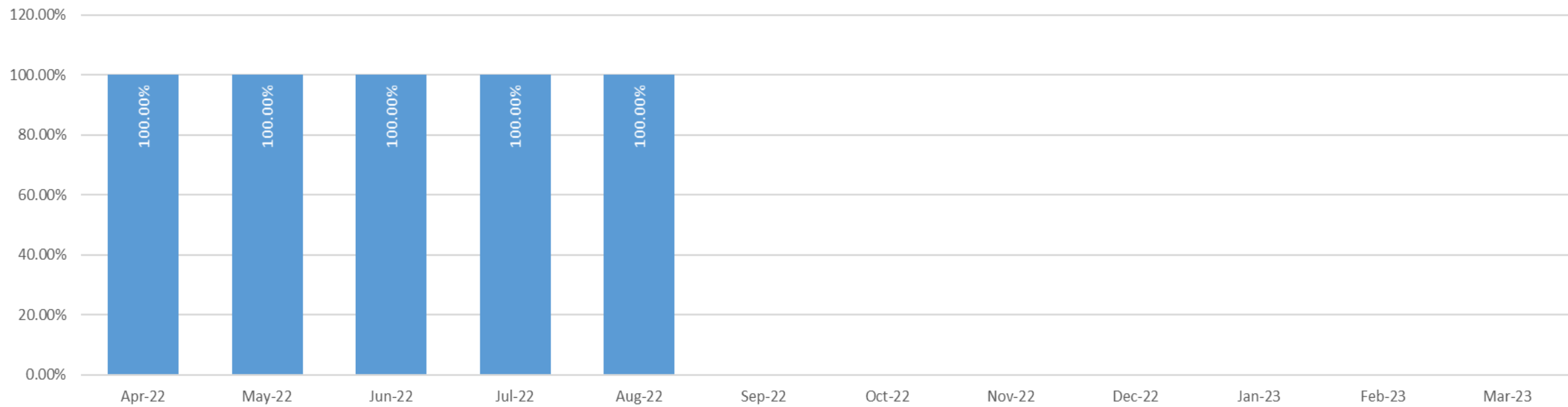


# Finance, Resources and Value

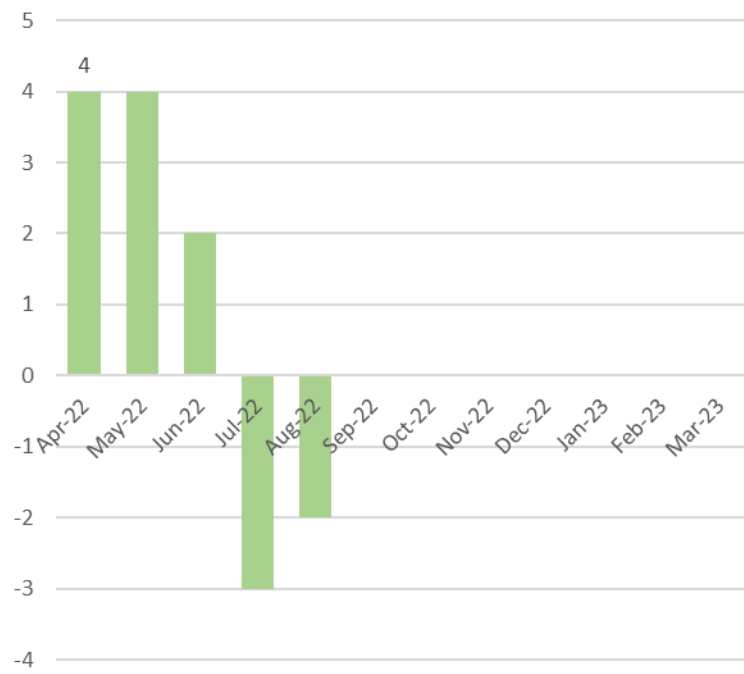
## Finance Indicators



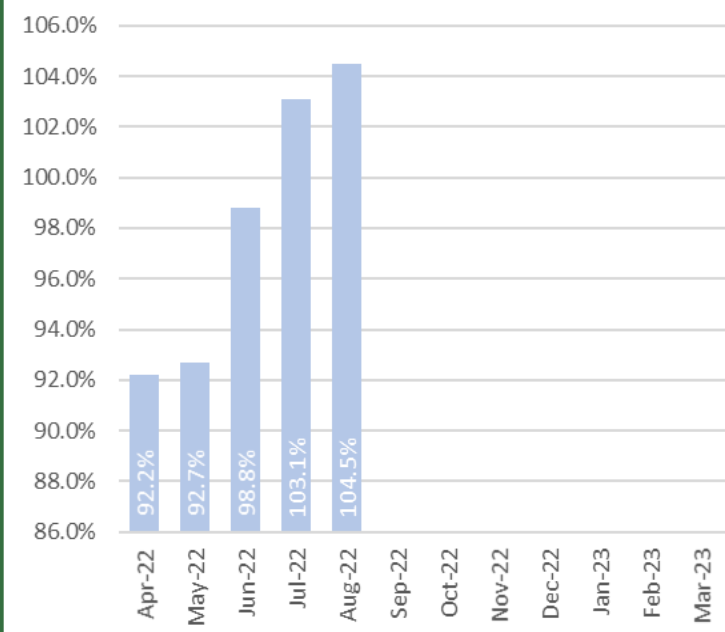
Financial balance - annual expenditure YTD as % of budget expenditure YTD



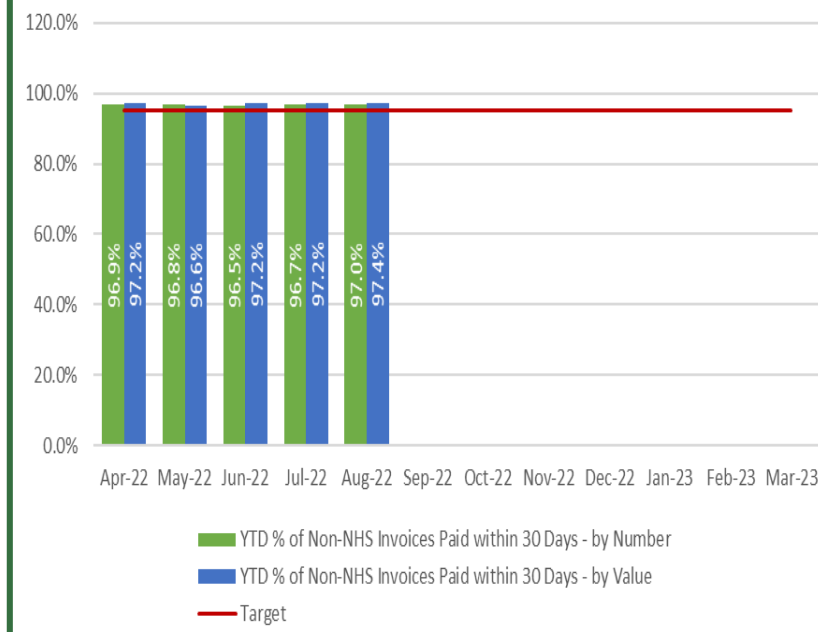
Actual Trust Surplus/(Deficit) YTD - £000



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 5 is a deficit of £2,000, with a forecast to the yearend of breakeven.

For month 5 the Trust is reporting planned savings of £1.799m and actual savings of £1.880m, an achievement rate of 104.5%.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of August 2022 was 97.0% against a target of 95%.

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

### Remedial Plans and Actions

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

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

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

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

### Expected Performance Trajectory

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



(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust



# Finance, Resources and Value

## Resource and Value Indicators



Slide Under Development: Emissions data and Green Vehicle Fleet to be reported from September

### Analysis

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

As demonstrated in the bottom left graph, average job cycle decreased in August 2022 for Advanced Paramedic Practitioners (APP), but increased for RRV, UCS and EA calls. EA calls averaged 2 hours and 8 minutes in August 2022 and have been on an increasing trajectory.

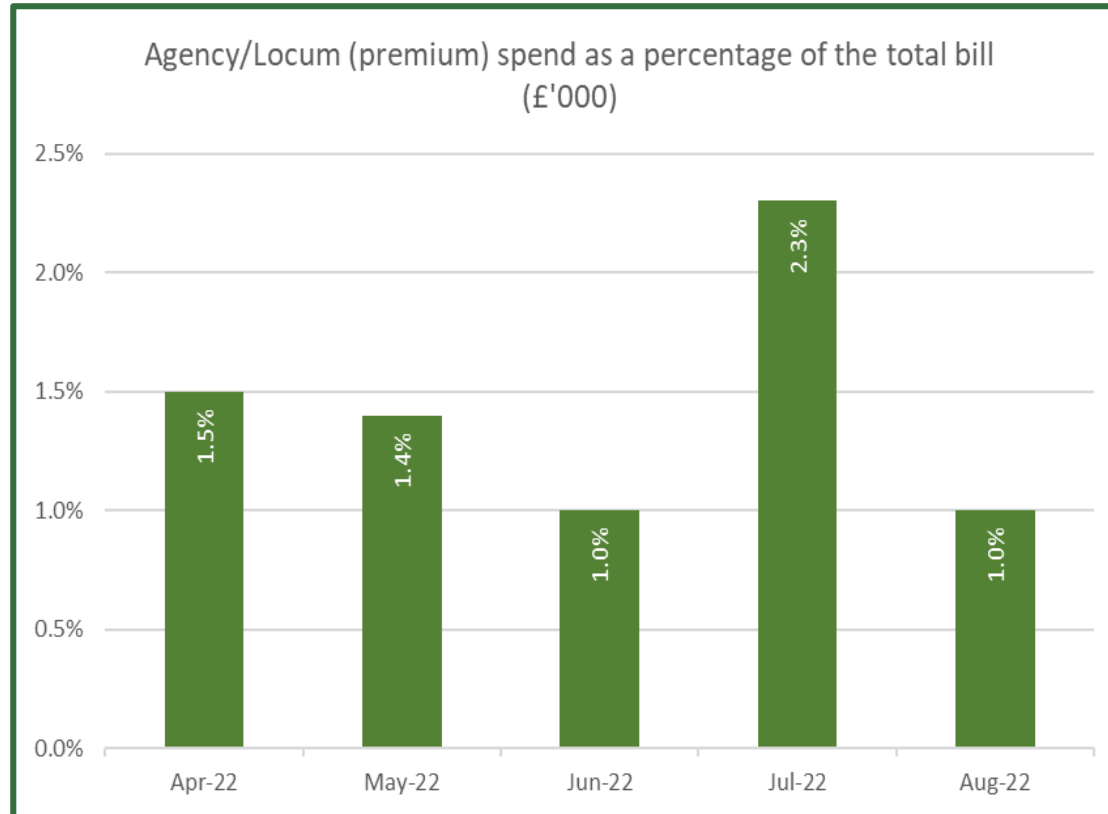
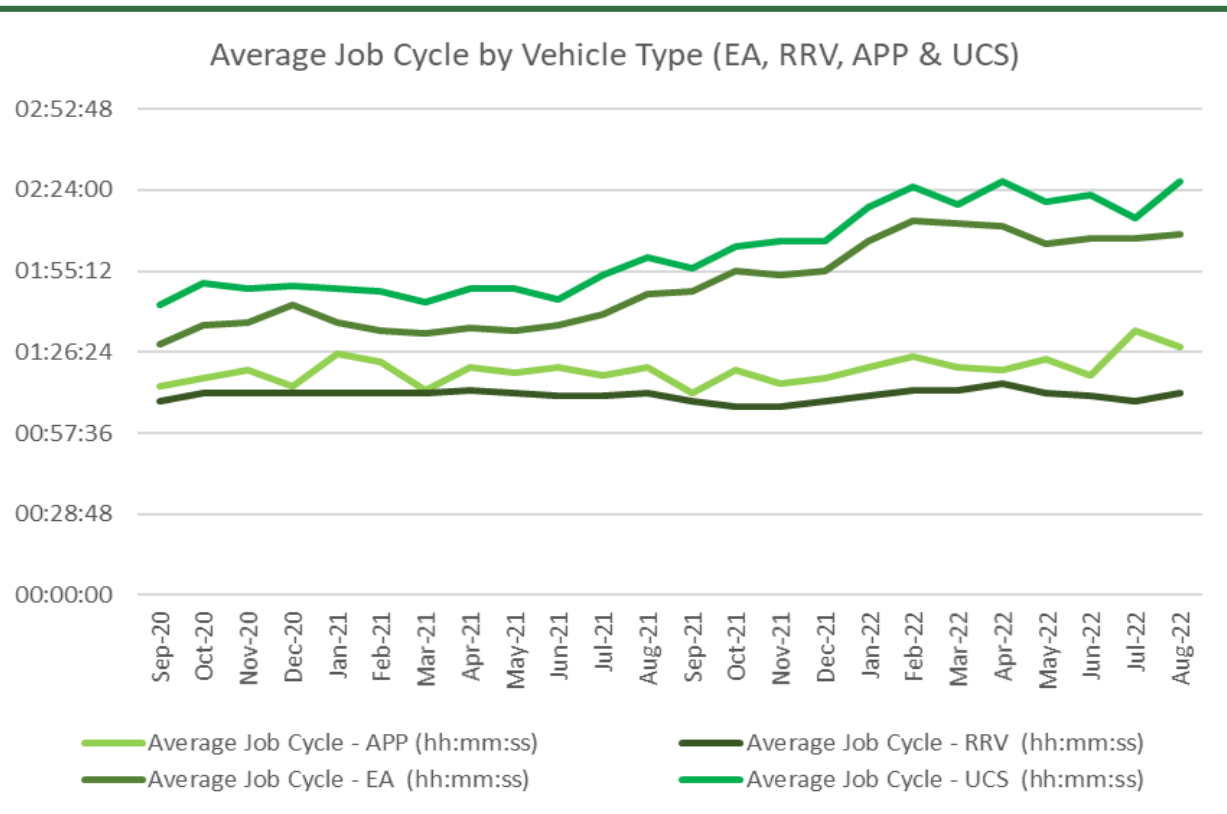
There was a decrease seen in agency spend in August 2022 from the July 2022 position likely attributed to the end of cohorting facilities at Hospital EDs in ABUHB and SBUHB

### Remedial Plans and Actions

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

### Expected Performance Trajectory

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



(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust



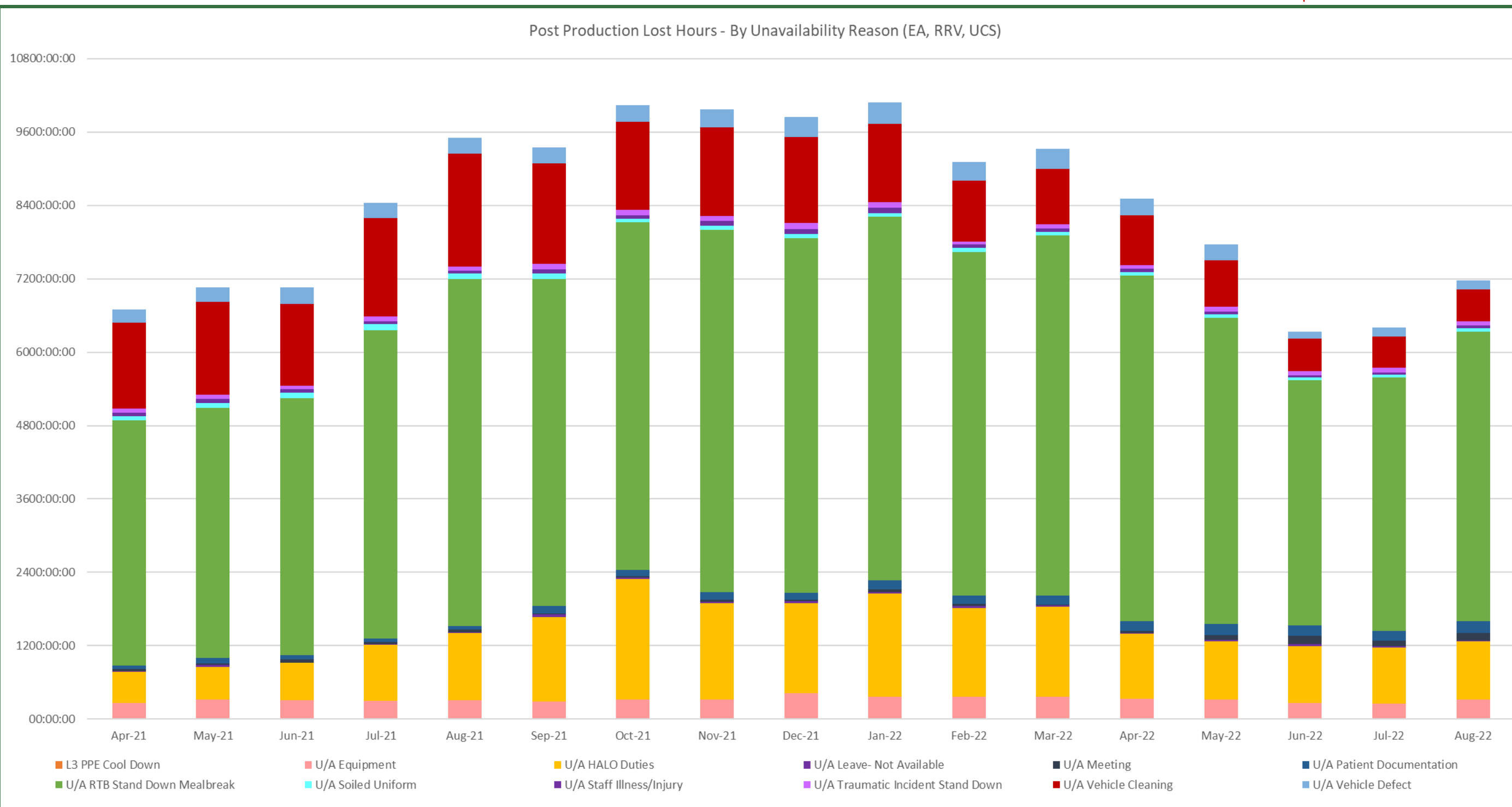
# Value / Partnerships & System Contribution

## EMS Utilisation & Postproduction Lost Hours Indicators



NB: Revised data reported based on amendments in QlikSense and refinements applied to improve accuracy in reporting

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



### Analysis

There were 7,175 post production lost hours (PPLH) across EA, RRV & UCS vehicles in August 2022; an increase when compared to July 2022 (6,399).

In August 2022 hours lost through PPLH can be down to numerous factors, including, but not limited to Return to Base, Meal Breaks (4,741 Hours), HALO duties (947 hours) and Vehicle Cleaning (520 Hours). It can also be as a result of different processes at hospital sites causing variation in process in flow throughout the system that contribute towards post- production lost hours.

### Remedial Plans and Actions

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

### Expected Performance Trajectory

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

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



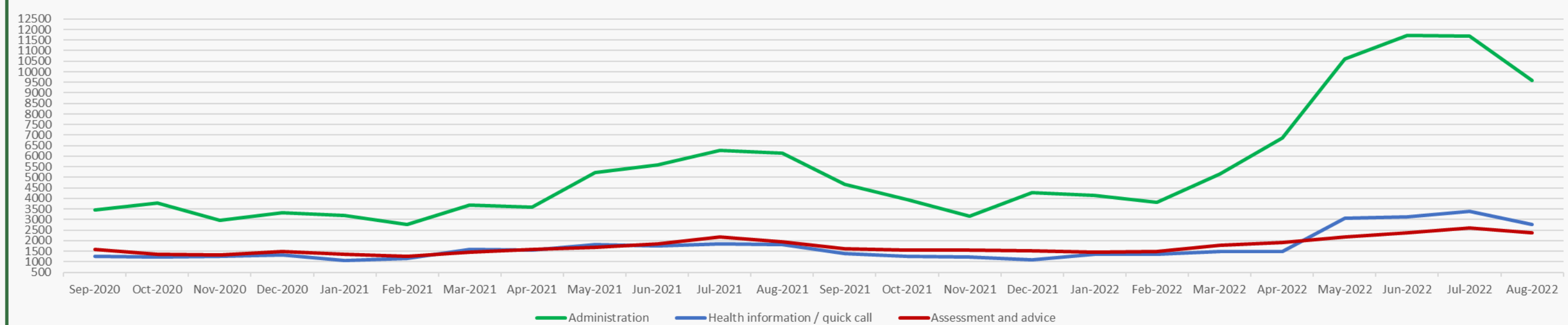
# Partnerships / System Contribution

## 111 Hand Off Metrics and 111 Consult & Close Indicators

### Influencing Factors – Demand and Clinical Hours Produced



111 Consult and Close



#### Analysis

In August 2022 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 38% of calls.

Calls falling in the Immediate Care Required category saw the highest volume; this includes calls referred to General Practitioner (24,387), advised to attend ED/MIU (8,686) and calls referred to 999 (4,333).

In August 2022 63,553 calls were received in the 9 categories displayed in the bottom right graph, decreased when compared to 70,265 in July 2022; but a significant increase when compared to 30,871 in August 2020 and 50,712 in August 2021.

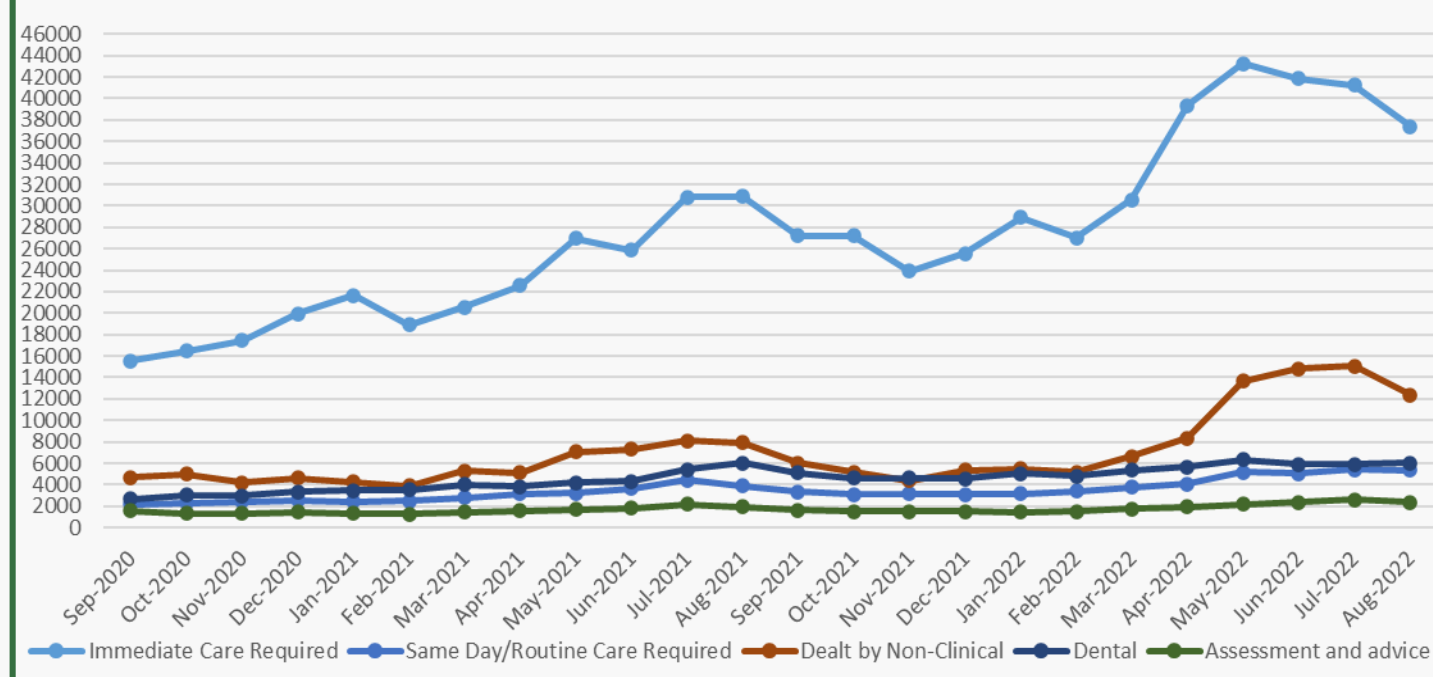
#### Remedial Plans and Actions

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

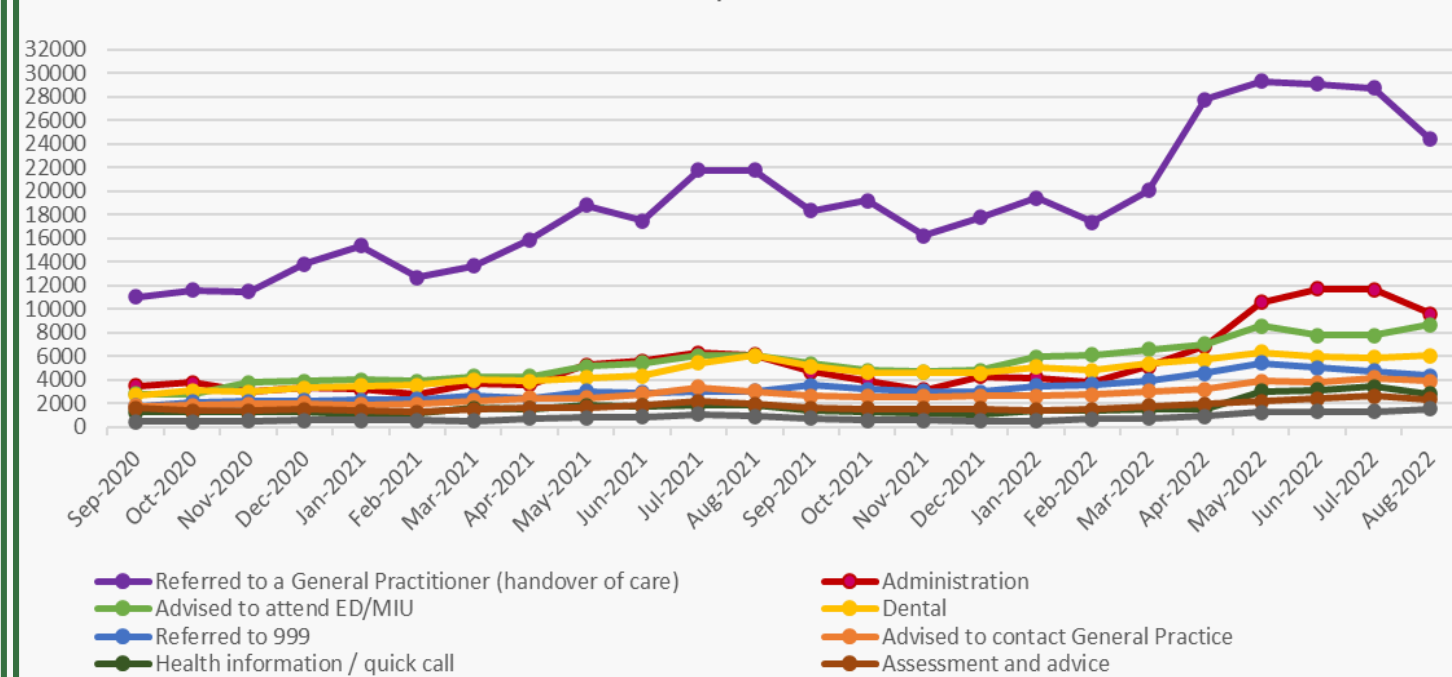
#### Expected Performance Trajectory

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

111 Calls by Final Outcome



111 Calls By Final outcome



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

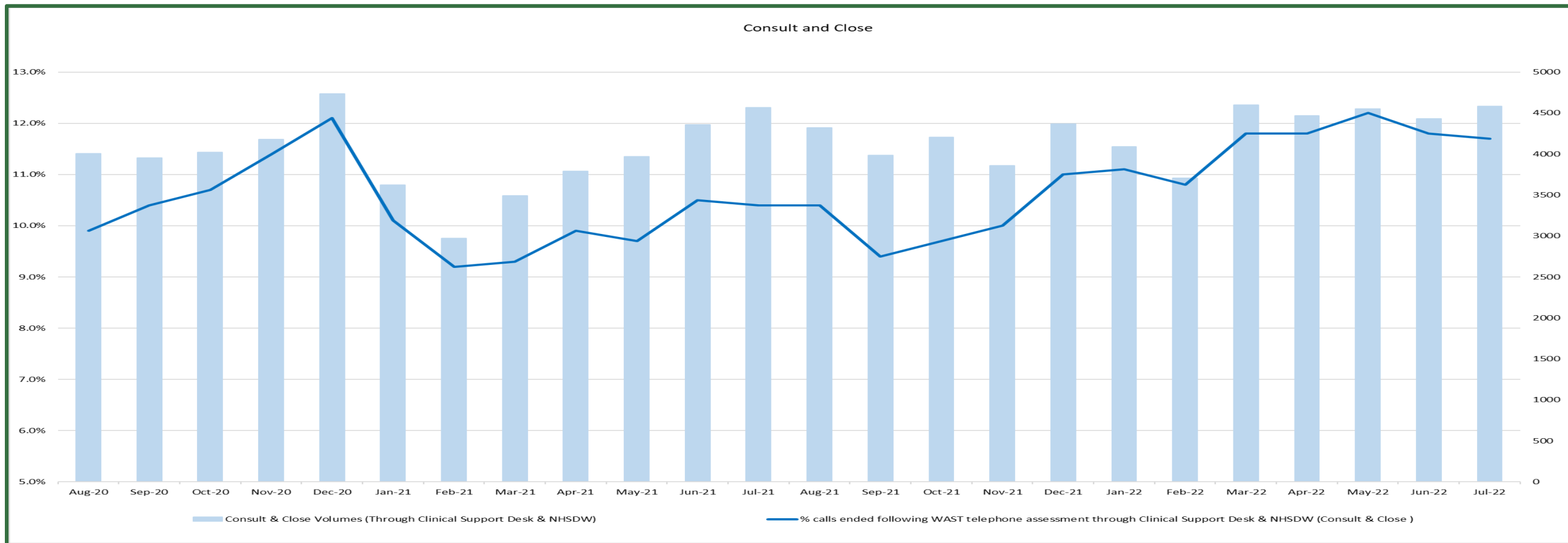


# Partnerships / System Contribution

## Consult & Close Indicators



NB: August 2022 data unavailable as AQIs not published



### Analysis

The **Clinical Service Desk (CSD)** and **NHS111 (Consult & Close)** achieved 11.7% performance in August 2022, therefore continuing to achieve the historical 10.2% target for the ninth consecutive month and remaining stable, however it continues to fall short of the new target of 15%.

8.2% of consult & close volumes were achieved by the CSD in August 2022. In comparison, 3.5% of consult & close was by NHS111.

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

**Re-contact rates in July 2022 were 7.2%** a decrease compared to 8.2% in June 2022, however, this is an increase compared to 6.9% in July 2021.

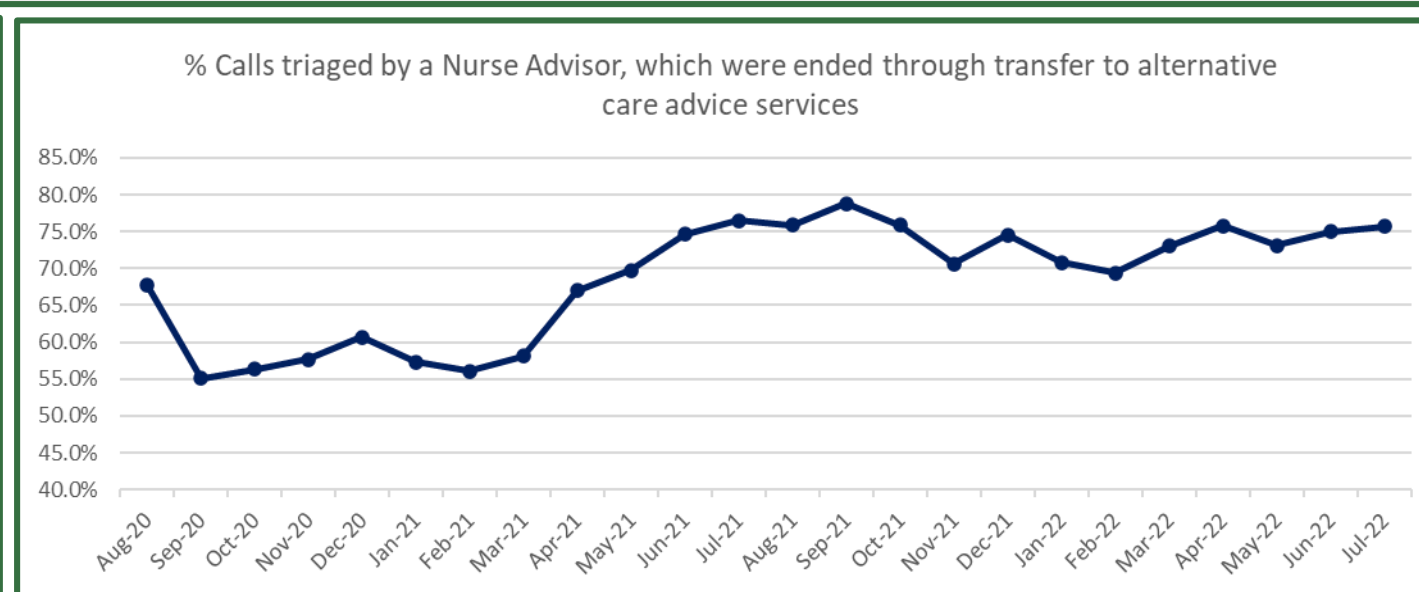
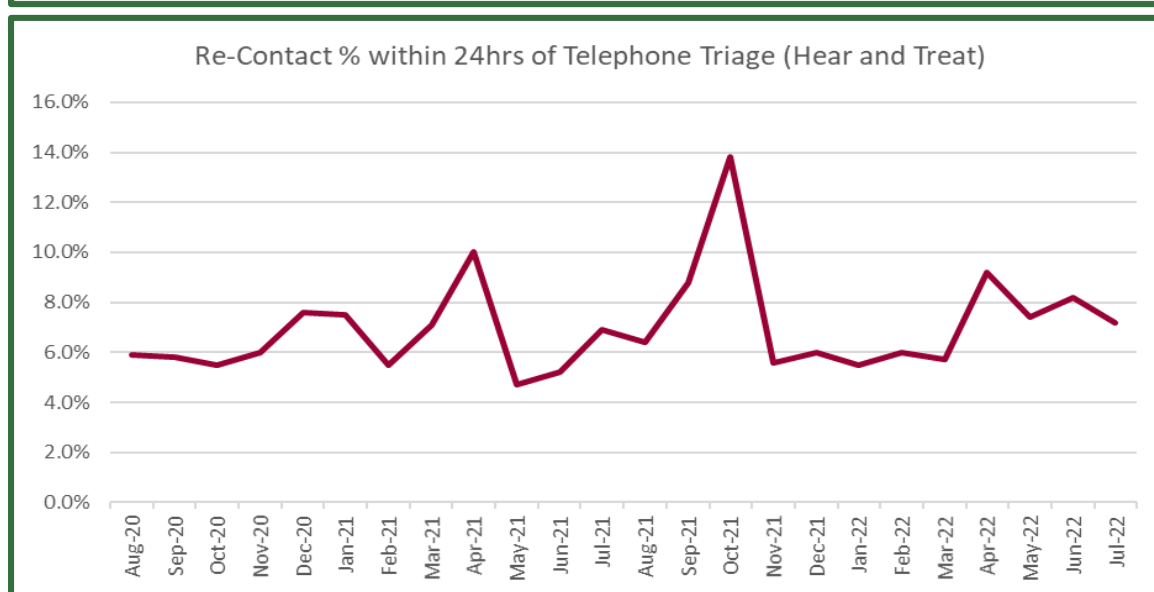
The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services increased month on month to 75.7% in July 2022; by comparison, this figure was higher in July 2021 at 76.5%.

### Remedial Plans and Actions

- Funding has been agreed to double the size of the CSD, including introduction of 5 mental health practitioners. In the first few months of the year, the staff have been onboarded and have been training on the new ECNS system. It is likely therefore that we will start to see the full effect into Q2 / Q3
- The team are also undertaking detailed process maps of the work that they do in order to identify where improvements can be made
- The revised establishment is 96 FTEs with current in post 90 FTEs.

### Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



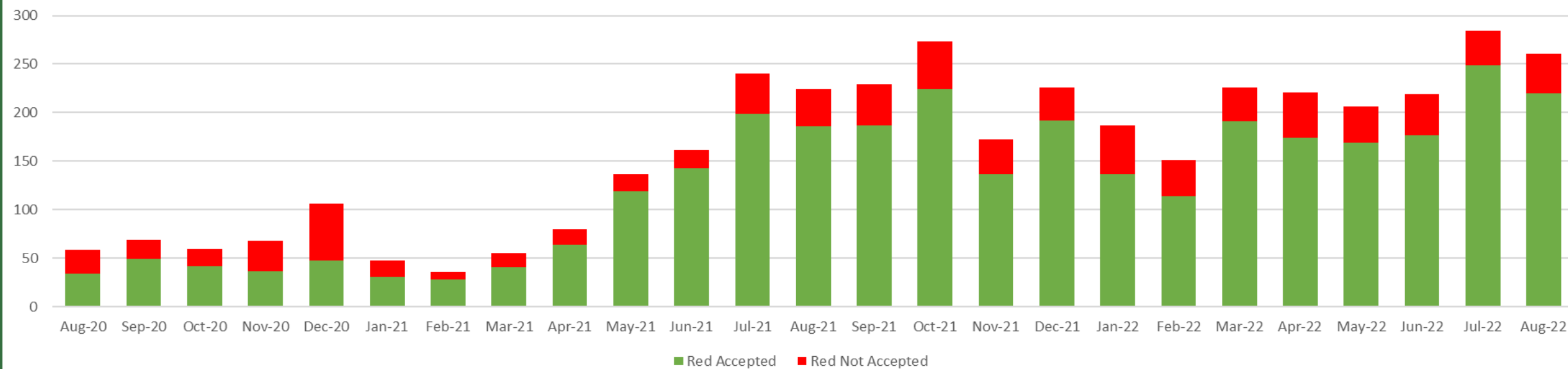


# Partnerships / System Contribution Escalation and Patient Experience

TBD



Pan-Wales Immediate Red Release



## Analysis

There were 972 request made to Health Board EDs for immediate release of Red or Amber 1 calls. Of this 220 were accepted and released in the red category, 41 were not accepted. In conjunction to this, 312 ambulances were released to respond to Amber 1 calls, but 399 were not.

During August 2022, the Trust has not seen any days at CSP level 1, Business as Usual (BAU) or CSP 2a or 2b; 9 days were spent at Clinical Safety Plan (CSP) level 4a, resulting in clinical screening of Amber 1 calls and the Trust being unable to respond to calls in the Amber 2 and Green categories advising these patients to contact their GP, 111 Online or make their own way to a Minor Injury Unit (MIU), those callers within the HCP category are advised to make their own way to hospital. 8 days were spent at CSP level 3b, therefore seeing the Trust only being able to respond to Red and in some exceptions, Amber 1 calls, with Amber 2 calls being clinically screened and the Trust unable to respond to Green and HCP calls. 11 Days were spent at CSP level 3a and again resulting in the Trust only responding to Red calls and in some exceptions Amber 1 and 2 calls. 3 days were spent at CSP 2c seeing the Trust respond to Red calls and only those calls with exception in the remaining categories.

In August 2022, 255 ambulances were stopped due to CSP alternative transport and 358 were as a result of CSP Can't send options. In addition, 10,665 ambulances were cancelled by patients (including patients refusing treatment at scene) and 320 patients made their way to hospital using their own transport.

## Remedial Plans and Actions

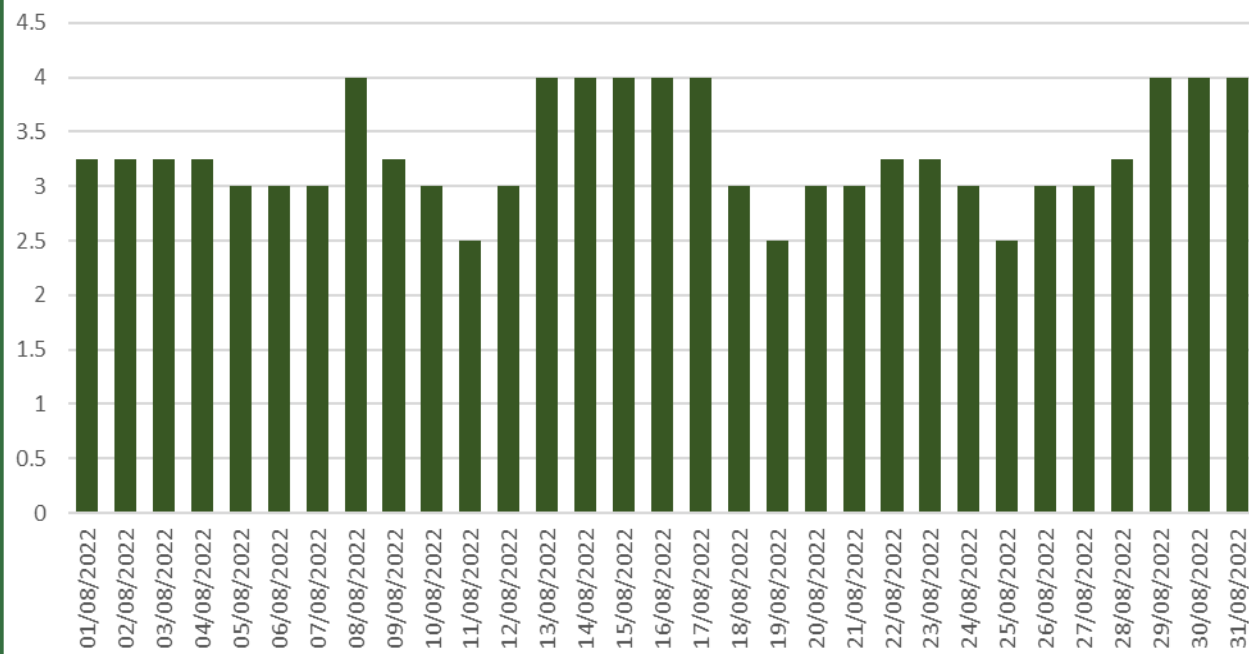
Red immediate release is monitored weekly by the Chief Executive of Ambulance Services with the expectation that there are no declines for red release from any of the 7 Health Boards. All health boards have agreed to this measure.

## Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trusts ability to respond to demand.

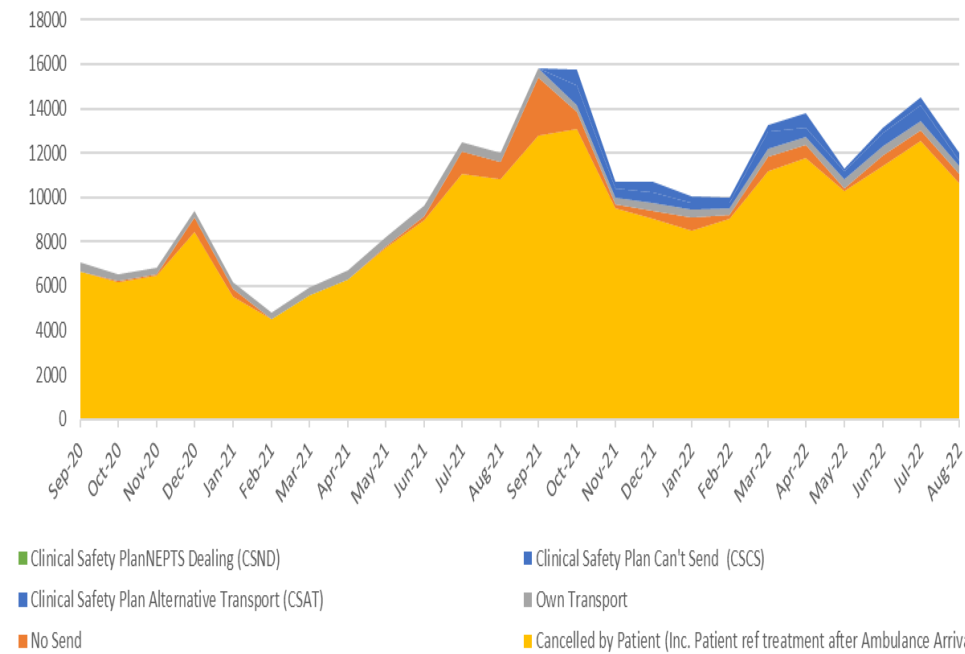
Winter pressures will impact the Trust and seasonal planning is being used to prepare for this.

Maximum Daily CSP Level



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

Numbers of Patients with No Send or Cancelling Ambulance



(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust



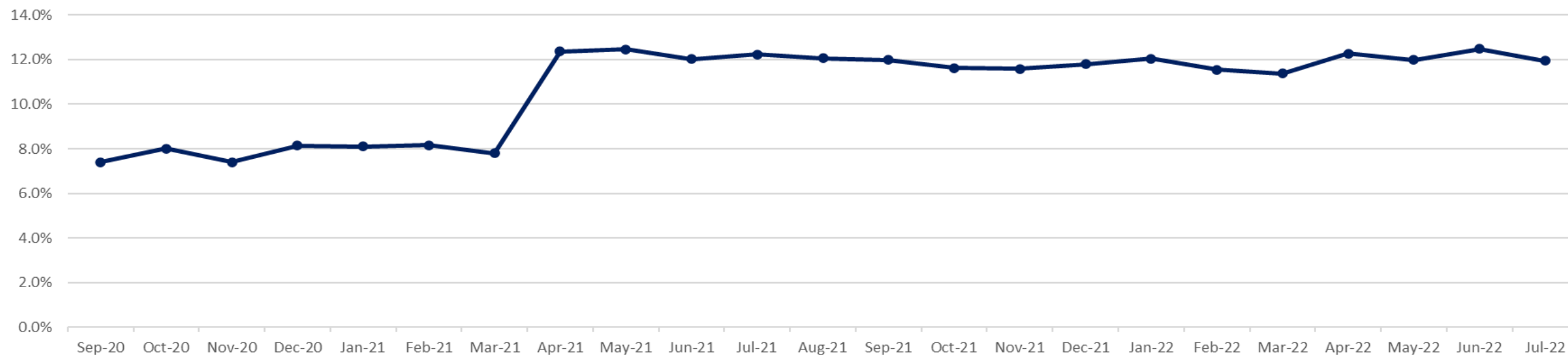
# Partnerships / System Contribution Conveyance to ED Indicators



Ministerial Measure

NB: August 2022 data unavailable as AQIs not published

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



### Analysis

Although not shown here, the percentage of patients conveyed to EDs decreased (i.e. improved) compared to the same period last year. In July 2022 conveyance to EDs as a proportion of total verified incidents was 29.76% (compared to 35.41% in July 2021). In addition, 11.9% of patients (1,594) in July 2022 were conveyed to a service other than a Type One ED.

The combined number of incidents treated at scene and referred to alternate providers decreased in July 2022 when compared to June 2022. 1,684 incidents were referred to alternative providers in July 2022 and 2,176 incidents were treated at scene; however, a review of other outcomes (see graph) shows that there are a number of incidents where there was a no send due to escalation of the Clinical Safety Plan (CSP).

### Remedial Plans and Actions

This indicator captures the impact of all "shift left" activity, for example hear & treat, see & treat (APPs, Band 6 Paramedics), pathways and conveyance to other hospital locations e.g. minor injury units (MIUs), direct admissions etc. Years 3-5 of the EMS Operational Transformation Programme offer the potential to take a more transformative look at options for further reducing conveyance, where it is clinically safe and appropriate to do so. The initial results of this modelling are expected w/c 24 January 2022 (received).

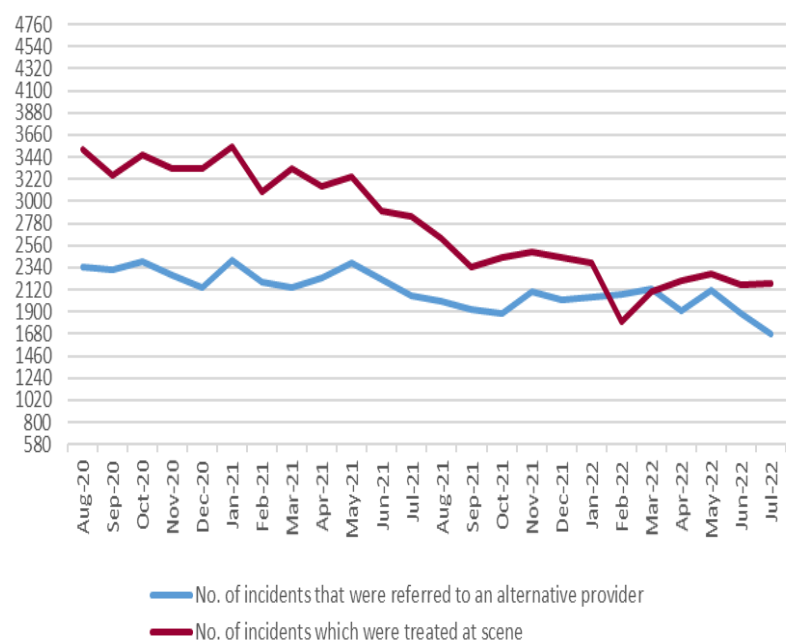
One of the Trust's commissioning intentions is to develop an optimising conveyance strategy, which will bring forward clearer proposals linked to further work on the EMS Demand & Capacity Review.

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

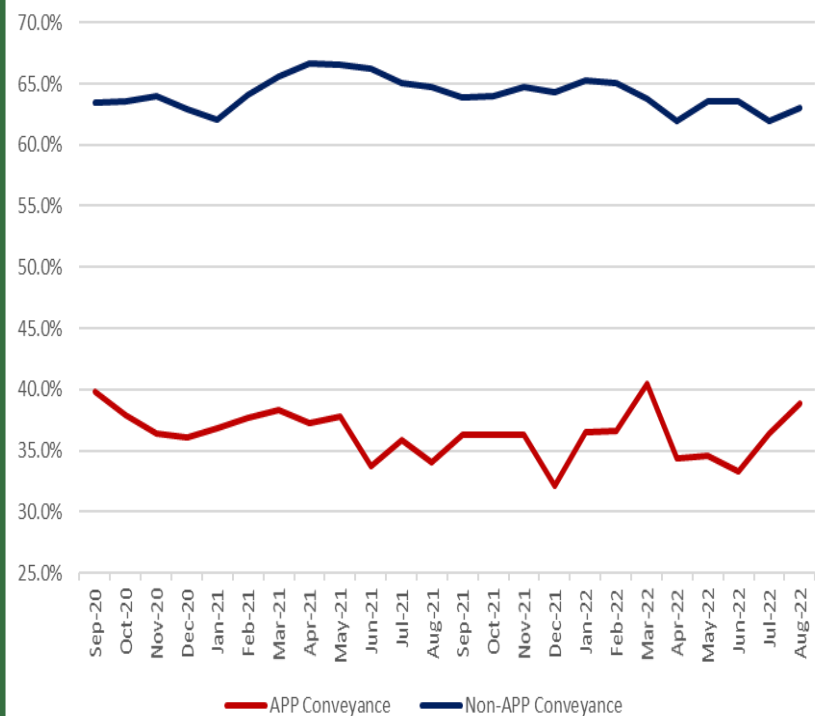
### Expected Performance Trajectory

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

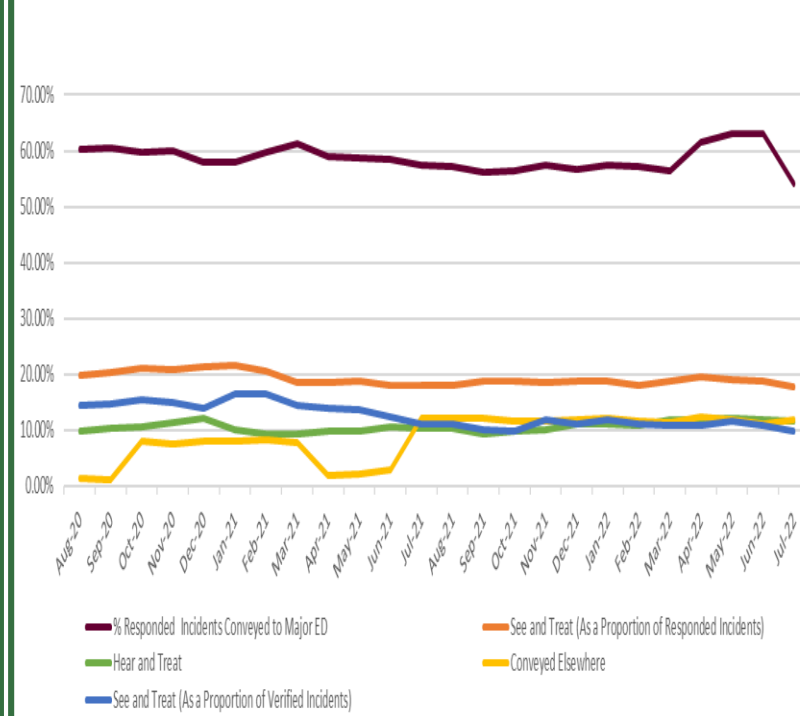
Incidents Treated at Scene VS Incidents Referred to Alternative Providers (Ambulances Stopped)



APP vs Non-APP Conveyance Rates



% of Patients Conveyed to Major ED, Triaged through Hear or See and Treat or Conveyed Elsewhere



(Responsible Officer: Andy Swinburn)

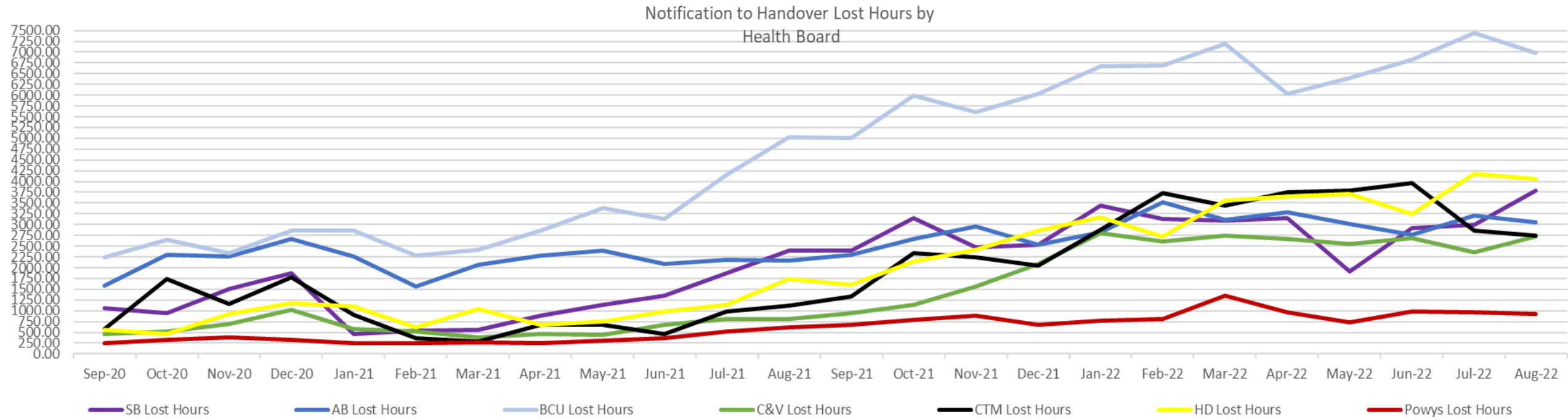
Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution Handover Indicators



NB: August 2022 data unavailable as AQIs not published



### Analysis

**256,789 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 110,126 in same period a year ago (September 2020 to August 2021).** 24,283 hours were lost in August 2022, a 43% increase compared to 13,887 lost hours in August 2021. The hospitals with highest levels of handover delays during August 2022 were Morryston Hospital (SBUHB) at 3,827 lost hours, Glan Clwyd Hospital Bodelwyddan (BCUHB) at 3,136 lost hours, the Grange University Hospital (ABUHB) at 2,743 lost hours, and the University Hospital of Wales (CVUHB) at 2,722 lost hours.

Notification to handover lost hours averaged 783 hours a day in August 2022.

In August 2022 the Trust could have responded to approximately 7,660 more patients if handovers were reduced.

### Remedial Plans and Actions

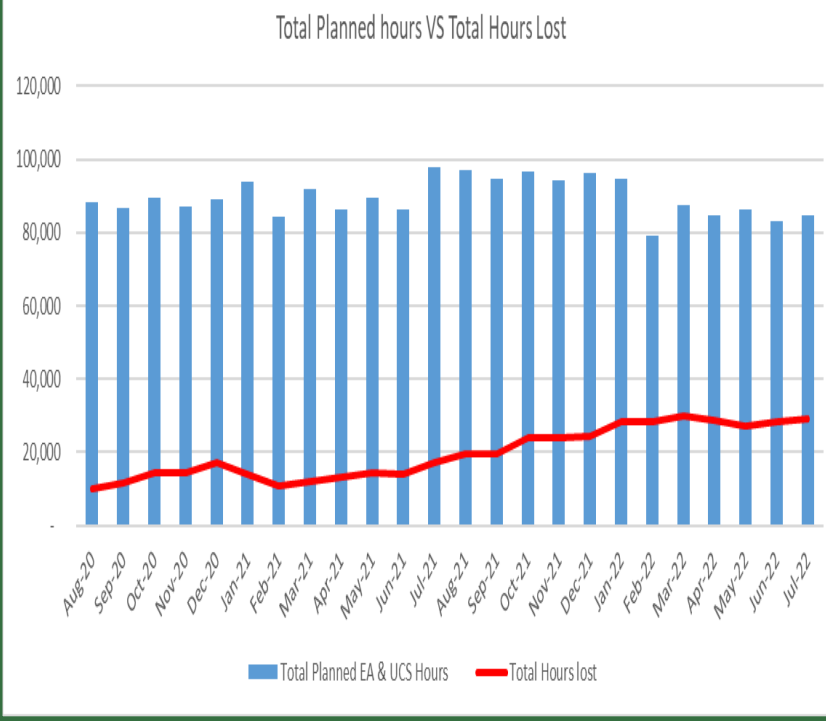
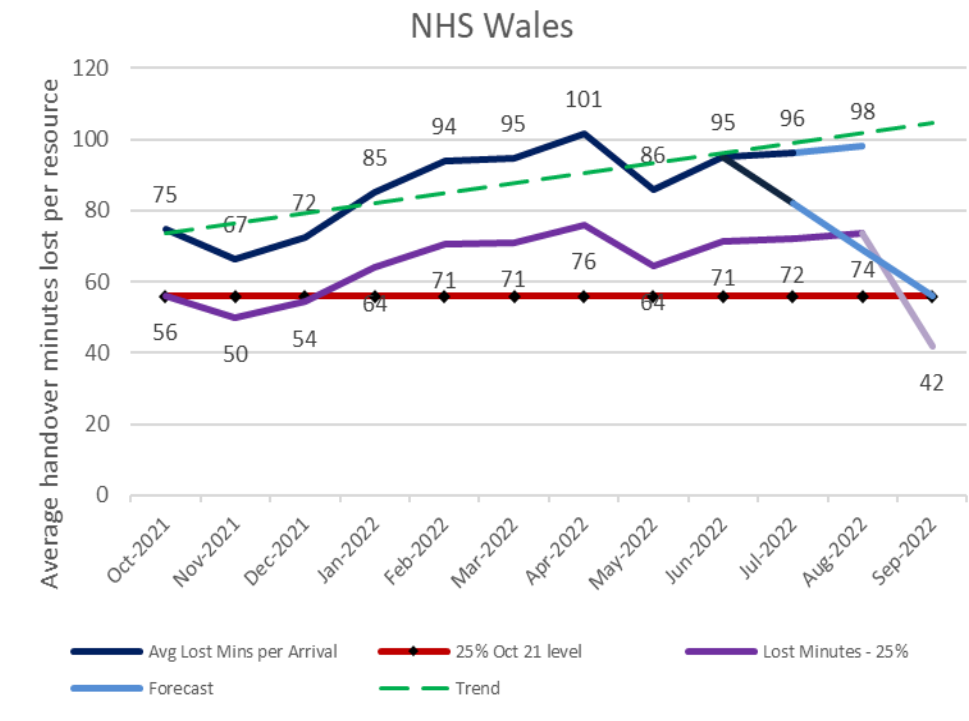
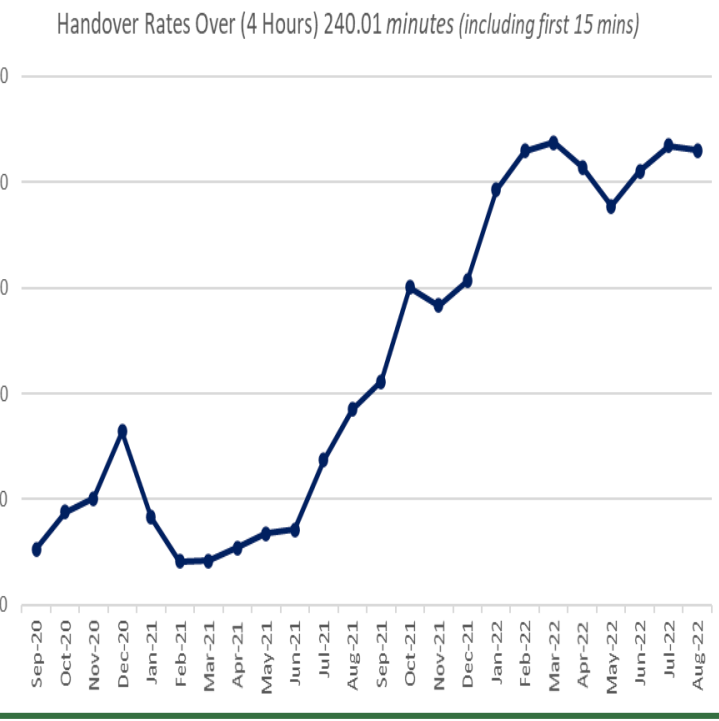
Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to EASC, Health Boards and to Welsh Government / Minister, and this will continue through the year as we seek to influence and put pressure on the system to improve.

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

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

### Expected Performance Trajectory

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



(Responsible Officer: Health Boards)

Welsh Ambulance Services NHS Trust

# Definition of Indicators

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



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





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

<b>AGENDA ITEM No</b>	<b>7</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>3</b>

## Integrated Medium Term Plan (IMTP) 2022-2025 Interim Quarter 2 Progress Report

<b>MEETING</b>	Finance and Performance Committee
<b>DATE</b>	20 September 2022
<b>EXECUTIVE</b>	Rachel Marsh- Executive Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Alexander Crawford - Assistant Director of Planning and Transformation
<b>CONTACT</b>	Alexander.Crawford2@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 2022-23 to the end of quarter 2.

**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, the IMTP Delivery Assurance Report attached (appendix 1) and updates against Amber rated priorities (appendix 2);
3. Agrees to a closed session on Health Board service changes at next Committee and Trust Board meetings in November;
4. Advises of any further information required to assure the Board around IMTP delivery.

## 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 – 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:

<b>Six Goals</b>	A mapping exercise has been undertaken to understand WAST linkages into the programme at both a national and local health board level. Through these mechanisms we would aim to determine the value, outcomes and benefits to the system of WAST deliverables that are linked to the Six Goals programme. We will measure the outcomes through our Quality and Performance Management Framework.
<b>Value Based Healthcare</b>	The Committee will receive an update on Value Based Healthcare under a separate agenda item with a focus on Patient Level Information and Costing (PLICs). The Value Based Healthcare working group has started to establish a programme of work with project support now in place. Progress has been made on the PLICs implementation. Furthermore, it has been agreed with Aneurin Bevan University Health Board to pilot Patient Reported Experience Measures (PREMs) relating to the Grange Hospital Transfer Service. Our bid through the Value Based Healthcare Fund from Welsh Government for additional APPs was not funded. A key issue is WAST's ability to demonstrate Patient Reported Outcome Measures (PROMs) and WAST is seeking to work with Value in Health colleagues to consider how PROMs can be applied to emergency services.
<b>Minimum Data Set</b>	This is now being refreshed quarterly with the required data applied.
<b>Improvement in sickness absence</b>	The Managing Attendance programme is working through the actions required to address absences with regular reporting through EMT and assurance provided at People and Culture Committee. This will also be a key metric at Board level through the Monthly Integrated Quality and Performance Report.
<b>Delivery of workforce efficiencies</b>	The EMS Roster Review project remains on track for delivery by end of November, but there remain sensitivities both across the workforce and in some areas of Wales.

**Appendix 1** is an assurance report which provides the more detailed information about transformation and enabling programme activity which has commenced in quarter one and quarter 2 and any risks going into future quarters:

- Programme Governance;
- IMTP Delivery;
- Achievements;

- Escalation of barriers and challenges to Strategic Transformation Board (STB);
- Key risks to delivery in line with strategic risks that will be raised and monitored through the Corporate Risk Register;
- Remedial actions against any deviation from IMTP delivery timescales.

NB: Due to timing of Strategic Transformation Board (STB) some updates in appendix 1 may be out of sync with detailed updates/deep dives provided to recent Board sub-committees, and some programmes may not have met to provide an updated Q2 position prior to Committee. Updates were provided by exception to STB on 1<sup>st</sup> September 2022. This report is therefore an interim position, with a final end of quarter 2 reconciliation to take place in October.

An IMTP delivery tracker has been established by mapping back all 2022-23 priorities into the agreed transformation and enabling programmes established within the IMTP delivery structure.

- **Emergency Medical Services (EMS) Operational Transformation** – delivers key projects to improve performance and transform operational service delivery in EMS. It also addresses commissioning intentions under the Emergency Ambulance Services Committee (EASC) EMS Commissioning Framework;
- **Ambulance Care** – incorporates the implementation of the Non-Emergency Patient Transport Services (NEPTS) D&C Review, ongoing NEPTS transformation projects and a key strategic ambition around developing a Transfer and Discharge model for Wales, again in line with commissioning intentions;
- **Gateway to Care** – brings together transformative projects around 111 and the CCC clinical review, including the ambitions for an Integrated Clinical Hub, including elements of 111 digital programme;
- **Clinical Transformation** – has been established to drive forward both the Clinical Strategy and our ambitions for the clinical transformation of EMS services, care closer to home and mental health.

“Enablers & Fundamentals” relate to the deliverables associated with:

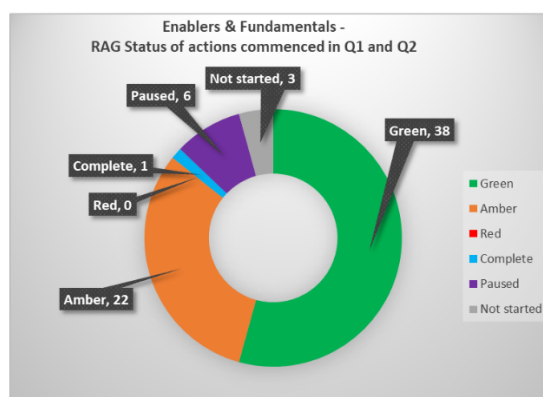
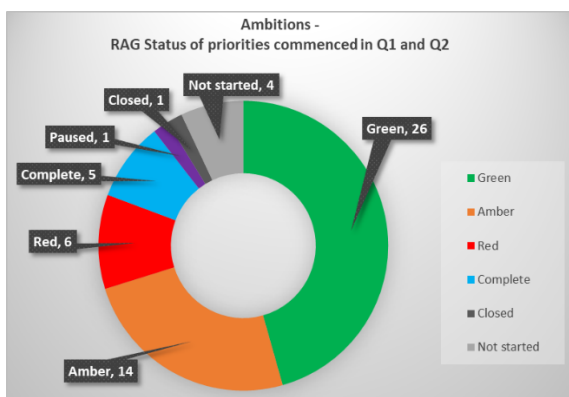
- **Enabling workstreams** – Our People (including the comprehensive programme of work to improve our sickness absence rates), Innovation and Technology, estates, fleet and our wider strategic partnerships.
- **Fundamentals** – the key programmes and pieces of work required to ensure that WAST is a quality driven, clinically led and value focussed organisation, including the programmes of work to transform health and safety by establishing a culture of working safely and a value based approach to service delivery, transformation and evaluation.

This year in recognition of the challenges facing both WAST and the wider NHS, STB has established three further important workstreams/programmes:

- **Financial sustainability** – established with 4 workstreams (Best Practice, Efficiency, Income Generation and Benchmarking & Value) to address the current financial challenges to enable the Trust not only to meet its statutory requirement for breakeven but also to establish the financial space to deliver further strategic development and transformation;
- **Inverting the Triangles - Transformation Steering and Assurance Group** – a senior forum with oversight of the wider programme of work to deliver on our “Inverting the Triangles” ambitions, focussing strongly on partnerships and engagement required to bring this ambition to reality;



- **Risk Improvement Programme** – a comprehensive programme to enhance and develop our risk management and assurance processes to ensure that risk drives organisational transformation and improvement at a strategic level.



This too is an interim position pending end of quarter reconciliation following the end of quarter (end September 2022). There is good progress, despite ongoing operational challenges across the system.

However, **six (6) priorities are rated Red** (Urgent Attention Required):

- **Re-roster of NET centre staff** (due Q4) - Timeframes not yet identified. A performance recovery plan in place, but performance is poor and not improving at this stage.
- **Implement the new 111 system; SALUS** (due Q4) – User Acceptance Testing (UAT) entry milestone was missed, and knock-on effect to delivery plans are yet to be fully understood – awaiting update from supplier”.
- **Additional 50 APPs to commence training** (subject to EMS Transition Plan Funding agreed – due Q4) - Outcome to the Value Based Health Care Bid received, no funding has been allocated. Education funding agreed internally to put 18 people through a full time MSc starting in Sep-22.
- **Work in partnership with HEIW on developing a Faculty of Emergency Mental Health Practice** (due Q4) – awaiting decision on funding, which is unlikely to be received by Q3.
- **Pilot use of Mental Health Practitioners in Response Cars** (due Q4) – awaiting decision on funding, which is unlikely to be received by Q3.
- **Scope opportunities for and benefits of eReferral mechanisms for frontline patient facing clinicians** – formal change control request and capacity within Health Informatics required.

There are a further **36 Amber** (in progress, off track) rated priorities. For these amber rated actions, a proportion are delayed due to external factors and/or funding/approval decisions. Appendix 2 is an extract from the IMTP tracker, setting out the updates against Amber rated priorities.

Board and subcommittees may receive specific updates/ “deep dives” on projects or programmes as determined by the relevant committee or by this committee where further assurance is needed.

## **Risks and benefits**

Risks to delivery continue to be developed through the risk improvement process and escalated to the corporate risk register where they are identified as strategic risks, via ADLT and EMT.

The focus for development of the transformation structures in 2021/22 was product delivery and establishing reporting mechanisms to track delivery via the transformation programme boards. In 2022/23, working with the Performance Team to ensure synergy with the IQPR process and in line with the Quality and Performance Management Framework, the focus within the programmes should include benefits realisation and value to establish the impact that transformation is having for our people, patients, quality and the system. A new Head of Transformation will be in post in November and this will be a focus for that role.

## **Health Board Service Changes**

Strategic Transformation Board received an update on 1<sup>st</sup> September 2022 detailing some of the live strategic service changes that WAST is engaged in with Health Boards, which impact across EMS and Ambulance Care primarily. These are tracked through Integrated Strategic Planning Group and the EASC commissioning team is establishing a method for capturing further operational and strategic service change through its revised commissioning frameworks.

A number of service changes and regionalisation of certain pathways and health board service provision will likely result in additional transfer and repatriation activity. There therefore needs to be read across between local plans and the development of a concept and model for an All Wales Transfer and Discharge Service, which is developing through the Ambulance Care Transformation Programme.

It is recommended that the Committee agrees to a closed session (on the basis that some plans in Health Boards require further public engagement and/or consultation) at next Committee and Trust Board meetings in November to receive an update on this work.

## **IMTP Planning Cycle 2023-26**

The planning team has received feedback on the planning process that has been adopted over the last two planning cycles, the latest resulting in the approved plan for 2022-25. Generally feedback on the process is positive, however it is recognised that due to circumstance of the pandemic the plan has been developed in more of a “top down” manner. Therefore engagement is seen as a crucial element of the plan this year. The change in focus will be asking stakeholders for their views on the challenges we face and some of their thoughts on medium term solutions to run alongside our strategic development programme. It will also be important this year to ensure that we undertake relevant impact assessments, including those that consider equality diversity and inclusion, foundational economy and socio economic duty, earlier in the planning process.

The planning team is currently finalising internal IMTP planning guidance and timelines, pending the receipt of the NHS Planning Framework and EASC Commissioning Intentions. It is expected that the deadline for submission will be end of January 2022, which is a challenging timeframe, not least because financial allocations are not normally known before the end of December.

Key areas of engagement therefore over the coming weeks will be:

- Ongoing PECl engagement with the public, using a one-page summary poster that has been developed in English and in Welsh setting out our current plans.

- CEO Staff Roadshows. These have been postponed to October, but will give us valuable opportunities to gather staff views from all levels of the organisation.
- Collaborative Planning Workshop. A collaborative workshop with EMT, ADLT, Heads of Service and key external stakeholders.
- Welsh Government IMTP touchpoint meetings.
- Touchpoint meetings with the EASC commissioning team and regular meetings between the CEO and the CASC.
- Board Development.

A further update will be brought to the next Committee meeting.

### REPORT APPROVAL ROUTE

**Strategic Transformation Board 1 September 2022 (dashboard and programme updates provided by exception)**

### REPORT APPENDICES

1. IMTP Delivery Assurance Report – Interim Q2
2. Summary of Amber rated priorities

### 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	✓

## Appendix 1

# IMTP Delivery Programmes – Assurance Report

## Interim Quarter 2

### Summary

Key:

- Green – in progress, on track
- Amber – in progress, off track
- Red – urgent attention required

The following table summarises the Q2 interim position for each of the programmes/workstreams established to deliver the IMTP.

<b>Programme / Workstream</b>	<b>Rating</b>
EMS Operational Transformation	
Ambulance Care Transformation	
Gateway to Care Transformation	
Clinical Transformation	
Strategy Development (TSAG)	
Financial Sustainability	
Our People	
Innovation and Technology	Digital projects report through other programmes. Need to establish reporting for Innovation
Capital programmes (Estate, Fleet, Sustainability)	Not rated – complex programmes with reporting through capital processes
Working Safely	
Quality Fundamentals	
Risk Improvement	
Value	Need to establish reporting (link with other programmes)

## Ambitions - Programmes

### EMS Operational Transformation

Overall RAG - Amber

#### Key Achievements

- Relief gap closed to the extent that funding would allow (R&T targets were ambitious).
- CSD 10.2% hear & treat benchmark exceeded in 2021/22 with 36 FTE Paramedic uplift and 5 MHP uplift complete, with revised target of 15% for second half of 2022/23.
- Good progress on interim estate plan.
- Further funding for +100 FTEs made available.

#### Summary

##### Recruitment & Training

The workforce requirement for the programme (Response) is 1,825 FTEs, with the current funded establishment 1,661 i.e. a relief gap of 164 FTEs, caused by changes to the roster keys during the first two years of the programme and the decision to focus on shift left and recruitment into the CSD. The +100 FTEs via the £3m will reduce the relief gap to 64 FTEs if the Trust is successful in recruiting against the targeted additionality.

##### Roster Review

Voting validation issue appears to be resolved. Some individual issues being worked through. On target for Sept-Dec 2022 go live.

##### Estate Contingency

Estate interim plan on target, with exception of Llanelli station where work around required. The landing of the +100 FTEs was initially to be into the areas where there are relief gaps. Trust now to be more flexible. This may have estate implications. Further consideration required via Integrated Technical Planning Group.

##### CCC Reconfiguration Project

Stopped due to various pandemic waves. PID expected in September which details ambition within existing resource restraint. PID to next programme board.

##### Other Projects

Work being undertaken on modelling of best locations for CPRs. The answer will not be rural areas. Rural deep dive to be arranged, in particular, focus on workforce planning/recruitment/training into these areas. CHARU project progressing well, with options for further expansion of switch on linked to +100 FTEs above.

#### Risk & Issues

##### Risk for Noting

- (1) Further funding (£3m) has risk about ability to recruit, train and place into estate.
- (2) There is some workforce unease around the roster review project.
- (3) There is high public/political interest, in particularly, in Monmouthshire (3 RRVs being removed no CHARUs) with active management by the CEO, Director of Partnerships and Engagement and AD Commissioning & Performance.

##### Issue for Noting

- (1) C1 Licence issue. Decision of Trust to pay for this.
- (2) Impact of abstractions and handover on ability to deliver benefits.

#### Ask from STB

None

## Ambulance Care Transformation Programme

Overall RAG - Green

### Key Achievements

- Demand and Capacity: The surgeries with the Service Managers (previously known as General Managers) are complete. The purpose of these meetings was to review the demand keys.
- NEPTS Operational Improvement: The Oncology PDSA to standardise the booking process has started with Velindre Cancer Centre.
- The trial with BCU to maximise the usage of the discharge lounge is in progress and has been extended due to a slight delay whilst clarifying if the trial can continue during periods of escalation.
- The new resource downtime report has gone live and the SOP has been completed.
- Transfer and Discharge: The MTN peer review paper has been checked for factual accuracy and a response was submitted to the NHS England Quality Surveillance Team on 8th July 2022.
- The vascular network in SE Wales went live on 18th July.
- Plurality Model: Tenders for contracts for work transferred under the plurality model have been issued and work is underway to evaluate the responses received. The award date is planned for August 22.

### Summary

#### NEPTS Demand & Capacity Review

##### *D&C Project:*

The surgeries with the Service Managers (previously known as General Managers) are complete. The purpose of these meetings was to review the demand keys. The next step is to review the results of the surgeries in order to determine the revised keys. Then the ORH and revised keys will be run through the Cleric Training Package to identify which keys return the fewest number of missed journeys.

##### *Oncology:*

The PID has been created and is being presented at the next Ambulance Care Transformation programme board. Dependent on approval from ACT PB, the next step is to formally start the project.

##### *Outbound Ready Times (PDSA):*

PDSAs have been undertaken and a paper is being produced to explain the results. This paper will be taken to the next Ambulance Care Transformation Programme Board for a decision on the next steps.

##### *NET Centre, Planning and Day Control:*

NetCall call back system complete. The next step is to prepare for full roll out and go live.

There is an outstanding action to liaise with Resource Planning and determine capacity and therefore suitable timeframe to undertake the roster review.

A previously advised, funding has not been agreed for 2022/23 for 12.2 FTEs within planning and day control. This IMTP deliverable has therefore been categorised as "stopped" for this financial year.

#### NEPTS Operational Improvement

##### *Oncology:*

The aim of this project is to standardise the booking process for Oncology

A PDSA has started with Velindre Cancer Centre. The PDSA will be reviewed on a monthly basis by the Service Manager of Ambulance Care and the Planning and Performance Manager from Velindre.

##### *Cancellations:*

The aim of this project is to maximise the usage of the discharge lounge which is the most efficient way to avoid cancellations.

As previously reported, the trial started on the 9th May. However, the trial was paused on repeated occasions due to high escalation levels.

Since the last update it has been agreed by the Hospital that the trial can continue during periods of escalation.

Due to the delay caused by the pausing, the trial has been extended. As a result, the data capture is ongoing and the findings will be shared at the ACT programme board in September.

*National standardised guidance and risk assessments:* The aim of this project is to ensure risk assessments and SOPs are completed to standardised NEPTS procedures. These include transporting patients via stretcher, by a wheelchair and with the use of a tail lift.

Work is ongoing to undertake risk assessments for existing SOPs which do not currently have a risk assessment.

*Resource Downtime (previously referred to as Post Production Lost Hours):* The aim of this project is to move away from the current 'Resource Downtime' report and create a new report, which is specific to post production lost hours with a view to mirror the report used by EMS.

Since the last update, the new report for resource downtime has gone live and the SOP has been completed. During the next reporting period, the OTL reporting framework is to be re-established and incorporated as a reporting indicator in order to commence the analysis of the report.

**Transfer and Discharge**

*Major Trauma Network:*

The MTN peer review paper has been checked for factual accuracy and a response was submitted to the NHS England Quality Surveillance Team on 8th July 2022. Recommendations will feed into the Transfer and Discharge project where required.

*Transfer and Discharge Service:*

Work has continued with regards to the creation of the PID and defining the scope of the service and the timeframes, with a focused session on outcomes and benefits undertaken on 29th July.

*Vascular Network in SE Wales:*

Collaborative agreement to go live on 18 July based on assessment of readiness and risk mitigation put in place whilst recognising system pressures. Implementation of bypass pathway on 11 July. Went live 18 July 2022.

**NEPTS Plurality Model**

Tenders for contracts for work transferred under the plurality model have been issued and work is underway to evaluate the responses received. The award date due by end of Q2.

Procurement of DPS has commenced through G-Cloud as agreed by SLT.

ICT have signed off Response 365 from a security perspective and have carried out appropriate checks.

**Transport Solution**

The future of eligibility has been discussed with the Chief Ambulance Services Commissioner's office and the project is currently awaiting further guidance on a way forward.

**NEPTS CAD**

Testing and training is ongoing.

**Risk & Issues**

**Risk for Noting**

None

**Issues for Noting**

None

**Ask from STB**

None

## Gateway to Care

### Overall RAG - GREEN

#### Key Achievements

- Accelerated R&T plan developed for recruiting to Clinical advisor posts.
- Capita's progress and assurance confidence presented to IIS Implementation Group in July 2022. Further update provided to WAST Finance & Performance Committee in July. Both Board's are aware of the commercial Issues that accompany the Recovery Plan and require resolution in August 2022.

#### Summary

- The G2C programme continues to deliver good progress. The 111 service is now a national service following the successful launch in C&VUHB. 111 performance continues to show positive trends.
- SALUS continues to be delayed with refreshed timescales to be fully understood.
- ECNS was implemented on 17th May 2022. Positive roll out of ECNS and MPDS training.
  
- 111 First not being funded recurrently. This will impact delivery of the service and work continues to manage the financial impact on the Trusts 2022/23 budget. Clinical Advisor Recruitment & Training plan being developed.

#### 111 Service

- Workshop planned in Q2 2022/23 to discuss future vision for the 111 service delayed due to REAP 4, workshop to be rescheduled.
- Work has commenced with the Trust People Services department on the creation of a long term workforce plan, CPD has been planned for the coming year.
- Verbally agreed (to be followed in writing) to fund 178 FTE Call Handlers.
- Clinical Advisor Recruitment & Training plan being developed

#### CCC Clinical Review

- **ECNS:**
  - As well as training, the project plan has been produced for video consultation and this predicts a go live date of 13th September 2022.
- **CSD Roster Review:** Completed, noting that there is an ongoing process to review the rosters and ensure they align with demand.
- **Increasing the Clinical Support Desk (CSD) by 36 FTE Paramedics:** Completed and a workforce plan is being finalised in relation to the full establishment of 77 WTE within CSD.
- **Physician Triage Assessment and Streaming (PTAS):** Aneurin Bevan, Betsi Cadwaladr and Hywel Dda are live with PTaS. Work is ongoing to progress with PTaS across the remaining Health Boards Weekly updates continue to be provided to EASC and NCCU.
- **Review of Medical Priority Dispatch System (MPDS) codes and identify codes which achieve a high Consult and Close (previously known as Hear and Treat) percentage. These codes can then be directed to CSD.** A paper has been received from CPAS which advises of further amber and green codes (7 codes in total) which the Scottish Ambulance Service (SAS) have identified as suitable for Consult and Close. This change has been approved and the changes to the DCR table are pending.
  
- **111 Digital Programme**
  - SALUS User Acceptance Testing (UAT) entry milestone was missed, and knock-on effect to delivery plans are yet to be fully understood – awaiting update from supplier.
  - £238k of additional funding has been secured from 6 Goals to assure delivery beyond September '22 until March '23 for 111.Wales



- **RCDM:** Confirmation of funding received for 18 places for next years courses planned for Sept 2022, Jan 2023, likely to be able to increase places to more than 18 to spread across Sep, Jan and April.
- Meeting planned for August 15th to explore options on education planning for next year.

### **Key Risk & Issues**

#### **Risk for Noting:**

- Risk of increased 111 demand impacting service delivery due to national communications campaign (although unlikely to impact until autumn when campaign goes live).

#### **Risk for Escalation:**

- Readiness for UAT Entry: Continued delays to enable User Acceptance Testing.
- CAS system stability - delays to SALUS roll out puts more pressure on the CAS system and possible system issues due to the pausing of key software updates / development that may be required for continued use of the system.
- BCI Aadastra system - continuing to impact service delivery across 111 & GPOOHs Pan Wales

### **Ask from STB**

None

## Clinical Transformation Programme

Overall RAG - Green

### Key Achievements and summary

#### Care Closer to Home:

- APP Education funding and permissions to put 18 people through a full time MSc starting in Sep-22. Awaiting outcomes of interviews.
- SDEC: HDUHB - Withybush go live 09/05/22, Glangwili go live 20/06/22 and Prince Phillip go live 01/08/22 (local variance from the agreed national criteria), BCUHB: Glan Clwyd go live 08/08/22 with medical and surgical criteria
- Non Falls Injury Pathway: CC2HG supported the Semi-Automated Solution and ePCR Project Board has been notified of decision and are managing the capacity risk through the ePCR Project Board. Project Board confirmed the build however with the outdated design specifications, therefore would require a change request form to make the alterations (CC2HG approval needed).

#### Mental Health & Dementia:

- MHP: 5WTEs fully signed off and 1WTE going through an induction programme
- Dementia Dashboard developed with data ePCR, however some data quality issues requiring system improvement and learning outcomes.
- Suicide First Aid training has been approved

#### ePCR

- Clinical Information and Reporting - Requirements agreed and approved by the ePCR Clinical Reference Group. Contract documentation completed. Date to be agreed once testing processes are in place. Estimated implementation in September 2022.
- CFR Deployment - ICT have received 20 Samsung devices to set up for testing. CFR testers identified.
- TerraPACE Product Development Post Live - Group continues to meet monthly. Agreement to bring changes from CIAG and WIIN to next month's meeting.
- Mass Casualty Information System (MCIS) Software - Testing has commenced with WMAS - Terrafix expect to demonstrate to WAST at the end of August and have a commercial discussion as to whether WAST want to take the product

#### Clinical Intelligence Assurance Group

- DigiPens are being returned by all HBs: 2,100 of DigiPens have been returned and processed. Of the 2,100 returned DigiPens, 5,100 PCR's have been extracted
- #NOF, Stroke and STEMI ePCR CI data audit approved at CIAG

#### Older Persons, Falls & Frailty

- Powys Value Based Health Care Bid approved for additional resources to support Falls Prevention and use of the iStumble Tool in Care Home.
- T&F established to discuss the aim of the test of change that would support increasing the utilisation of Falls resources to 60% of all falls resources day and night (as requested by EMT). First meeting scheduled in Aug-22. Membership includes: St John Ambulance Service, Clinical Directorate, Quality Directorate and EMS Coordinators.

### Risk & Issues

#### Issue for Noting:

- Failure to secure funding to increase APP Workforce by 50 FTEs (Transition Plan and Value Based Health Care)

**Risks for Noting:**

- Lack of capacity within the Health Information Team to implement the Semi-Automated Digital Solution
- Failure to secure funding for the Faculty of Emergency Mental Health

**Ask from STB**

None

**Strategic Development**

**Overall RAG - Green**

**Key Achievements and summary**

**Strategy Development**

- Agreement that the LTS is the organisations strategy with underpinning service level strategies and enabling plans. Session at Board Development with a focus on strategy. Next Steps: Board Development Session in Mar-23 with new Chair and develop LTS Summary Page
- Further discussions took place in EMT and Board Development on a purpose statement Next steps to engage with our workforce to gauge their thoughts on the proposed statement and video animation to be developed in readiness for CEO Roadshows (Oct-22)
- Engagement Framework approved by Board in July-22.
- Decision to undertake Reputation Audit internally. Presentation in development with proposed questions and shared with BSAG.

**EMS Transformation – Invert the Triangle**

**Setting Aims & Vision:**

- First draft of Case for Change document in development
- Early development of Programme Documentation (Programme Initiation Document / Communication Plan

**Preparation for Change:**

- The Transformation Steering & Assurance Group has been established. Agreed Terms of Reference.
- Transformation Delivery Network first meeting held 08/09/22. Initial purpose and objectives reviewed by TSAG for further consideration by the network.
- Transformation Change Framework domains agreed
- Funding secured for resource to form the Programme Team; recruitment underway

	Band	Funding Agreed	JD available	JE Complete	Translated	TRAC Approval	Advert	Shortlist	Interview	Offer	Agreed Start Date	Complets
Head of Strategy Development	8b	✓	✓	✓	✓	✓	✓	✓				
Strategy Development Manager	7	✓										
Project Manager	6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Programme Support Officer	4	✓	✓	✓	✓	✓	✓					
Clinical Lead	8b	✓	✓									
Engagement Lead	8a	✓										

**Stakeholder Engagement**

- Meeting scheduled with the Board of CHC 09-Sep-22 (deferred) to determine the requirement for formal public consultation. The outcome of this meeting may impact on the implementation and delivery timescales.
- Meeting scheduled with the Consultation Institute, agreement to utilise these services to support with the engagement workstream
- Engagement Delivery Plan to be available for initial review for TSAG 19-Sep-22 and approval at Board in Nov-22. Further work to be completed to map engagement to date and clinical engagement forums.

#### **Testing Change**

- First review of mapping exercise complete to identify current initiatives within the IMTP or currently being undertake. Further work to collate into a dashboard.
- Action following Aug-22 STB to identify future initiatives to take forward i.e. APP provision and CSD provision, to start building and evidence base. Workshop to be scheduled with key leads on 3rd and 4th Oct-22 to identify, map and develop action plans.
- It was noted that conversations, with CASC and Director of Ops, to identify initiative to support winter pressures (Case Management). Outcome from an internal meeting held on 23-Aug-22 included; agreement to focus on the HDUHB and SBUHB APP Navigator trials and development if an options paper to support ECNS training for APPs.

#### **Risk & Issues**

##### **Issues for escalating**

- Failure to gain investments from the EMS Transition Plan Business Case, Value Based Health Care Bid or other funding request to support this work

##### **Issues for noting**

- Failure to recruit into the recently funded Transformation posts in a timely manner due to delays caused within the Job Evaluation Process

##### **Risks for noting**

- Failure to develop a future model of care that is fit for purpose and supported by our service users, our people and our partners.
- Failure to adhere to the Formal Public Consultation Process and risks to challenging the outcome
- Failure to gain support from Clinicians to implement the future model via the 6 Goals Clinical Reference Group
- Failure to recruit additional resources to support the Programme Implementation Phase

#### **Ask from STB**

**None**

## Enablers and Fundamentals

### Financial Sustainability Review

Overall RAG - GREEN
<b>Key Achievements</b> <ul style="list-style-type: none"><li>• Project Management Support in place</li></ul>
<b>Summary</b> <ul style="list-style-type: none"><li>• Project Support commenced 22<sup>nd</sup> August</li><li>• Project governance structure currently being mapped and finalised, with formal documents in the process of being drafted.</li><li>• All four workstreams currently have established meetings, however ongoing membership is yet to be finalised. Attendance to date has been inconsistent, however formal project documents will aim to finalise the expected membership</li><li>• Communication plan being drafted to ensure movement of information up and down the chain between delivery groups and programme board.</li><li>• Overlap in key focus areas will benefit from the Best Practice Working Group providing an overarching or consolidative avenue for schemes.</li><li>• Discussions ongoing on how to determine and identify schemes or ideas from the wider organisations (via WiiN or otherwise).</li></ul>
<b>Income Generation</b> <ul style="list-style-type: none"><li>• 16 initial schemes identified and discussed as a group, before being taken for further discussion with area / directorate specialists.</li><li>• All draft schemes are currently being compiled into a project format outlining potential benefits, costs, risks, and issues, which will be taken forward for final consideration. Evaluation framework / criteria for pursuing schemes to be determined.</li><li>• Project Management support to begin collating current ideas and actions into formal project plans.</li></ul>
<b>Achieving Efficiency</b> <ul style="list-style-type: none"><li>• Only two meetings have taken place to date, with August cancelled due to operational pressures and annual leave.</li><li>• Initial discussion have identified several key focus areas, including administration / other workforce (such as undertaking administrative reviews), estates and fleet, and outsourcing.</li><li>• Project Management support to begin collating current ideas and actions into formal project plans.</li></ul>
<b>Benchmarking</b> <ul style="list-style-type: none"><li>• Only one meeting has taken place (June) due to operational pressures and annual leave.</li><li>• Delivery Group remains in a discussion phase, where members have been asked to review the relevant reports, and feedback with potential schemes or ideas with a focus on collaborative working.</li><li>• Project Management support to begin collating current ideas and actions into formal project plans.</li></ul>
<b>Best Practice</b> <ul style="list-style-type: none"><li>• Only one meeting has taken place. Key areas of focus to date include defining the role of the Best Practice Working Group as a supplementary Programme Board between the Income</li></ul>

Generation, Achieving Efficiency, and Benchmarking working groups and the Strategic Transformation Board.
<b>Key Risk &amp; Issues</b> <b>Issues for Noting:</b> <ul style="list-style-type: none"> <li>Operational pressures affecting attendance to date. <b>For noting only currently.</b></li> <li>Project support on leave for two weeks between the 8<sup>th</sup> and 23<sup>rd</sup> September, causing delay to formalising structure and developing project documents.</li> </ul>
<b>Ask from STB</b> None

## Our People

<b>Overall RAG - GREEN</b>
<b>Key Achievements</b> <ul style="list-style-type: none"> <li>Completion of RPL (Recognition of Prior Learning) driver education programme for BASICS Doctors and EMRTS, in preparation for implementation of Section 19 legislative changes</li> <li>ACAS session held 24<sup>th</sup> August</li> <li>Absence Management training programme signed off, ready for roll out</li> <li>Presentation re: planned implementation of Mandatory In-Service Training (MIST) received at ADLT, SOT and TUP Cell</li> <li>Training for People Services Team re: change management developed, in preparation for delivery</li> <li>Review of SEOs undertaken; consultation to commence shortly.</li> </ul>
<b>Summary</b> Work associated with the 'Leading Service Change Together' agenda has been put on hold pending conclusion of ACAS meetings; second ACAS meeting held 24 <sup>th</sup> August. Work ongoing with Governance Team to develop an effective cycle of business for People and Culture Committee, plus a full review of associated Sub-Groups. Development of the People and Culture Plan and associated enabling frameworks underway. Work has started to engage with schools and a paper has been written for overseas recruitment. The Recruitment Team is currently working with Further Education institutions and the Prince's Trust regarding pipeline of young people, with a specific focus on areas such as Powys which have presented particular workforce challenges. 'Best of Our Best' videos completed and ready to be shown at CEO roadshows. Deadline for refresh of Leadership and Management Development Plan extended to December 2022, in line with amended People and Culture Plan timelines.
<b>Risk &amp; Issues</b>  <b>Risk for Noting</b> Some risks around our partnership relationships with TUs as well as the risk of temporary disruption due to the leadership changes in WOD senior team. <b>Issue for Noting</b> Candidate supply issue (impacting recruitment efforts) - additional focus is being given to this People Services and OH capacity to deal with demand generated by Managing Attendance Plan. Delays to 'Leading Change Together' agenda (resulting from postponement of ACAS meetings as a result of Covid) <b>Risks for escalation</b>

None

**Issues for escalation**

None

**Ask from STB**

1. Clarity regarding the action around delivery of the recruitment and training elements of the transition plan, given that funding has not been secured

**Innovation & Technology**

The majority of strategic digital delivery sits within the key transformation programmes above.

On those that sit directly with the digital directorate to deliver the majority are on track. However, some issues have arisen which may delay the Control Room Solution project and the Robotic Process Automation Project requires some focus through ADLT to ensure delivery within the timeframes available this year.

**Estate and Fleet SOP**

**Overall RAG – Unable to provide overall RAG rating due to the complexity (managed through capital governance processes and meetings)**

**Key Achievements**

- PHEV roll out
- Successful operation of our recently opened facilities, including official opening of Aberaeron

**Summary**

Estate SOP continues to support the different short term contingency plans and long-term strategic ambitions; however, areas of resource constraint are highlighted, and these will impact on timely completion. Actions, risks, and issues are being managed via Estate SOP Delivery Group.

- Scoping meeting with WG held on 12 July with regards BJC for Swansea MRD replacement, Project Board held in August.
- Project Board and design team reconfirming planning assumptions for South East Fleet Workshop solution, plan to be developed for rapid implementation and longer term plans
- Initial discussions considering NEPTS D&C implications on stations, joint discussion with EMS D&C implications
- Short term resolution for Anglesey (Amlwch) through lease of an adjacent unit.
- Phase 2 of VPH works progressing well.
- Fleet SOP is ongoing and on track

**Risk & Issues**

**Risk for Noting**

- Bids for supporting decarbonisation have been unsuccessful but resubmitted. If not successful this will present pressure on resources and stall progression with the decarbonisation of the estate.

**Issue for Noting**

None

<p><b>Risks for escalation</b></p> <p>None</p> <p><b>Issues for escalation</b></p> <p>None</p>
<p><b>Ask from STB</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>

**Working Safely Programme**

Overall RAG - AMBER
<p><b>Key Achievements</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>
<p><b>Summary</b></p> <p>The Working Safely Dynamic Delivery Group is making good systematic progress with the prioritised actions. 6 of original 11 work streams active.</p> <p>The work programme, recognising the pressures on operational staff and necessity for the health and safety programme team to cover business as usual has been prioritised and aligned. However, progress has now been made with securing additional members of the Programme Team and business as usual team enabling the plan to be reviewed to identify what other deliverables will now be achievable from the overarching plan.</p>
<p><b>Risk &amp; Issues</b></p> <p><b>Risk for Noting</b></p> <ul style="list-style-type: none"> <li>• Lack of focused time available to undertake and completed the assessment of compliance register and hazard register.</li> </ul> <p><b>Issue for Noting</b></p> <ul style="list-style-type: none"> <li>• Note impact of REAP on operational capacity to support actions</li> <li>• Note impact of Datix implementation and request to manually upload records.</li> </ul> <p><b>Risks for escalation</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>Issues for escalation</b></p>
<p><b>Ask from STB</b></p> <p>None</p>



## Quality Fundamentals

Overall RAG - AMBER

### Key Achievements

- Civica Patient Experience System; WAST hierarchy completed (Trust wide 5 tier structure) which is fundamental to the system set up. Following set up the company will however then take 6-8 weeks to build the system. Presentation to EMT well received including the opportunities to use the system to inform future IMTPs and service improvements.
- PECl continued with the work programme to undertake more face to face engagement since easing of restrictions including at the Royal Welsh Show promoting community defib. Quality Improvement activities for Network members participations agreed.

### Summary

- Civica Training sessions for 'super users' to be provided by Civica in quarter 3 and then a roll out of training will be provided to managers as required - On track.
- OfWs Civica User Group commenced in July 2022 with WAST representation.
- Internal workforce planning being considered to support the roll out of the Trust Quality Management System following withdrawal of commissioner corporate funding.
- Public health Plan will be refreshed during Q2

### Risk & Issues

#### Risk for Noting

None

#### Issue for Noting

None

#### Risks for escalation

None

#### Issues for escalation

None

### Ask from STB

None

## Risk Management

Overall RAG - Green

### Key Achievements

- Detailed review of existing Corporate Risks completed.
- Risk Management Policy in draft.
- New nationally agreed Risk Scoring Matrix in place.
- Risk Management & Assurance Internal Audit review received a Reasonable Assurance rating.

### Summary

The Transformation Programme is progressing as planned.

### Risk & Issues

#### Risk for Noting

- Once For Wales Datix Risk Management Module roll out.
- Whilst there has been some progress with Datix's development, the improvements suggested by the Once For Wales Task and Finish Group will not be realised by the provider until September 2022. A road map is being created with the providers to achieve implementation and roll out; however, the implementation date is likely to be extended as a result.

#### Issue for Noting

None

#### Risks for escalation

None

#### Issues for escalation

None

### Ask from STB

- None

## Appendix 2a – Amber rated priorities – Ambitions Interim Q2

Actions in 2022-23	Start	End	Q2 Progress Update	Q2 Status
Maintain closure of relief gap and implement transition plan, increasing by up to 294 WTE subject to funding	Q1	Q4	SIP @ 01/09/22 1,620. Relief gap closed 1,825. On-target for uplift of +100 (from establishment of 1,661) giving a gap of -64 unfunded.	A
Continue to work with rural areas to improve red response times	Q1	Q4	Rural Recruitment workshop arranged in Sep-22. There are FTE gaps in more rural areas (and the relief gap of -64 above) so the Trust cannot switch on all the CHARUs.	A
Work with partners to significantly reduce handover delays	Q1	Q4	Ongoing through Health Board Handover Improvement meetings	A
Implement a CHARU model to improve clinical outcomes, ROSC rates and response times	Q2	Q3	The Amber rating reflects that we will not go live on all of the CHARU keys, as we do have the full funding and also that this was always on a very tight time frame so whilst we are expecting to turn on the keys we have identified have sufficient FTEs to do so we are up against it time wise and also new project support now arrived	A
Prepare and agree PID for Roster review pan-Wales (NEPTS ambulance staff)	Q1	Q2	Lot of pre-work undertaken. PID expected just after Q2, Oct-22.	A
Reduction in T1 walkers demand – work with commissioners on eligibility criteria	Q1	Q4	Awaiting further guidance from Commissioners and Welsh Government. Key members of staff sickness also slowed progress, but this will be resolved shortly.	A
Transfer of IMTP as 'business as usual' and benefits realisation of the use the PNA and signposting document.	Q1	Q4	PNA updated however awaiting further guidance from Commissioners and Welsh Government	A
Work with Commissioners on agreement and implementation of eligibility criteria	Q1	Q4	PNA updated however awaiting further guidance from Commissioners and Welsh Government	A
Work with a local hospital to maximise the usage of the discharge lounge, to reduce cancellations.	Q1	Q4	The trial for this started on the 9th May. However, the trial was paused on repeated occasions due to high escalation levels. Since the last update it has been agreed by the Hospital that the trial can continue during periods of escalation. Due to the delay caused by the pausing, the trial has been extended. As a result, the data capture is ongoing and the findings will be shared at the ACT programme board in September.	A
Increase proportion of 999 callers who have a clinical assessment and increase consult and close rates for physical and mental health patients – 15% used in modelling	Q1	Q4	1. Code Set Change: On Track 2. CSD Roster Review: Complete 3. Increasing the Clinical Support Desk (CSD) by 36 FTE Paramedics: Complete 4. Physician Triage Assessment and Streaming (PTAS): Delayed	A
Complete full TerraPACE Project (ePCR)	Q1	Q4	TerraPACE Project Phase 1 Activities Continued • Deployments to English Hospitals: Remaining are Alder Hey, Liverpool H&C, Walton, Southmead & Worcester. Delays have been experienced with Worcester & Alderhey asking to delay due to local operational pressures. • Corpuls Device Interface (Ortus) - This work remains on hold however, Ortus management has changed and have asked to re-engage with the Trust and Terrafix over a solution. SDK for IOS is said to be available and new defibs in the Trust may have new capability TBC. • DHCW WGPR Patient Summary Interface - Issues have occurred with DHCW not having the specifications for the third party GP systems Vision and EMIS. Information provided in documentation does not match the data in the test system so has led to Terrafix re-designing some of the interface during the development stage which has added development time. • Digital Patient Referrals via the TerraPACE Application - Care Closer to Home decision to move to interim position of semi automated referrals. Further work required on WAST side to develop further APIs - additional costs not originally funded and potential risk of availability of web resource now due to delays previously reported. Issue raised that the 111 team do not have capacity to manage semi-automated referrals - being escalated to Senior EMS Operations by Project Executive.  TerraPACE Project Phase 2 Activities • Clinical Information and Reporting - Requirements agreed and approved by the ePCR Clinical Reference Group. Contract documentation completed. Date to be agreed once testing processes are in place. Estimated implementation in September 2022. • CFR Deployment - ICT have received 20 Samsung devices to set up for testing. CFR testers identified. ICT work required to determine how devices and email addresses will be managed for CFRs as they do not have MS365 licences. • TerraPACE Product Development Post Live - Group continues to meet monthly. Agreement to bring changes from CIAG and WIIN to next month's meeting. 18 changes in the system • Mass Casualty Information System (MCIS) Software - Testing has commenced with WMAS - Terrafix expect to demonstrate to WAST at the end of August and have a commercial discussion as to whether WAST want to take the product	A
Deliver Year 2 Benefits of ePCR Full Business Case	Q1	Q4	ePCR Programme Activities Year 2 • In-life Team Recruitment (Digital Directorate) - 4 posts remain outstanding in ICT. Band 4 Service Desk, 2 x Band 5 Technical, 1 x Band 7 Manager. New JD drafted for Digital Systems Product Specialist - send to JE Team for evaluation. • Clinical Audit OCP as per ePCR FBC - The Medical Directorate are working through the JDs for the two new roles in the amended structure. OCP will be completed by the end of March 2023 as that is when the Digital Pen contract formally ends Risk that financial benefits relating to OCP in the ePCR Full Business Case will not be realised. • WEDS Integration Swansea Bay TBC - Funding has not been confirmed from the DPIF Fund from Welsh Government to Digital Health & Care Wales to commence with the WEDS Programme. 13th June mtg DHCW cancelled. • WEDS Integration Cwm Taf TBC - Funding has not been confirmed from the DPIF Fund from Welsh Government to Digital Health & Care Wales to commence with the WEDS Programme. 13th June mtg DHCW cancelled. • WEDS Integration Hywel Dda TBC - Funding has not been confirmed from the DPIF Fund from Welsh Government to Digital Health & Care Wales to commence with the WEDS Programme. 13th June mtg DHCW cancelled. • Exploring HAS Screen alternatives - New Operational Change Manager commenced feasibility of solution with Operational Lead from TerraPACE Project Board.  Additional Approved Activities • DCB0160 Clinical Risk Management - Tender specification completed. Tender from Tuesday 26th July with closing date of 26th August 2022. • ePCR Internal Audit & Assurance - Scope for the audit has been formally agreed on 21.06.2022. Audit will commence in July and be completed for presentation to Audit Committee on 14 September 2022.	A
De-commissioning of DigiPen	Q1	Q4	• DigiPens are being returned by all HBs: 2,100 of DigiPens have been returned and processed. Of the 2,100 returned DigiPens, 5,100 PCRs have been extracted. DigiPen licence contract extension agreed at EMT until 30/9/22 (6 months) • Processing PCRs in the backlog (except Marked Forms and Phantom Files) is on track. There is a desire via EMT for the backlog to be processed and on WAST systems by then end of Q3. Discussion with ICT and RPA Team to scope the potential use of RPA to enable this work to happen within the given timeframe • Monthly reporting to EMT now established	A
Deliver the Mental Health and Dementia Plan	Q1	Q4	Establish the volume and acuity of mental health and dementia calls to our services: • Dementia Dashboard developed with data ePCR, however some data quality issues requiring system improvement and learning outcomes. • Initial discussions with Welsh Government to understand the requirement from a health & social care element.  Establish the optimal configuration for dementia-friendly ambulance environments: • Dementia Reminiscence Therapy pilot user initial feedback received which has had a positive impact on patients.  Build podcasts, webinars, seminars and masterclasses for frontline staff on dementia, mental health, crisis care and substance misuse: • Initial discussions around what key information should be available to frontline staff • Explore options to use the Mental Health Practitioners to promote these topics.  Continue to roll out a range of dementia learning: • Dementia Coordinator assigned this deliverable to provide assurance that the statistic is achieved. Data available via the Dementia Dashboard.  Roll out Suicide First Aid (SFA): • SFA training has been approved • SBAR developed outlining CPD hours which requires sign off by SEDGE  Engage with service users in our training and development work: • Patient stories in development focusing on dementia patient outcome and experience as a result of ambulance delays	A

## Appendix 2b – Amber rated priorities – Enablers and Fundamentals Interim Q2

Actions in 2022-23	Start	End	Q2 Progress Update	Q2 Status
Deliver the <b>Recruitment and Training plan</b> for the EMS Operational Transformation programme in the context of the transition plan	Q1	Q4	08.09.22 The work to increase headcount by 100 FTE is challenging but on course. The recruitment and training activity is aligned and on course to deliver the additional Ops colleagues. It is a significant challenge especially with the fallow year from Swansea Uni meaning there are no new paramedics from our main supply chain. We will maintain at Amber due to the importance of landing the work and the risks. There are fortnightly updates to EMT on progress and plan.	A
Find opportunities to create <b>operational efficiencies</b> so the workforce can maximise productivity by working smarter, exploring creative, longer term workforce solutions to forecast needs and planned growth.	Q1	Q4	23.08 Noted as Amber as some elements are progressing satisfactorily, others are more challenging. ACAS session with TUs on 24.08 which will be important in moving on the Leading Change Together work. EMS Roster Review scheduled to complete in Q3 2022/23. Project team to address shortfalls in CSD to prep increase Hear and Treat capability is underway. CHARU challenges in attracting interest in undertaking the role. Need to fill the rosters in EMS to be able to consider options on rotations through CSD.	A
Work on our approach to succession planning for future senior leadership posts including development centres.	Q1	Q4	Dianostic tool completed. KT and KW currently on the Academi Wales succession planning practitioner programme. Draft Implementation plan written. Future implementation plan being developed as part of KT Handover to Keithley	A
Implement the All Wales Speaking Up Safely Guidance, provide improved training for managers and ensuring appropriate systems and processes are in place for concerns to be raised and dealt with in a positive and constructive way.	Q1	Q3	T&F group up and running. Demo of system complete for T&F group. 23.08.2022 - meeting schedule in place to push project onwards. Positive support from TUPs to date. Using some examples to test out processes. Will see an increase in momentum in this next quarter.	A
Develop a strategic workforce plan that defines the shape and skill mix of the workforce needed to deliver our long-term ambitions including transferrable and digital skills.	Q1	Q3	Timeline has been prepared and shared with integrated strategic planning meeting. 1st June meeting scheduled to progress with detailed discussions. subsequent meetings postponed due to REAP 4. 23/08/22 Meeting scheduled for 25th August with Planning to agree on next steps.	A
Develop <b>change capacity and expertise</b> within the WOD team and across the Trust to support and enable the organisation to deliver its transformational plans.	Q1	Q4	23.08 Post has not yet been readvertised for 8a vacancy. Will work on joining up those across the organisation with a change remit. Training for HR team has been written ready for delivery when it can be scheduled. Aiming for training delivery in Q3 including a run through of the change framework model for WAST.	A
Embed and demonstrate the refreshed partnership working arrangements and behaviours with Trade Union partners and managers, regularly reviewing and reflecting and leading change together.	Q1	Q4	21.06.22 LR - postponement of second ACAS meeting due to Covid. Seeking alternative date for second session. 21.06.22 LR ToR development ongoing will engage EMT for views shortly 18.07.22- LR - ACAS meeting rescheduled for 24th August 22. 23.08 Meeting scheduled for tomorrow. Will update on outcomes post meeting. 12.09.22 Positive meeting. Next step to develop action plan following the sessions with ACAS.	A
Continue to identify and promote access to development opportunities, CPD, experiences and support for WAST leaders and managers through a refreshed Leadership and Management Development Plan.	Q1	Q4	Initial conversations and focus group commenced. To be developed in line with the people and culture strategy. 18.07.22 - No further progress re above. However will be an integral part of KR Handover	A
-Deliver the new <b>Control Room Solution</b> as part of ESMCP	Q1	Q2	National delay with CRS has resulted in delay to Trust go-live. Work progresses with implementing the solution with a view to a go live in March 2023 subject to confirmation of supplier resource and implementation at other tranche 1 Trusts.	A
-Robotic Process Automation Pilot	Q1	Q4	Several processes for RPA in design and work re-prioritised to support 111 BCI process.	A
-Pilot Microsoft Viva as part of the national centre of excellence.	Q1	Q4	Licences for Viva is outside scope of the NHS Wales deal. Discussions ongoing with Microsoft to discuss the cost and potential for pilot to a group of Trust staff	A
-Deliver a modernised, more stable <b>data warehouse</b> .	Q2	Q2	Plans progressing to migrate all databases (used for internal reporting for 999, telephony, CAS & NEPTS) to new clustered server. All application databases also to be migrated. This ensures we have a resilient fail over option for our environments in future.	A
-Deliver our part of the <b>National Data Resource Programme</b> .	Q1	Q4	Funding letters for NDR only received from DHCW Sept-22. Recruitment into the funded post will take time, but in the meantime local work continues on Data Quality (i.e. data standards & documentation) and interoperability (ensuring our infrastructure works with NDR in future).	A
Full Business Case for the South East Fleet Workshop solution (AWC)	Q1	Q2	Project Board has met twice and a small design team has been established to reconfirm planning assumptions. Implementation Plan to be developed for rapid implementation and long term plans (and appropriate business cases) to be developed	A
Develop long term solution for EMS CCC at Llangunno (DC)	Q1	Q3	Update required	A
Access further funding to support decarbonisation of the estate and our travel which will enable us to implement a Sustainable Travel Plan	Q1	Q4	Unfortunately the bid was unsuccessful and it has been re-submitted. However, if it continues to be unsupported this will present a significant pressure on resources and will stall progression of the decarbonisation of the estate.	A
Develop work packages arising from the condition surveys	Q1	Q4	As above	A
Development of an Infrastructure and Sustainability Strategic Outline Process and recruitment to support this.	Q1	Q4	As above	A
Embed the Trust Quality Management System (QMS), evaluate and mature	Q1	Q4	QSPE Lead identified to support Q&PMF roll out, through the Q&PMF Steering Group. Following withdrawal of funding for 4WTE Senior Quality Leads (due to commissioner corporate funding), internal workforce planning is being considered.	A
Implementation of the Once for Wales Service User Experience System	Q1	Q4	WAST heirarchy completed. The company will however take 6-8 weeks to build the system. Training will be provided in Q3 and then rolled out. (On track) User Group commenced with WAST rep End Date amended from Q1 to Q4 - error initially submitted	A
Review and redraft the Public Health Plan in light of COVID and the health inequalities that have arisen as a result.	Q1	Q2	Note change from Q1 expected end date. Work packaged described and refresh to be undertaken during Q2	A
Implement the new Once for Wales Datix Risk Module	Q1	Q3	Whilst there has been some progress with Datix's development, the improvements suggested by the Once For Wales Task and Finish Group will not be realised by the provider until September 2022. A road map is being created with the providers to achieve implementation and roll out; however, the implementation date is likely to be extended as a result.	A



<b>AGENDA ITEM No</b>	<b>8</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>4</b>

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

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	20 September 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Julie Boalch, Head of Risk, Deputy Board Secretary
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### **EXECUTIVE SUMMARY**

1. The purpose of the report is to provide an update to Members in respect of activity relating to the Trust's Corporate Risks relevant to the Committee's remit.
2. In addition, it provides an overview of the progress in respect of the Risk Transformation Programme as detailed in the Integrated Medium Term Plan (IMTP) (2022/25).

#### **RECOMMENDATION:**

3. **Members are asked to consider the contents of the report and:**
  - a. **Discuss the risks relevant to Committee.**
  - b. **Note that the actions outlined in the avoidable harm paper presented to Trust Board in July 2022 are described as further mitigations against Risks 223 and 224.**
  - c. **Note the decrease in score of Risk 311 from 16 to 12.**
  - d. **Note the inclusion of the new Risk 543 on the Corporate Risk Register at a score of 15.**
  - e. **Review the Board Assurance Framework.**

### **KEY ISSUES/IMPLICATIONS**

4. Concerns were escalated to the Trust Board by the Chairs of Quality, Patient Experience and Safety Committee (QUEST), the People and Culture Committee (PCC), and the Finance and Performance Committee (FPC) in relation to the significant impact on staff and patients as a result of system pressures and particularly as a consequence of delays in handover at emergency departments.
5. The Trust Board received a further paper in July 2022 on actions to mitigate real time avoidable patient harm in the context of extreme and sustained pressure across the urgent and emergency care system which has negatively impacted patient flow through all hospital sites and led to a substantial growth in emergency

ambulance handover lost hours and a growing number of cases of avoidable harm or death to patients.

6. These actions, for the Welsh Ambulance Service and system stakeholders, will further mitigate the Trust's highest scoring risks 223 and 224 and will be reflected in the Board Assurance Framework during the September Board and Committee reports.
7. It is acknowledged that, whilst QuEST has oversight of risks 223 and 224, these remain the Trust highest scoring risks and affect every area of the organisation. Thus, updates will continue to be presented at FPC, QuEST and PCC Committees in relation to these two risks.
8. The Trust Board will be informed of the progress against the actions within the plan and these will be closely scrutinised by Committees.
9. Further, this paper sets out the key activity in relation to the Trust's Corporate Risks, relevant to Committee, which Members are asked to discuss and note.
10. A review of each Corporate Risk score has been undertaken by mapping each control to related assurances and by identifying any gaps in these as well as any actions that can be taken to further mitigate the risk.
11. The Executive Management Team (EMT) received formal, monthly feedback from the Assistant Director Leadership Team (ADLT) on activity relating to the corporate risks for approval.

#### REPORT APPROVAL ROUTE

4. The report has been considered by:
  - ADLT – 8<sup>th</sup> August 2022
  - ADLT – 22<sup>nd</sup> August 2022
  - EMT – 24<sup>th</sup> August 2022
  - Audit Committee – 15<sup>th</sup> September 2022

#### REPORT ANNEXES

5. SBAR report.
6. Annex 1 - Summary table describing the Trust's Corporate Risks.
7. Annex 2 - 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

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

### **SITUATION**

1. The purpose of this report is to provide an activity update in relation to the Trust's Corporate Risks.
2. A summary report describing each of the corporate risks as of 30<sup>th</sup> August 2022 is detailed in Annex 1.
3. The Board Assurance Framework (BAF) report is included in the paper in Annex 2.

### **BACKGROUND**

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

### **ASSESSMENT**

6. There are currently 18 Corporate Risks on the register, 9 of which are assigned to Committee for oversight, and these are described in the summary table in Annex 1. The table sets out the rearticulation of each of the Corporate Risks including new titles and summary descriptions, utilising an '*if, then, resulting in*' approach, the Executive Owner of the Risk and the Risk score with any changes that have occurred during the period.
7. The EMT has approved the rearticulation of each of the Corporate Risks and the activity described in this paper.

#### Corporate Risks

8. The full detail of each Corporate Risk, including controls, assurances, gaps and mitigating actions form part of the improved Board Assurance Framework (BAF) detailed in Annex 2.
9. Members are asked to note that the inclusion of actions outlined at the last meeting which will mitigate real time, avoidable harm in the context of extreme and sustained pressure across the urgent and emergency care service which seek to further mitigate the Trust's highest scoring risks 223 and 224.



### Closure and De-Escalation of Risks

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

### Transfer of Risks

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

### Changes to Risk Scores

12. Members are asked to note that 1 Corporate Risk score has decreased due to the rearticulation of the risks and subsequent review of the controls, assurances, gaps and mitigating actions.

13. This is Risk 311 and is described below including the rationale for the change, made by the Risk Owner.

14. **Risk 311** - Inability of the Estate to cope with the increase in FTEs

***IF** the cumulative impact on the estate of the EMS Demand & Capacity Review and the NEPTS Review is not adequately managed*

***THEN** there is a risk that the Estate will not be able to cope with the increase in FTEs*

***RESULTING IN** potential failure to achieve the benefits/outcomes of the programme and reputational damage to the Trust*

15. The Risk Owner and ADLT recommended the risk score be reduced from 16 (4x4) to 12 (3x4) which was approved by the EMT; however, further work will be undertaken in the next cycle of reporting with a view to close this risk relating particularly to the Demand & Capacity review and establish a new Estates capacity risk.

### New Corporate Risks

16. One new risk relevant to Committee has been assessed and approved for inclusion on the CRR as follows:

17. **Risk 543** - 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.*

18. The Risk Owner and ADLT recommended the inclusion of the risk on the CRR at a score of 15 (3x5) which was approved by the EMT.

#### Development of New Risks

19. **Risk 538** - A risk has been developed to reflect the possible consequence of a further delay to the implementation of the new Integrated Information System (Salus); however, due to ongoing commercial discussions and a delay to some delivery milestones, the detail of this risk will need to be reviewed and finalised to capture the emerging position and differentiate it from any realised issues. An update is expected from the Programme team and the supplier mid-September 2022 that will shape the final risk assessment ahead of presentation to Trust Board at the end of September 2022.
20. **Risk 542** - *Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan*

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

#### Further Review of Risks

21. Work is ongoing to consider and develop potential new Risks for inclusion on the CRR and consideration will be given during the coming weeks to the following:
- *Patient Safety/Putting Things Right Team*
  - *Supply Chain Issues – Digital Equipment*
  - *Business Continuity Risks*
  - *Securing Stakeholder Support to Deliver the Strategy and IMTP*
  - *Capacity to deliver change (IMTP)*
  - *Ongoing Impact of CoVID and Increasing Demand for Services (IMTP)*

#### Board Assurance Framework




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

#### **RECOMMENDED:**

23. **Members are asked to consider and discuss the contents of the report and:**
- a) **Discuss the risks relevant to Committee.**
  - b) **Note that the actions outlined in the avoidable harm paper presented to Trust Board in July 2022 are described as further mitigations against Risks 223 and 224.**
  - c) **Note the decrease in score of Risk 311 from 16 to 12.**

- d) Note the inclusion of the new Risk 543 on the Corporate Risk Register at a score of 15.**
- e) Review the Board Assurance Framework.**

Annex 1 – Corporate Risk Register Summary

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

## CORPORATE RISK REGISTER

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


## CORPORATE RISK REGISTER

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

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		<b>RESULTING IN</b> a partial or total interruption in WAST's effective ability to deliver essential services		
100 FPC	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	<p><b>IF</b> WAST fails to persuade EASC/Health Boards about WAST ambitions</p> <p><b>THEN</b> there is a risk of a delay or failure to receive funding and support</p> <p><b>RESULTING IN</b> a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered</p>	Director of Strategy Planning & Performance	<b>12</b> (3x4) 
283 FPC	Failure to implement the EMS Operational Transformation Programme	<p><b>IF</b> there are issues and delays in the planning and organisation of the EMS Demand &amp; Capacity Review Implementation Programme</p> <p><b>THEN</b> there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters</p> <p><b>RESULTING IN</b> potential patient harm, deterioration in staff wellbeing and reputational damage</p>	Director of Strategy Planning & Performance	<b>12</b> (3x4) 
311 FPC	Inability of the Estate to cope with the increase in FTEs	<p><b>IF</b> the cumulative impact on the estate of the EMS Demand &amp; Capacity Review and the NEPTS Review is not adequately managed</p> <p><b>THEN</b> there is a risk that the Estate will not be able to cope with the increase in FTEs</p> <p><b>RESULTING IN</b> potential failure to achieve the benefits/outcomes of the programme and reputational damage to the Trust</p>	Director of Finance & Corporate Resources	<b>12</b> (3x4)  New Score reduced from <b>16</b> (4x4)

## CORPORATE RISK REGISTER

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



Annex 2 – Board Assurance Framework

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death			Date of Review:	07/09/2022	TREND ➡	25 (5x5)
				Date of Next Review:	06/10/2022		
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death			Likelihood	Consequence	Score
				Inherent	4	5	20
				Current	5	5	25
				Target	2	5	10
IMTP Deliverable Numbers: 3, 7,9,11, 12, 14,16, 18, 21, 22, 26							
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee	
CONTROLS				ASSURANCES			
1. Patient Flow Co-Ordination based in the Grange University Hospital				Internal Management (1 <sup>st</sup> Line of Assurance)			
2. Regional Escalation Protocol				1. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU			
3. Immediate release protocol				2. Daily conference calls to agree RE levels in conjunction with Health Boards			
4. Resource Escalation Action Plan (REAP)				3. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)			
5. 24/7 Operational Delivery Unit (ODU)				4. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.			
6. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans				5. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.			
7. Limited Alternative Care Pathways in place				6. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.			
8. Consult and Close (previously Hear and Treat)				7. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.			
9. Advanced Paramedic Practitioner (APP) deployment model				8. Monitoring CSD rates through AQIs. Consult and Close volumes form part of EMS CCC weekly reports to SLT. Regular reporting of incident volumes to Operational Review Groups. Summary level information about Consult and Close volumes, targets, trends and recontact rates reported to TB and sub-committees. Metrics relating to Ambulance Quality Indicators (AQI) published on a quarterly basis by EASC. Bi-monthly EASC Provider reports. Consult and Close performance reported in Joint Executive Team meeting every 6 months with Welsh Government. NWSSP Information Management Internal Audit report February 2022 (External Assurance)			
10. Clinical Safety Plan				9. Qlik sense APP dashboard monitors performance and provides assurance that APPs are flowing patients into alternatives to emergency department. Qlik sense is a national report and can drill down into regional, local and individual performance as required			
11. Recruitment and deployment of CFRs				10. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group			
12. ETA scripting				11. Volunteers are another resource for response, Volunteer			
13. Clinical Contact Centre (CCC) emergency rule				12. The ETA Dashboard is a tactic that was signed off by EMT – there is a dashboard that supports scripting analysed by comparing with real time data			
14. National Risk Huddle				13. CCC Emergency Rule is policy that has been signed off by Execs.			
15. Handover Improvement Plans agreed between Health Boards and WAST				14. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.			
16. Summer/Winter initiatives				15. Improvement plans are reviewed by EAST			
				16. Monitoring through SLT and STB			

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	07/09/2022	TREND	25 (5x5)
			Date of Next Review:	06/10/2022	➔	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	5	5	25
			Target	2	5	10
17. CHARU implementation		17. Monitored via the EMS project Board				
18. National Transfer & Discharge Model		18. Task and Finish Group established				
19. Conveyance Reduction		19. This is part of the weekly performance review and aligned to Care Closer to Home Programme				
20. Access to Same Day Emergency Care (SDEC) for paramedic referrals		20. This forms part of the handover improvement plans in place with Health Boards				
21. Mental Health Practitioners in cars		21. Part of the Care Closer to Home workstream				
22. Roll out of ECNS		22. Reported through QuEST				
23. Clinical Model and clinical review of code sets		23. Reported through QuEST				
24. Remote Clinical Support Strategy		24. Strategic Transformation Board – IMTP deliverable				
25. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)		25. Formally documented action plan – actions captured are contained within and monitored via the Performance Improvement Plan (PIP)				
GAPS IN CONTROLS		GAPS IN ASSURANCE				
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system		None immediately identified but subject to continual review				
2. Blockages in system e.g. internal capacity within Health Boards which affect patient flow						
3. Covid capacity streaming						
4. Transition Plan/Inverted Triangle – bid for transition plan has been put in and is now subject to funding						
5. Local delivery units mirroring WAST ODU						
6. Handover delays link to risk 224						
7. Tolerance in Health Boards has become the norm. As delays have increased, there appears to be no visible appetite to address these issues						
8. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 6 months there is a low confidence in attaining this.						
9. Outputs from the NHS System Reset – it is a closer collaboration to address some of the system blockages and reduce system pressures. This is the aspiration						
<i>Please note that the gaps listed are not WAST's and are therefore outside of the control of WAST</i>						
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:		
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.		Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	31.12.22			

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	07/09/2022		TREND	25 (5x5)
			Date of Next Review:	06/10/2022		➔	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	5	5	25	
			Target	2	5	10	
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)		ADLT Sub-Group	30.09.22 - Paused				
3. EMS Demand & Capacity i.e. review and implementation of new EMS rosters		Assistant Director of Operations EMS	Extended from 30.09.22 to 31.12.22				
4. Transition arrangements post pandemic		Executive Pandemic Team	Complete 30/08/22				
5. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]		TBA	TBA				
6. Maximise the opportunity from Consult and Close – stretch to 15% and beyond (I) [Source: Action Plan presented to Trust Board 28/07/22]							
7. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required (I) [Source: Action Plan presented to Trust Board 28/07/22]							
8. Weekly REAP review by senior Operations Directorate team with assessment of action compliance (I) Source: Action Plan presented to Trust Board 28/07/22]							
9. Recruitment and deployment of new CFRs (I) [Source: Action Plan presented to Trust Board 28/07/22]							
10. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]							
11. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]							
12. External Controls detailed within the Action Plan presented to Trust Board on 28/07/22: a. Audit Wales's investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E) b. Consideration of additional WAST schemes to support risk mitigation through winter (I) c. NHS Wales educes emergency department handover lost hours by 25% (E) d. NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E) e. Alterative capacity equivalent to 1000 beds (E) f. Implement nationwide approach to emergency department 'Fit 2 Sit' (E) g. Implementation of Same Day Emergency Care services in each Health Board (E) h. National Six Goals programme for Urgent and Emergency Car (E)							

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients			Date of Review:	08/09/2022	TREND	25 (5x5)
				Date of Next Review:	07/10/2022	→	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score	
			Inherent	5	5	25	
			Current	5	5	25	
			Target	3	2	6	
IMTP Deliverable Numbers: 7,9, 10, 11, 12, 13, 14, 15, 16, 23, 24, 25, 26, 33, 35							
EXECUTIVE OWNER		Director of Quality & Nursing		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee	
CONTROLS				ASSURANCES			
				Internal Management (1 <sup>st</sup> Line of Assurance)			
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Delivery Unit under the <i>Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2</i> , dated July 2019.				1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.			
2. WAST membership of the working group to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commended in August 2022.				2. Workshop with system partners in place with executive directors of nursing attendance – next meeting 08.09.2022 – plan to finalise revised approach to Appendix B process by November 2022.			
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016))				3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.			
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).				4. NEWS data now available via ePCR and escalation system in place. Learning from incident reporting processes.			
5. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i> . Goal 4 incorporates the reduction of handover of care delays through collective system partnership.  WAST membership at system workshops supported by Commissioners looking at handover of care delays which includes the implementation of the Fit2Sit programme and handover of care checklist pan NHS Wales. Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit. Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.				5. Monthly Integrated Quality and Performance Report			
6. Hospital Ambulance Liaison Officer (HALO) (Some health Boards).				6. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU.			
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP).				7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.			
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient's Fundamentals of Care as best they can in the circumstances.				8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process			
9. 24/7 Operational Delivery Unit (ODU) escalating handover delays / patient condition to Health Board colleagues.				9. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays			
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.				10. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end.			
11. Escalation forums to discuss reducing and mitigating system pressures.				11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.			

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients		Date of Review:	08/09/2022	TREND	25 (5x5)
			Date of Next Review:	07/10/2022	→	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score
			Inherent	5	5	25
			Current	5	5	25
			Target	3	2	6
12. WAST Education and training programmes include deteriorating patient (NEWS), tissue viability, dementia awareness, mental health.		12. Integrated Quality and Performance Report (June 85% target met)				
13. Clinical audit programme		13. Clinical audit programme with oversight from the Clinical Quality Governance Group.				
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.		14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting.				
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government.  Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating “The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service’s statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.”		15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board and Board sub-committee oversight and escalation.				
		<b>External Sources of Assurance Management (1<sup>st</sup> Line of Assurance)</b>				
		1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC) and Joint Executive Team meeting Welsh Government (I&E).				
		2. Healthcare Inspectorate Wales (HIW) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover’ Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and CASC				
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>				
1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.		1. Strengthen and triangulate patient safety metrics and look back data at ED, service and corporate level for baseline data for improvement projects and WAST reports.				
2. Inconsistent review of potentially serious / catastrophic patient safety incidents in line with the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019 (frequently referenced as ‘Appendix B’ Reports) by Health Boards pan NHS Wales and lack of ownership of system risks. Lack of whole system approach to handling patient safety incidents resulting from system pressures*.		2. Implementation of revised process, engagement and outcome and improvement measures at system level – to be confirmed.				
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales*.		3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours from c6000 hours per month at the end of 2018 to in excess of 22000 hours per month during Q4 21/22 and Q1 22/23. This scale of lost emergency ambulance capacity has peaked at 30% per month of the entire emergency ambulance fleet..				
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients’ NEWS*.		4. Strengthen patient safety reports and audit processes as system embeds.				

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<b>IF</b> patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		<b>THEN</b> there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		<b>RESULTING IN</b> patients coming to significant harm and a poor patient experience		<table border="1"> <thead> <tr> <th></th> <th>Likelihood</th> <th>Consequence</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent</td> <td>5</td> <td>5</td> <td>25</td> </tr> <tr> <td>Current</td> <td>5</td> <td>5</td> <td>25</td> </tr> <tr> <td>Target</td> <td>3</td> <td>2</td> <td>6</td> </tr> </tbody> </table>			Likelihood	Consequence	Score	Inherent	5	5	25	Current	5	5	25	Target	3	2	6
	Likelihood	Consequence	Score																				
Inherent	5	5	25																				
Current	5	5	25																				
Target	3	2	6																				
5. (a) Variation in appetite across the Health Boards to implement Fit2Sit, citing overcrowded emergency department waiting rooms as the reason. Limited confidence in system engagement to address Goal 4 and achieve reduction in handover delays*.		5. (b) Protracted timescales in the Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 'Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – by the end of April 2025. The number of people waiting over this period for ambulance patient handover will reduce on an annual basis until that point'. No detail on incremental improvements required at emergency department level or oversight mechanisms. EASC have stated that no delay should exceed 4 hours although WAST is yet to see any demonstrable plans to support this*.		5. 15-minute handover target is not being achieved pan-Wales consistently.																			
6. Variation pan Wales / England as position not implemented across all emergency departments*.		6.		6.																			
7.		7.		7.																			
8. Variation pan Wales / England as position not implemented across all emergency departments*.		8.		8. Health & Care Standards self – assessment in progress.																			
9. Variable response pan Wales / England. WAST have minimal control on this at patient level*.		9.		9.																			
10.		10.		10.																			
11. Variable response pan Wales / England. WAST have minimal control on this at patient level*.		11.		11.																			
12.		12.		12.																			
13. Transition to ePCR impacting on data temporarily		13.		13.																			
14. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas*.		14.		14. HIW approve and sign off WAST elements of recommendations.																			
15.		15.		15.																			
				<b>External Gaps in Assurance</b> 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators																			
				2. Lack of collective system response to HIW 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' Report. Meetings cancelled x 2 in May 2022. WAST has representation on the working group*																			
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone			Progress Notes:																	
1. Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026 – Goal 4: Rapid response in physical or mental health crisis.		CEO	WAST is represented on the Clinical Reference Group by the Director of Paramedicine			Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales																	
2. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project		WAST QI Team (QSPE)	Review Q4 2022/3			Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF)																	
3. Implement nationwide approach to emergency department 'Fit 2 Sit'		CMO/CNO	Acceptance at meeting of Chairs and CEOs led by Director General for Health and Social Services and the NHS Wales Chief Executive on 08.06.2022 that a national approach to Fit 2 Sit should be adopted. Chief Medical Officer and Chief Nursing Officer to champion development through peer groups			Emergency Department Quality & Delivery Framework final version drafted for consultation / approval. Q4 2022/23																	

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				Inherent	5	5	25
				Current	5	5	25
				Target	3	2	6
4. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.	Assistant Director of Quality & Nursing	Checkpoint Q4 2022/23			Incremental improvements to quality and safety data and information to enable triangulation. Access to ePCR data (NEWS) now available.		
5. Continued Health Board interactions – my next patient, patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.	Director of Quality & Nursing	Monthly			Monthly meetings continue to be held.		
6. HIW Improvement Plan / Workshop– WAST inputs / influencing improvements 7. Response and improvement actions to Healthcare Inspectorate Wales Inspection report (2021) 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' which links to Fundamentals of Care.	Assistant Director of Quality & Nursing	<ul style="list-style-type: none"> <li>August 2022 in progress</li> <li>Review outputs Q4 2022/23</li> </ul>					
8. Participation in the CASC led workshop to reform <i>the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019.</i>	Assistant Director of Quality & Nursing	<ul style="list-style-type: none"> <li>Workshop in progress August 2022</li> </ul>			Planned to be concluded by November 2022		
9. Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation	Director of Workforce & Organisational Development	<ul style="list-style-type: none"> <li>Recruitment decision made at EMT on 15.06.2022 for 100 WTE with offers already made to ACA2s and EMTs on hold list</li> <li>Courses to commence in Q2 2022/23 with first new deployments in Q3 2022/23</li> <li>Offers also made to all 61 NQPs from "Big Bang" event</li> <li>Correspondence to CASC confirming action taken sent 21.06.2022 with request for recurrent funding source set out</li> </ul>			End of Q3 and into Q4 2022/23		
10. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE	Director of Paramedicine	<ul style="list-style-type: none"> <li>Bid to Value Based Healthcare Fund made for up to 50 WTE APPs to commence fulltime education for 12 months from January 2023</li> </ul>			Q4 2023/24		
11. Senior system influencing	Trust Chair Chief Executive Officer	<ul style="list-style-type: none"> <li>Ensure that system safety and avoidable harm remain a live topic of discussion in all relevant fora</li> <li>Seize opportunities as they emerge that can contribute to mitigating avoidable harm</li> <li>JESG forum used to raise awareness amongst Emergency Service Chief Officers who have written twice to NHS Wales Chief Executive to convey the impact of our inability to respond to incidents in the community on their core service provision</li> </ul>			Ongoing		
12. Emergency Department cohorting	Director of Operations	<ul style="list-style-type: none"> <li>Provide additional clinical staff and suitable space for patients arriving by ambulance to be held at the emergency department awaiting admission enabling the ambulance to be released</li> <li>In place at Morrision and The Grange</li> </ul>			Ongoing		
13. Transition Plan	Chief Executive Officer	<ul style="list-style-type: none"> <li>Formally submitted to Commissioners in December 2021 and subsequently subject to a part year funding request of Welsh Government on 24 May 2022 this plan sought to grow our establishment to a further 294 WTE having forecast the challenges currently being seen</li> <li>Around two thirds of the growth was to deploy additional response capacity (now provided in part by 4 above) whilst the system took action to reduce emergency department handover delays</li> <li>Around one third of the growth was to accelerate the transition to a new model of service delivery (inverting the triangles) – also now subject to a separate bid as in 5 above</li> </ul>			Ongoing		
14. Overnight falls service extension	Director of Quality & Nursing	<ul style="list-style-type: none"> <li>Review current extension to falls scheme that has temporarily been running on night duty</li> </ul>			30 June 2022		

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients			Date of Review:	08/09/2022	TREND	25 (5x5)
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			Inherent	5	5	25	
			Current	5	5	25	
			Target	3	2	6	
		<ul style="list-style-type: none"> <li>Benefit derived but further improvement in utilisation and overall volume of work undertake are necessary in the next 3 months</li> <li>Scheme extension agreed to 31 March 2023</li> </ul>					
15. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	Chief Executive Officer	<ul style="list-style-type: none"> <li>Conducted in three phases over the next 6 to 9 months Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance and support)</li> <li>WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities</li> </ul>		Q1 2023/2024			
16. Consideration of additional WAST schemes to support overall risk mitigation through winter	Director of Operations	<ul style="list-style-type: none"> <li>Summer performance forecast complete and winter underway imminently</li> <li>Discussions underway during Q2 to create new/further schemes to support operational delivery through winter</li> </ul>		Q3 2022/23			
17. National 111 awareness campaign	Director of Partnerships and Engagement Director of Digital	<ul style="list-style-type: none"> <li>National public awareness campaign funded by Welsh Government to promote appropriate use of services (111 as an alternative to 999/ED where appropriate)</li> <li>Upgrade to 111 website and symptom checkers also underway</li> </ul>		Q3 2022/23			



Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation		Date of Review:	15/08/2022	TREND	16 (4x4)
			Date of Next Review:	14/09/2022	➔	
<b>IF</b> the Trust does: <ul style="list-style-type: none"> <li>not achieve financial breakeven and/or</li> <li>does not meet the planning framework requirements and/or</li> <li>does not work within the EFL and/or</li> <li>fails to meet the 95% PSPP target and/or</li> <li>does not receive an agreement with commissioners on funding (linked to 458)</li> </ul>	<b>THEN</b> there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	<b>RESULTING IN</b> potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage		Likelihood	Consequence	Score
			Inherent	3	4	12
			Current	4	4	16
			Target	2	4	8
IMTP Deliverable Numbers: 10, 18, 28, 30, 34, 35, 37,38						
<b>EXECUTIVE OWNER</b>	Director of Finance and Corporate Resources		<b>ASSURANCE COMMITTEE</b>	Finance and Performance Committee		
<b>CONTROLS</b>		<b>ASSURANCES</b>				
		<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>				
1.	Financial governance and reporting structures in place	1. Risk is reviewed quarterly at F&P and a report is submitted bi-monthly to Trust Board				
2.	Financial policies and procedures in place	2.				
3.	Budget management meetings	3. Diarised dates for budget management meetings				
4.	Regular financial reporting to ADLT, EFG, EMT, FPC and Trust Board in place	4. Diarised dates for EFG and FPC and monthly reports				
5.	Welsh government reporting	5.				
6.	Monthly review of savings targets	6. ADLT monthly review				
7.	Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.	7.				
8.	Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.	8. Diarised dates for ICMB meetings with regular monthly report				
9.	PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications	9. Regular PSPP communications (Trust wide) on Siren				
10.	Forecasting of revenue and capital budgets	10. (a) Monthly monitoring returns to ADLT, EFG, EMT and FPC (b) Reliance on available intelligence to inform future forecasting.				
11.	Business cases and benefits realisation (both revenue and capital)	11. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, EMT, FPC prior to Trust Board for approval as appropriate according to value.				
		<b>External Assurances Management (1<sup>st</sup> Line of Assurance)</b>				

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation		Date of Review:	15/08/2022	TREND	16 (4x4)
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			Inherent	3	4	12
			Current	4	4	16
			Target	2	4	8
		5. Monthly Monitoring Returns to Welsh Government				
		7. EASC management meetings. Monthly meetings with EASC and DAG for NEPTS.				
		8. Bi-monthly Capital CRL meetings with Trust and WG capital leads				
		9. Regular P2P meetings diarised (bi-monthly)				
		10. Monthly monitoring returns into Welsh Government				
		<b>Independent Assurances (3<sup>rd</sup> Line of Assurance)</b>				
		1-10 Internal audit reviews covering				
		1-10 External audit reviews				
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>				
<ul style="list-style-type: none"> <li>Lack of formalised service contracts between Commissioner and WAST as a commissioned body</li> </ul>		None identified				
<b>Actions to reduce risk score or address gaps in controls and assurances</b>		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>		
1. Continuing negotiations with Commissioners		Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance	31/03/23 – Checkpoint Date			
2. Embed a transformative savings plan and ensure organisational buy in		ADLT and Savings subgroup	31/03/23 – Checkpoint Date			
3. Embed value-based healthcare working through the organisation		Executive Management Team and Value Based Healthcare Group	31/03/23 – Checkpoint Date			
4. WIIN support for procurement, savings and efficiencies		WAST Improvement and Innovation Network group	31/03/23 – Checkpoint Date			
5. Foundational economy, Decommissioning and procurement to mitigate social and economic wellbeing of Wales		Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership	31/03/23 – Checkpoint Date			

Risk ID 244	Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service		Date of Review:	03/05/2022		TREND	16 (4x4)	
			Date of Next Review:	30/05/2022		➔		
IF the Trust is unable to increase accommodation capacity		THEN there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives	RESULTING IN EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score	
					Inherent	5	4	20
					Current	4	4	16
					Target	3	4	12
IMTP Deliverable Numbers: 1,5,9, 10,18, 28, 30, 34								
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS				ASSURANCES				
				Internal Management (1 <sup>st</sup> Line of Assurance)				
1. Temporary call handling provision in Carmarthen				1. Monitoring of Performance standards for call handling (daily) and dispatch (weekly) to identify impacts on service with further investigation on a monthly basis				
2. Maximum use of space at the Bryn Tyrion site				2. All desks have been realigned to 2m physical distancing as part of covid preparations				
3. Maximum use of space at the Vantage Point House (VPH) site				3. Review of VPH undertaken – November 2021 Staffing levels are managed according to maximum desk space on each centre. In VPH, because of agile working there is capacity for non-dispatch functions.				
4. Prioritisation of space utilisation for each shift by CCC management team and alignment to priorities associated with safe service delivery				4. Business continuity tracker for staffing levels updated daily				
				External Not applicable				
GAPS IN CONTROLS				GAPS IN ASSURANCE				
1. Call handling provision is a short-term solution and not fully resilient				1. Carmarthen solution for call handling is temporary				
2. Lack of resilience in temporary accommodation may trigger risk if business continuity plans are invoked				2. Reconfiguration work reviewed by architects during pandemic preparation and earlier have yet to be delivered.				
3. Current social distancing plans for EMS CCC do not provide solutions for the dispatch environment in Carmarthen				3. Agile working solution would be compromised in an ICT outage and paper-based approach would be used				
4. Current social distancing plans for EMS CCC provide limited solutions for call handling and dispatch in Bryn Tyrion								
5. Current social distancing plans for EMS CCC provide limited solutions for dispatch environment in VPH.								
6. Estates Strategy is silent on risk associated with CCC environment								
Actions to reduce risk score or address gaps in controls and assurances				Action Owner	By When/Milestone	Progress Notes:		
1. Review current estate to identify moderate workplans to maximise available capacity within existing estate.				Assistant Director of Operations – Integrated Care	30.09.22 – Checkpoint Date			
2. Develop digital solutions for remote supervision and clinical support to maximise virtual network of CCC reducing capacity required in existing sites.				EMS CCC Area Manager	30.06.22			
3. Option appraisal required to review options for increasing CCC capacity. This should be aligned to the HIW review recommendation for the North CCC estates strategy and expanding this to support the pan-Wales estates position.				Assistant Director – Capital & Estates	31.12.22 – Checkpoint Date			
4. Based on modelling data under D&C review explore any efficiencies that can be gained in CCC estates through revised dispatch models maximising use of digital technology				CCC SE Manager	30.06.22 Checkpoint Date			

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

<b>Risk ID</b> 458	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services		<b>Date of Review:</b>	14/08/2022	<b>TREND</b> ➔	16 (4x4)
			<b>Date of Next Review:</b>	13/09/2022		
<b>IF</b> sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis.	<b>THEN</b> there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.	<b>RESULTING IN</b> patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>
			<b>Inherent</b>	3	4	12
			<b>Current</b>	4	4	16
			<b>Target</b>	2	4	8
IMTP Deliverable Numbers: 2, 12, 16, 18, 23, 24, 25, 26, 28,30, 34, 37, 38						
<b>EXECUTIVE OWNER</b>		Director of Finance and Corporate Resources	<b>ASSURANCE COMMITTEE</b>		Finance and Performance Committee	
<b>CONTROLS</b>			<b>ASSURANCES</b>			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1. Financial governance and reporting structures in place			1. Risk is reviewed quarterly at F&P and a report is submitted bimonthly to Trust Board			
2. Financial policies and procedures in place			2.			
3. Setting and agreement of recurrent resources			3.			
4. Budget management meetings			4. Diarised dates for budget management meetings. If an area is in financial deficit, the meeting would be at least once a month. If the area is in balance or surplus, the meeting would be quarterly.			
5. Budget holder training			5. Diarised dates for budget holder training			
6. Annual Financial Plan			6. Submission to Trust Board in March annually			
7. Regular financial reporting to EFG & FPC in place			7. Diarised dates for EFG and FPC with full financial reports			
8. Regular engagement with commissioners of Trust's services			<b>External Management (1<sup>st</sup> Line of Assurance)</b> 1. Accountability Officer letter to Welsh Government e.g. November 2021 3 and 8 EASC management meetings. Monthly meetings with EASC and DAG meetings for NEPTS. Meetings are diarised 9. Monthly monitoring returns			
9. Welsh Government reporting on a monthly basis			<b>Independent Assurance (3<sup>rd</sup> Line of Assurance)</b> 2. Internal Audit reviews of financial policies & procedures as part of their audit plan			
<b>GAPS IN CONTROLS</b>			<b>GAPS IN ASSURANCE</b>			
• Lack of clarity regarding EASC/Welsh Government commitments with respect to recurrent funding			1. Dialogue with EASC and DAG does not always result in recurrent arrangements (outside of WAST control)			
<b>Actions to reduce risk score or address gaps in controls and assurances</b>			<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>	
1. A formal approach to service change to be developed providing secure recurrent funding with commissioners.			Deputy Director of Finance	31.12.22		
1. Develop a Value Based Healthcare system approach with commissioners. This would mean that funding would flow more seamlessly between organisations and would go some way to mitigating the risk of not receiving recurrent funding.			Deputy Director of Finance	31.12.22		

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems		Date of Review:	22/08/2022	TREND	15 (3x5)
			Date of Next Review:	21/09/2022	➔	
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10
IMTP Deliverable Numbers: 7,8,9,10,12, 16,18,21,23, 24,25, 26, 38						
EXECUTIVE OWNER		Director of Digital Services	ASSURANCE COMMITTEE		Finance and Performance Committee	
CONTROLS			ASSURANCES			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1. Appropriate policy and procedures in place for Information/Cyber Security			1. Information Security Policy reviewed every 3 years (currently due for renewal). Incident Policy and Procedure put in place in February 2022 – renewed annually.			
2. Trust Business Continuity Procedure and Incident Response Plan			2. Debrief from significant business continuity incidents captured within organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years - currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing			
3. IT Disaster Recovery Plan			3. Organisation-wide tabletop exercise undertaken in March 2022 with all BC leads and Digital teams.			
4. Relevant expertise in Trust with respect to information security			4. Staff undertake relevant training courses e.g. CISSP to increase knowledge and expertise			
5. Data Protection Officer in post			5. In job description of Head of ICT			
6. Cyber and information security training and awareness			6. Training statistics are available on ESR and from Phish threat module			
7. Mandatory Information Governance training which includes GDPR			7. Training statistics reported on by Information Governance department			
8. ICT tests and monitoring on networks & servers			8. Any issues would be identified and flagged and actioned			
9. Information Governance framework			9. WAST self-assesses its Information Governance Framework against the Welsh Information Governance toolkit.			
10. Internal and NHS Wales governance reporting structures in place			10. Internal WAST Information Governance Steering Group & All Wales Information Governance Management Advisory Group (IGMAG) meets quarterly, National Ambulance Information Governance Group (NIAG) meets every 2 weeks, Operational Security and Service Management Board (OSSMB) (national) – daily/weekly meetings and minuted meetings every 2 months. Minutes and actions logs available for meetings.			
11. Checks undertaken on inactive user accounts			11. Software in place to run check on inactive accounts as and when			
12. Business Continuity exercises			12. Annual schedule of testing			
13. Operational ICT controls e.g. penetration testing, firewalls, patching			13. Monthly scans on infrastructure. Penetration testing has occurred for different systems. 2 physical firewalls on networks to monitor traffic. Monthly patching occurs or as and when.			
14. Security alerts			14. Daily alerts are received. Anti-virus alerts received as and when threat discovered			
			<b>External Independent Assurance</b> NHS Wales Cyber Response Unit independent view of Network and Information Systems (NIS) Directive compliance within last 4 – 5 months (covering controls 1 -,3 – 11, 13 – 14			

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems		Date of Review:	22/08/2022	TREND	15 (3x5)
			Date of Next Review:	21/09/2022	➔	
<b>IF</b> there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	<b>THEN</b> there is a risk of a significant information security incident	<b>RESULTING IN</b> a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>				
1. Not all information security procedures are documented		1. No regular Cyber/Info Security KPIs are reported to senior management committees				
2. Lack of understanding and compliance with policy and procedures by all staff members		2. Cyber awareness campaigns could be undertaken more regularly e.g. bi-monthly				
3. No organisational information security management system in place						
4. IT Disaster Recovery Plan does not include a cyber response						
5. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects and procurement and this has a cyber security, information governance and resource impact						
<b>Actions to reduce risk score or address gaps in controls and assurances</b>		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>		
1. Establish Cyber and Information Security KPIs		Director of Digital Services	31.08.22			
2. Discuss how cyber risk is reviewed and frequency of review		Director of Digital Services	31.08.22 – Checkpoint Date			
3. Suite of business continuity exercises that departments can undertake to test their plans to be provided.		North Resilience Manager	31.12.22			
4. Exercise template report which shows recommendations to be created		North Resilience Manager	31.12.22			
5. Formalise Cyber Incident Response Plan		Head of ICT	31.12.22 – Checkpoint Date			
6. Implement Meta Compliance Policy Solution		Senior ICT Security Specialist	31.12.22 – Checkpoint Date			

Risk ID 543	Major disruptive incident resulting in a loss of critical IT systems		Date of Review:	22/08/2022	TREND	15 (3x5)
			Date of Next Review:	21/09/2022	➔	
IF there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems	THEN there is a risk of a loss of critical IT systems	RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10
IMTP Deliverable Numbers:						
EXECUTIVE OWNER		Director of Digital Services	ASSURANCE COMMITTEE		Finance and Performance Committee	
CONTROLS			ASSURANCES			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1. Trust Incident Response Plan and Department Business Continuity Plans			1. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. Annual schedule of testing of BCPs.			
2. IT Disaster Recovery Plan			2. Recent ICT tabletop exercise undertaken			
3. Recovery/contingency plans for critical systems			3. Reports from tabletop exercises			
4. Service management processes in place			4. Documented and approved service management processes in place			
5. Incident Management Policy, Procedure and Process			5. Incident Policy and Procedure put in place in February 2022. This would be required annually and if there is a system change, the review would be earlier			
6. Regular data back ups			6. Daily report on status of backup and fully automated process. Log kept of where restores are undertaken			
7. Resilient and high availability ICT infrastructure in place			7.			
8. Robust security architecture and protocols			8.			
9. Diverse IT network (both data and voice) delivery at key operational sites			9.			
10. Regular routine maintenance and patching			10.			
11. Environmental controls			11.			
12. Intelligence gathered from suppliers with respect to future tool sets and enhancements			12. Via email and webinars			
			<b>External Independent Assurance</b>			
			<ul style="list-style-type: none"> <li>2021_16 Internal Audit review of IM&amp;T Control Assessment – baseline exercise</li> <li>2021_19 Internal Audit review of ICT Disaster Recovery – Limited Assurance</li> <li>NIS Directive internal audit report 2022 – Reasonable Assurance (covering controls 1-12)</li> </ul>			
GAPS IN CONTROLS			GAPS IN ASSURANCE			
Non identified			Undertaking Cyber Essentials assessment			
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:	
1. Suite of business continuity exercises that departments can undertake to test their plans to be provided.			North Resilience Manager	31.12.22 Checkpoint date		
2. Exercise template report which shows recommendations to be created			North Resilience Manager	31.12.22 Checkpoint date		
3. Cyber Essentials assessment to be completed			Head of ICT	31.12.22 Checkpoint date		



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

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

Risk ID 283	Failure to implement the EMS Operational Transformation Programme		Date of Review:	09/08/2022	TREND	12 (3x4)
			Date of Next Review:	08/11/2022	➔	
<b>IF</b> there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme	<b>THEN</b> there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	<b>RESULTING IN</b> potential patient harm, deterioration in staff wellbeing and reputational damage		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	3	4	12
			Target	2	4	8
1. Increase in engagement on the specifics of change through facilitation mechanisms		Assistant Director – Commissioning & Performance	31.09.22 – Checkpoint Date			
2. More capacity requested (transition plan)		Assistant Director of Planning & Transformation	31.12.22 – Checkpoint Date			
3. Engage with key stakeholders to reduce handover delays		CASC	31.09.22 – Checkpoint Date	Ongoing		
4. Reduce abstractions in particular sickness absence		Deputy Director of Workforce & OD	30.08.22 – Checkpoint Date			
5. Engage with Assistant Director of Planning and Transformation on process for PID updates		Assistant Director – Commissioning & Performance	30.09.22 Checkpoint Date	HoT recruited awaiting start date		

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

Risk ID 424	Resource availability (capital) to deliver the organisation's Integrated Medium-Term Plan (IMTP)		Date of Review:	09/08/2022	TREND	12 (3x4)
			Date of Next Review:	08/11/2022	➔	
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	3	4	12
			Target	1	4	4
IMTP Deliverable Numbers: 5,9,10, 17, 28						
<b>EXECUTIVE OWNER</b>		Director of Strategy Planning & Performance	<b>ASSURANCE COMMITTEE</b>		Strategic Transformation Board and Finance and Performance Committee	
<b>CONTROLS</b>			<b>ASSURANCES</b>			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1. Prioritisation of IMTP deliverables			1. Prioritisation detailed in IMTP and reviewed and agreed at Strategic Transformation Board			
2. Financial policy and procedures			2.			
3. Governance and reporting structures e.g. Strategic Transformation Board (STB)			3. IMTP sets out delivery structures and meeting minutes are available			
4. Assurance meetings with Welsh Government and Commissioners			4. Agendas, minutes and slide decks available			
5. Transformation Support Office (TSO) which supports the major delivery programmes			5. Paper on TSO to Strategic Transformation Board			
6. Project and programme management framework			6. PowerPoint pack detailing PPM			
7. Regular engagement with key stakeholders			7. Stakeholder Engagement Framework			
			<b>Independent Assurance (3<sup>rd</sup> Line of Assurance)</b>			
			2. Subject to Internal Audit			
<b>GAPS IN CONTROLS</b>			<b>GAPS IN ASSURANCE</b>			
1. Project and programme management (PPM) framework to be reviewed			1. PPM needs to be reviewed and approved through STB			
2. Head of Transformation vacancy			2. Benefits have not been fully linked to benefits realisation			
3. Lack of a commercial contractual relationship with Commissioners (link to risk 458)						
<b>Actions to reduce risk score or address gaps in controls and assurances</b>			<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>	
1. Recruit a Head of Transformation			Assistant Director of Planning	30.09.22 – Checkpoint Date	Recruited 02.08.22 awaiting start date	
2. Review the PPM			Head of Transformation	31.03.23 – Checkpoint Date		
3. Develop Benefits Realisation plans in line with Quality and Performance Management framework			Assistant Director of Planning/Assistant Director, Commissioning & Performance	30.09.22 – Checkpoint Date		
4. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)			Deputy Director of Finance	31.12.22		



## IMTP Deliverable Key

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

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





**GIG**  
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**NHS**  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

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

## Environment and Sustainability Update – September 2022

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	20 <sup>th</sup> September 2022
<b>EXECUTIVE</b>	Chris Turley - Executive Director of Finance and Corporate Resources
<b>AUTHOR</b>	Richard Davies – Assistant Director of Capital and Estates Nicola Stephens – Environment and Sustainability Manager Jo Williams – Head of Capital Development
<b>CONTACT</b>	Joanne.williams10@wales.nhs.uk

### EXECUTIVE SUMMARY

- To update the Committee in relation to the WAST Decarbonisation Action Plan (in response to Welsh Government’s NHS Wales decarbonisation strategic delivery plan (*NHSW- DSDP*)) and to present the first in a development programme of performance monitoring against progress, linking with Welsh Government reporting requirements.
- To bring to the Committee’s attention risks in relation to delivery, given funding and resource constraints.
- To provide an update on the ISO14001 audit which took place during August 2022.
- To update the Committee on work to progress with the roll out of 23 hybrid Rapid Response Vehicles and EV charging network.

***Recommendation – Committee to asked to note this update***

### KEY ISSUES/IMPLICATIONS

### REPORT APPROVAL ROUTE

**Executive Management Team – 14<sup>th</sup> September 2022 – for noting**

**Finance & Performance Committee – 20<sup>th</sup> September 2022 – for noting**

## REPORT APPENDICES

### Annex 1: Decarbonisation Action Plan – updated August 2022



Copy%20of%20Decarbonisation%20Action

### Annex 2: WG Quantitative Reporting – completed template and cover email



WAST Submission  
WG Public Sector Carl

**NOTE: BOTH ANNEXES HAVE BEEN CIRCULATED BY E MAIL AS THEY WILL NOT DISPLAY CORRECTLY IN IBABS.**

## REPORT CHECKLIST

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

# FINANCE AND PERFORMANCE COMMITTEE

## Environment and Sustainability Update

September 2022

### SITUATION

1. This paper presents the Finance and Performance Committee with an update on the work being undertaken in support of the Trust's Environment and Sustainability work programme.
2. The paper introduces the commencement of detailed reporting against the Decarbonisation Action Plan and the plans to strengthen the performance reporting as part of the development work of the programme.

### BACKGROUND

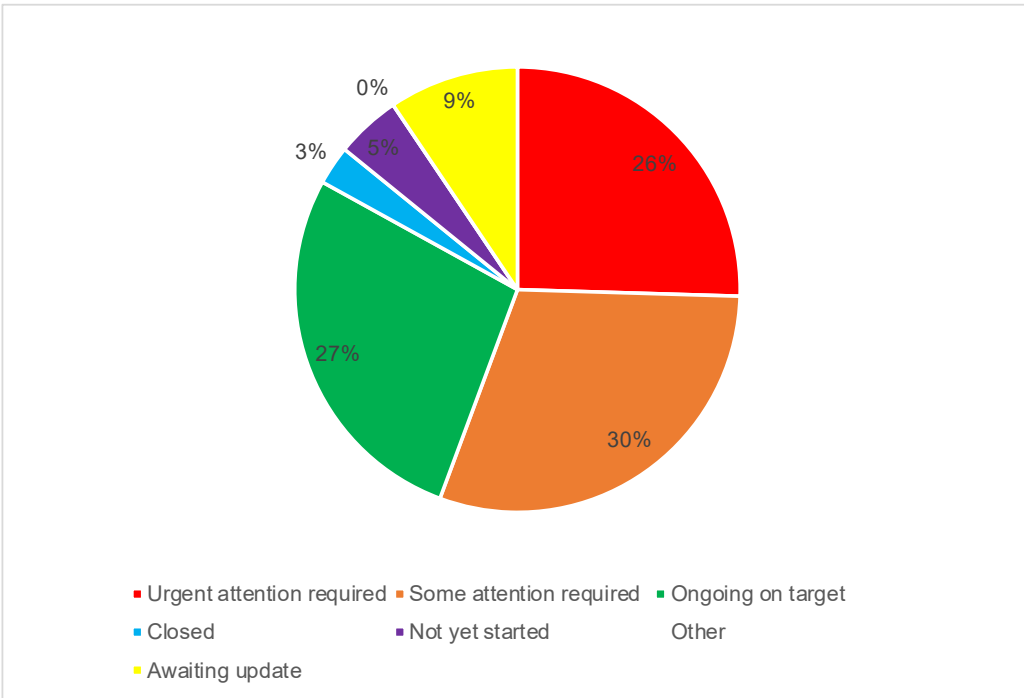
3. WAST has produced a Decarbonisation Action Plan (DAP) in response to the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan (*NHSW- DSDP*).
4. The plan has a range of actions which frame the Trust's decarbonisation response and spans all directorates across the Trust. It is vital that all areas of the Trust take ownership for the plan, and reporting on a regular basis accordingly. This discipline will be further developed over the course of future updates as the performance reporting against the programme develops and programme management arrangements are embedded.

### ASSESSMENT

#### WAST Decarbonisation Action Plan update.

5. The updated WAST Decarbonisation Action Plan, along with an initial assessment of delivery, is enclosed at **Annex 1**. Whilst acknowledging that the performance reporting against the Decarbonisation Action Plan is commencing during this period, an indicative snapshot of progress is reported below with an overall indicative rating for the plan being **RED/AMBER**. The reporting follows the standard Strategic Transformation Board reporting, but given the breadth of actions within the report, a "Gateway Review" type scale has been deployed to indicate overall programme rating; it is noted that this is a work in progress and somewhat subjective but helpful in identifying an overall value. It should however be noted that given the complexity and range of actions within this plan (106 separate actions in total), it is perhaps too simplistic at this stage to attribute an overall value to the plan and instead focus on significant areas of progress and areas requiring attention as outlined below.

<b>ALL</b>	<b>Total actions on report</b>	<b>106</b>
	Urgent attention required	27
	Some attention required	32
	Ongoing on target	29
	Closed	3
	Not yet started	5
	Other	0
	Awaiting update	10
	<b>OVERALL REPORT RATING</b>	<b>RED/AMBER</b>



**Items of progress**

- Electric Vehicle (EV) charging network – the Trust has accelerated the EV charging network and installation of Pod Point chargers in line with the implementation plan for 23 Plug in Hybrid RRVs across Wales.
- Commencement in post of dedicated Project Manager, and the appointment of an Environment and Sustainability Officer, following interviews in August 2022.
- A bid for £60k of Welsh Government funding, to support critical actions in support of scoping the infrastructure, was not initially supported and presented a further challenge to WAST’s ability to deliver on a critical aspect of the action plan. However, we are pleased to confirm that WG have now been able to support the bid following further discussions and a reinforced submission to highlight the risks of not doing so.

### **Areas of action**

- Establishment of programme management arrangements now that Project Manager support is in place.
  - Focus on areas within the DAP which require attention and further support for example NWSSP support in procurement, wider infrastructure requirements and directorate ownership and progression of specific actions.
  - Some tabs have actions which have yet to be started, for example lease/pool cars and clinical impacts – the establishment of project management arrangements and programme board reporting/structures will facilitate some support to increase momentum in these areas.
6. WAST has previously responded to an all Wales Director of Planning led information gathering exercise on all Wales capital funding requirements over the next 10 years. The Trust has been very clear in its requirements around capital funding to support the decarbonisation agenda, acknowledging the significant investment which will be required to realise the ambitions for both fleet and estates across the organisation. Further feedback on the outputs and outcomes of that exercise is awaited from Welsh Government.

### **Welsh Government reporting**

7. Welsh Government have set out a new framework for reporting which comprises quantitative and qualitative reporting data sets. The deadline for the first set of quantitative reporting was 9<sup>th</sup> September and there is a detailed submission template for completion. The WG submission including the email which outlines some context and caveats to this is therefore included for information at **Annex 2**.
8. The qualitative reporting deadline is 14<sup>th</sup> September via the *NHS Performance Framework Qualitative Measures - 2022-2023 - Qualitative Reporting* template. The Trust is keen to link up the WG reporting to internal reporting mechanisms, and a series of metrics are being considered for development, which will form part of an evolving framework and link into recently agreed enhancements to key reporting metrics through to the Trust Board.
9. It should be noted that health boards and Trusts are expressing some concern regarding the data collection, validity of some reporting costing data (via NWSSP) and the ability to compare with the previously confirmed baseline. WAST shares these concerns and continues to engage with WG on these issues. A range of caveats have therefore been included within the submission which outlines the limitations on the data and the impact on the ability to compare against the baseline.
10. The central importance of WAST in delivering on key objectives of the NHS Wales plan, including our status as one of only two named organisations (alongside NWSSP) in the plan should not be underestimated. Without the support of Welsh Government, the wider NHS and partners, and the associated financial support, it will not be possible for WAST to deliver on expectations within the plan, nor on the specific actions agreed by the Trust for delivery of our own action plan.

11. To further highlight these risks, an initial meeting took place with Welsh Government's Deputy Director – Climate Change and Environmental Public Health, and a further joint meeting between WAST, WG officials and Welsh Government Energy Services took place in early August. We are awaiting further details on potential support from that discussion. WAST continues to be represented at key national meetings and reinforces the support requirements.
12. WAST has also been invited to present on issues and challenges at the NHS Wales Decarbonisation Programme Board, of which we are a member. Colleagues will attend this meeting to give an overview of progress being made as highlighted in this report, as well as the challenges currently being faced, notably:
  - a. Investment requirements
  - b. Survey work to be completed across the estate
  - c. NWSSP and other partner organisations support in procurement and other aspects
  - d. EV infrastructure and engagement with energy providers and the National Grid (beyond WAST's influence)
  - e. Energy Consortium agreements via the EPRMG and energy use – energy contracts are signed years in advance and costs due to being in this consortium which include uncapped energy prices is a significant risk for the Trust
  - f. Emerging technology including plans for infrastructure across Wales such as hydrogen/alternative fuel provision

## **ISO14001**

13. Following a rigorous process, the annual reaccreditation for ISO14001 has been successful and it has been confirmed that the Trust has retained its status. WAST continues to be the only UK ambulance Trust with this status.
14. Audits were completed in the Central and West region, plus system audits completed at Ty Elwy, St Asaph.
15. Under the accreditation conditions all stations must provide a volunteer to act as environmental coordinator for their site, to meet with the auditor, participate in internal and external audits, and provide environmental support. Operational staff have supported this requirement for the past seven years and did so again in 2022, assuring compliance.
16. Minor non-conformities from previous external audits remain open. There is a risk that these open non-conformities could progress into major non-conformities and put at risk the ISO14001 accreditation due to lack of progress. Discussions with our external auditor BSI are ongoing regarding lack of progress in relation to limitations within the Trust, some of which have been due to COVID-19 restrictions. An action plan to get back on track is now also in progress.
17. Outstanding non-conformities at risk are:

- **Drainage** – 2022 will be year 5 of amendment to drainage to ensure compliance with wastewater regulations, drainage works must be completed by August 2022 or planned for completion in that financial year.
- **Control of Contractors** – No contractor policy/ contractor control - this minor non-conformance will be live until later in 2022.
- **Emergency Preparedness** -No fire evacuations had been carried out at the branches that were assessed.

New non- conformities found August 2022.

- **Management review**- The process for carrying out management review was not fully effective as meetings must happen annually. The 2021 meeting was held in July, with the 2022 meeting held in September. An amendment to the procedure manual from annual to once during the financial year has already closed the non-conformity.
- **Emergency Preparedness** - Fire Marshal update training had not been carried out at some stations meaning training had expired, this is now being addressed.

18. An action plan will now be developed with timescales and actions owners, for submission to BSI.

### **Roll out of 23 hybrid Rapid Response Vehicles and EV charging network**

19. Work continues on the infrastructure and EV charging network which will support the roll out of WAST's EV fleet. Commencing in July 2022, upgrades to existing infrastructure and the installation of Pod Point chargers are supporting the roll out of 23 plug in hybrid RRVs and a small number of full electric fleet/MRD vans. All RRVs have now been placed across the system, with final infrastructure works to be completed in the coming weeks. At this point, the Trust is clear that the charging infrastructure is for Trust vehicles only, and EMT will consider a detailed paper on proposals for progressing the EV charging network, including any potential opportunities for staff vehicle charging, if considered appropriate.

20. It should be noted that wider review of the existing WAST estate to analyse the infrastructure available, capacity at sites, and a programme of works for the roll out of improvement works, including installation of chargers, will commence shortly. However, as noted above, resource to undertake this review is specialised and limited, and the bid to WG for £60k funding to support this was not initially supported. As also noted above however WAST have now received confirmation of funding and so a process can be established to secure support for this work and progress with the surveys now as soon as possible. It should be noted that these surveys will be prioritised to areas of greatest opportunity/return and will likely generate a significant capital investment requirement to upgrade current infrastructure.

21. Whilst the initial work has been led by Finance and Corporate Resources (Fleet, Finance, Capital and Estates), it is acknowledged that wider support from across the Trust will be required as the group works through a range of implications such as ICT, finance, counter fraud, health and safety, workforce

and operational arrangements. A project board will be established once project management resource is available within the Capital and Estates team.

### **Internal Audit – Decarbonisation**

22. An Internal Audit on decarbonisation was originally planned for earlier in the financial year, but the Internal Audit team have requested that this is moved into Q3, which the Trust was content to support.
23. Terms of reference have been received and the team will support the process as fully as possible.

### **RECOMMENDATION**

Finance and Performance Committee are asked to:

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





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Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	10
<b>OPEN or CLOSED</b>	Open
<b>No of ANNEXES ATTACHED</b>	3

## AUDIT REPORT

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	20 September 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Julie Boalch, Head of Risk and Corporate Governance
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. The purpose of the report is to provide the F Committee (FPC) with an update in relation to the outstanding recommendations from Internal Audit reviews.
2. In addition, the paper sets out the Internal Audit plan activity and includes copies of current and relevant Audit Reports that provide a fundamental line of assurance to the Committee.

#### **RECOMMENDATION:**

3. **The Committee is asked to:**
  - a. **Note and consider the contents of the report,**
  - b. **Consider the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to Committee, and**
  - c. **Agree any specific items that the Committee wishes to see raised to Senior Management and Audit Committee**
  - d. **Receive the 2 Internal Audit Reports that were presented to the Audit Committee in September 2022.**
  - e. **Consider the Internal Audit plan activity.**

### KEY ISSUES/IMPLICATIONS

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

### REPORT APPROVAL ROUTE

5. The report has been submitted to:
  - ADLT – 6<sup>th</sup> July 2022
  - ADLT – 31<sup>st</sup> August 2022

### REPORT APPENDICIES

- 6. The Audit Tracker has been circulated as a separate document - Appendix 1.
- 7. Fleet Maintenance Internal Audit Report – Appendix 2.
- 8. Major Incidents Internal Audit Report Appendix 3.

### REPORT CHECKLIST

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

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

**SITUATION**

1. The purpose of this paper is to provide the Committee with an update in respect of recommendations resulting from internal audit reviews that are presented to the Committee for oversight.
2. In addition, the paper sets out the Internal Audit plan activity and includes copies of current and relevant Audit Reports that provide a fundamental line of assurance.

**BACKGROUND**

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

**ASSESSMENT**

Internal Audit Plan 2022/23

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

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

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

Internal Audit Report	Estimated Date of Audit	Date due at Audit Committee
Estates Assurance - Decarbonisation	Q1	December 2022

Electronic Patient Clinical Record	Q1	December 2022
Hazardous Area Response Team (HART)	Q2	December 2022
Immediate Release Request	Q2	December 2022
Data Analysis	Q2	December 2022
Standards of Business Conduct: Declarations	Q2	December 2022
Savings and Efficiencies	Q3	March 2023
IMTP Delivery	Q3	March 2023
Cyber Security	Q3	March 2023
Risk Management and Assurance	Q4	June 2023
Health & Safety (deferred from 2021/22)	Q4	June 2023
Strategy Development	Q4	June 2023
IM&T Infrastructure	Q4	June 2023
Follow Up Action Tracker	Q4	June 2023

### Internal Audit Highlights

8. At the time of issuing the paper, there were a total of 95 current internal audit recommendations on the tracker. 27 recommendations were marked as complete at the June 2022 Audit Committee and removed from the tracker.
9. 33 recommendations were added to the tracker resulting from 7 Internal Audit Reports which were presented to the Audit Committee in June 2022. 16 of these recommendations were assigned to FPC and were from Reasonable and Limited Assurance rated reports as follows:
- Network & Information Systems Directive – Reasonable Assurance
  - Service Reconfiguration – Reasonable Assurance
  - Waste Management – Limited Assurance
10. The status of each of the current internal audit recommendations is described in the table below.

Status	Total Number of Recommendations on the tracker	Those directly relevant to FPC	High Priority FPC	Medium Priority FPC	Low Priority FPC
Overdue	35	20	3	14	3
Not yet due*	27	19	4	15	0
Complete	33	20	7	8	5
<b>Total</b>	<b>95</b>	<b>59</b>	<b>14</b>	<b>37</b>	<b>8</b>

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

11. Of the 3 high priority recommendations showing as overdue these relate to the following reports:
- 2021/22 Waste Management – Limited Assurance Review - proposed to be completed by December 2022.
  - 20/21 Clinical Contact Centres Performance Management - Reasonable Assurance review - proposed to be completed between September and December 2022.

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

Financial Year	Total Number of Recommendations on the tracker	Those directly relevant to FPC	Complete FPC	Overdue FPC	Not Yet Due FPC
2019/20	3	2	0	2	0
2020/21	15	15	6	9	0
2021/22	77	42	14	9	19
<b>Total</b>	<b>95</b>	<b>59</b>	<b>20</b>	<b>20</b>	<b>19</b>

13. Of the 20 recommendations that are showing as overdue, these relate to the following reports:
- 19/20 Information Systems Security Leavers Reasonable Assurance Follow Up Review
  - 20/21 Clinical Contacts Centre Performance Management - Reasonable
  - 20/21 111 Service Governance Arrangements - Reasonable
  - 20/21 NEPTS Journey Booking - Reasonable
  - 21/22 NEPTS Procurement – Reasonable
  - 21/22 Service Management – Reasonable
  - 21/22 Digital Governance - Reasonable
  - 21/22 Service Reconfiguration – Reasonable
  - 21/22 Waste Management – Limited
14. The two recommendations outstanding from 2019/20 relate to the Information Systems Security Leavers Reasonable Assurance Follow Up Review, both of which were expected to be completed by the end of March 2022; however, this is now proposed to be extended until the end of September 2022.
15. There are 2 recommendations that are proposed for closure rather than completed from the Clinical Contact Centres – Performance Management Reasonable Review as follows:
16. 379 - While the Trust supports the idea of dedicated auditors a funding request for these positions was subsequently turned down by the Programme Board / Commissioners. The Trust is unable to progress with this as an option without funding.
17. 380 - This action was stepped out in the CCC Reconfiguration model which was approved by EMT, pending funding, in Q3 2021. Due to financial constraints on the organisation for this year and the next 3 years, additional funding has not been successfully sourced and whilst the CCC reconfiguration remains a key deliverable for the organisation it is currently paused as a cost pressure. EMS configurations are continuing to deliver CAD phase 3 objectives within the financial envelope, such as roster review, divisional realignment and broader ways of working but this will now not include formal audit provision for the wider team. Should funding be secured for the CCC reconfiguration model in the future this objective will be reviewed and updated.

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

Assurance Ratings	Total No. of Recommendations on the tracker	Those directly relevant to FPC	High Priority FPC	Medium Priority FPC	Low Priority FPC
Limited	12	12	8	4	0
Reasonable	77	45	6	33	6
Substantial	0	0	0	0	0
Not Rated	6	2	0	0	2
<b>Total</b>	<b>95</b>	<b>59</b>	<b>14</b>	<b>37</b>	<b>8</b>

19. Of the 12 Limited Assurance recommendations, 5 of these have been completed during the period, 6 are not yet due and 1 is overdue from the Waste Management review.
20. The Governance team continue to seek assurance from Senior Management relating specifically to each report that:
- Recommendations have been considered and completed within agreed timeframes and;
  - All is being done to ensure that the follow up of recommendations will not result in further *Limited* or *No Assurance* rated reports.

**RECOMMENDED:**

21. **The Committee is asked to:**
- Note and consider the contents of the report,**
  - Consider the Trust’s proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to Committee, and**
  - Agree any specific items that the Committee wishes to see raised to Senior Management and Audit Committee.**
  - Receive the 2 Internal Audit Reports that were presented to the Audit Committee in September 2022.**
  - Consider the Internal Audit plan activity.**

# Fleet Maintenance Final Internal Audit Report September 2022

Welsh Ambulance Services NHS Trust



Partneriaeth  
Cydwasaethau  
Gwasanaethau Archwilio a Sicrwydd  
Shared Services  
Partnership  
Audit and Assurance Services



Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlans Cymru  
Welsh Ambulance Services  
NHS Trust



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Review reference:	WAST-2223-005
Report status:	Final
Fieldwork commencement:	22 June 2022
Fieldwork completion:	18 August 2022
Draft report issued:	24 August 2022 and 26 August 2022
Debrief meeting:	24 August 2022
Management response received:	8 September 2022
Final report issued:	9 September 2022
Auditors:	Osian Lloyd, Head of Internal Audit Johanna Butt, Principal Auditor
Executive sign-off:	Chris Turley, Director of Finance and Corporate Resources
Distribution:	David Holmes, Fleet Manager Andrew Jones, Regional Fleet Manager (North)
Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the 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

The review assessed the application of the fleet management system and its impact in improving the coordination of fleet maintenance and cost control.

### Overview


We have issued **Reasonable** assurance on this area.

The matters requiring management attention include:

- Inconsistencies between the Fleetwave and Oracle authorised signatory lists;
- Appropriate procurement of suppliers and review of supplier lists;
- Estimates should be included on job cards and raised before work is undertaken;
- Lack of formal monitoring of supplier performance; and
- Undertaking risk based spot checks on work undertaken.

Other recommendations / advisory points are within the detail of the report.

### Report Classification

		Trend
 <p><b>Reasonable</b></p>	<p>Some matters require management attention in control design or compliance.</p> <p><b>Low to moderate impact</b> on residual risk exposure until resolved.</p>	<p>N/A – first audit in this area</p>

### Assurance summary<sup>1</sup>

Assurance objectives	Assurance
1 Fleet maintenance strategy / plan	Reasonable
2 Fleet maintenance effectively planned	Reasonable
3 Contracts in place	Limited
4 Monitoring of fleet maintenance delivery	Reasonable
5 Governance and oversight	Reasonable

### Key matters arising

		Assurance Objectives	Control Design or Operation	Recommendation Priority
MA2	Authorised signatory lists	2	Design	High
MA3	Approved suppliers and standing data	3	Operation	High
MA4	Retrospective job cards and estimates	2	Operation	Medium
MA5	Performance monitoring of external suppliers and in-house workshops	4	Design	Medium
MA6	Spot checks	4	Operation	Medium

<sup>1</sup> The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

## 1. Introduction

- 1.1 Current arrangements for the provision of fleet maintenance within Welsh Ambulance Services NHS Trust ('the Trust') includes a combination of an 'in-house' service and a variety of outsourced arrangements. There is an ambition to provide all vehicle maintenance 'in house' and fully embed a robust planned preventative maintenance system on a time-based servicing basis.
- 1.2 Fleet Management software allows a fleet manager to access relevant information on the performance of their fleet. In effect, it is a database with numerous applications that enables the recording and reporting of the key attributes that can help improve efficiencies and drive down costs. The Trust purchased a new Fleet Management System called Fleetwave II ('Fleetwave' or 'Chevin'). Fleetwave is a bespoke software package designed specifically for the Trust and went live on 1 April 2018.
- 1.3 The potential risks considered in this review were:
- Current model for delivery of fleet maintenance may not provide value-for-money; and
  - Failure to comply with legislation with vehicles not fit for purpose, leading to patients and staff coming to harm.

## 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	1	3
Operating Effectiveness	1	2	-	3
<b>Total</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>6</b>

- 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: There is a strategy / plan in place to embed a robust system to coordinate and manage fleet maintenance, including clear guidance and procedures with roles and responsibilities clearly defined.**

- 2.3 The Trust has a 10 year Fleet Strategic Outline Programme (SOP) in place which has been endorsed by the Welsh Government. The purpose of the Fleet SOP is to detail the vision for the Trust's fleet over a ten-year period commencing from 2018. It describes the proposed future fleet configuration and the approach to

vehicle replacement, together with the strategic approach to the development of integrated, co-ordinated and consistent fleet maintenance and make ready approach across Wales.

- 2.4 Section 6.5.5 of the Trust's Integrated Medium Term Plan (IMTP) 2019-22 refers to the infrastructure of the fleet. It details how the Fleet SOP articulates the Trust's vision to for the delivery of fleet services up until 2028/29 and focuses on the three key work streams. Under fleet maintenance it details the ambition to provide all vehicle maintenance 'in house', and fully embed a robust Planned Preventative Maintenance (PPM) system on a time-based servicing regime. It also details the key initiatives that will be delivered over the next three years to support implementation of the SOP. These include, but are not limited to, delivering a fleet apprenticeship scheme, purchasing a new combined fleet workshop in the South East to replace Blackwood and Blackweir, piloting a dedicated fleet desk in the South East and develop a plan to progress development of 'in house' maintenance provision across Mid and West Wales (Central and West).
- 2.5 There is no specific policy in respect Fleet Maintenance. However, there are detailed procedure notes in place for using the Chevin / Fleetwave system, which are available to all staff who use the system. These include procedures on updating standing data, entering defects onto the system, managing job cards, raising purchase orders (POs), uploading the ATS invoice, invoice matching, approval and payment and how to upload onto Oracle. The majority of these were last reviewed in 2018, but the guide for suppliers was updated in 2019 and the defects guide was updated in 2020. In addition, each member of staff has a job description which defines their roles and responsibilities.
- 2.6 The Trust has four in-house workshops for fleet maintenance, based in Cardiff (Blackweir), Blackwood, Bangor and Wrexham. These undertake the PPM for all vehicles based in South East and North Wales. PPM for vehicles based in Central and West Wales are outsourced to external providers, due to the absence of an in-house workshop servicing the region. At the time of our audit, the Chevin system showed that there are 170 vehicles assigned to the North region, 318 vehicles in the South East region and 318 vehicles in the Central and West region. These include both emergency vehicles, mainly emergency ambulances (EAs) and rapid response vehicles (RRVs), and non-emergency vehicles, mainly the non-emergency patient transport service (NEPTS).
- 2.7 Key dates for PPM, such as for servicing, MOT and tail-lifts, are included as standing data for each vehicle on the system. This dictates the coordination and management of this type of fleet maintenance.

#### Conclusion:

- 2.8 The Fleet SOP is the Trust's fleet strategy and this is referenced in all corporate documents, including the Trust's IMTP. The Trust's IMTP details the initiatives that will contribute to delivery of the Fleet SOP. The Trust has produced Chevin procedure notes, though the majority of these were last reviewed in 2018 and

may need to be updated to reflect the findings of this review. Noting this, we have assessed this objective as **reasonable** assurance.

**Audit objective 2: Planned and routine maintenance of the Trust's fleet is effectively planned and scheduled, with appropriate arrangements in place for the provision of any unplanned maintenance.**

- 2.9 The Trust's fleet is serviced on a time-based regime. Broadly all 'blue light' vehicles, mainly EAs and RRVs, are serviced on a six week cycle, with all other vehicles, including the NEPTS vehicles, serviced on a 12 week cycle. Servicing of Hazardous Area response Team (HART) vehicles can either be every six or 12 weeks, at the discretion of the manager. As such, the Trust's vehicles are serviced more regularly than the manufacturers standard mileage service.
- 2.10 The Chevin / Fleetwave system is used as the Trust's database of all vehicles. Our audit does not include verification work to confirm completeness of that list. For each vehicle listed, the database details the service interval (either six or 12 weeks), MOT date (annual) and, where relevant, the tail lift expiry date (every six months). The system includes reminders, which are RAG (red, amber, green) rated, as each vehicle is approaching any of these deadlines. Whilst the Trust can implement discretion as to when a service is undertaken, there is no discretion for MOTs or the servicing of tail lifts. Where an MOT or tail lift service falls close to the date of a service, there is discretion to delay or bring forward the service of the vehicle to minimise disruption from taking the vehicle out of operation.
- 2.11 For planned maintenance the vehicle is taken to the appropriate garage according to its maintenance schedule. The contractor calls the Fleet department for a job number. Fleet Administrators raise a job in Fleetwave. Fleetwave prompts the user to check that the job hasn't already been raised by identifying existing open jobs related to that vehicle. The job card number is provided to the contractor.
- 2.12 For unplanned maintenance the driver logs the defect with the Control Room. The Control Room input the defect to LaunchPad and inform the on call member of the Fleet Department who raise the job on Fleetwave. Fleetwave prompts the user to check this job has not already been raised by identifying existing open jobs related to the vehicle. The on-call member notifies the contractor by phone of the work required and job number. The technical assistants will review and challenge any work and there is constant dialogue between the technical assistants, authorisers and external contractors. Where necessary, the '*Comments*', '*WAST Notes*' or '*Supplier Notes*' section of the job card is used to provide narrative notes.
- 2.13 For both planned and unplanned maintenance, the contractor logs the completed work onto Fleetwave and uploads a copy of the invoice which is submitted to the Fleet Department for approval. Jobs awaiting authorisation are checked to ensure the work was undertaken as required and agrees to the invoice and no extra work was undertaken without authorisation. Review of job cards confirms that, where applicable, the e-mail trail has been attached showing pre-approval from the Trust for the work carried out within the invoice.

- 2.14 We reviewed the Chevin vehicle database and found that, for every vehicle listed, the vehicle service interval, the MOT expiry date and where appropriate a tail lift expiry had been entered, which facilitates the PPM for all vehicles. In the North and South East regions, weekly e-mails are sent to in-house workshops which detail the vehicles approaching key maintenance deadlines. This information is used to plan workshop maintenance for the following week. In Central and West region, this is managed by the external supplier who has access to the Chevin system. However, the Fleet Department do not currently run reports to capture when these dates have been breached.
- 2.15 We selected a sample of 30 vehicles to confirm that they had received the minimum servicing (we did not include MOTs and tail lift servicing given these are legal requirements). This included vehicles across all regions, including both emergency and non-emergency vehicles and services undertaken in-house and externally. We found five vehicles where the minimum number of services had not been carried out: four vehicles had missed one service and one vehicle had missed two services. Explanations had been received for two of these, in that the vehicles had been involved in accidents and had been in the garage for an extended period. The other three instances related to Central and West vehicles where the planned preventative servicing has been outsourced. The reason for the missed service intervals was that multiple vehicles were due for service at same time, which would have had a detrimental impact on the availability of the fleet in that area. This as an achievement given it was during the pandemic, when the Trust was reliant on military staff support and external garages were also impacted. See **MA1 in Appendix A**.
- 2.16 We selected a sample of 29 job cards for the 15 month period from 1 April 2021 to the end of June 2022. Our sample of job cards again included all regions, in-house and external, planned and unplanned work on both emergency and non-emergency vehicles. Supplier invoices had been received for all job cards raised and these referenced the Chevin job card number.
- 2.17 Ten of the job cards selected related to servicing. There was evidence of the servicing checklist being completed in all instances. For external suppliers this included the completion of the '*WAST Vehicle Inspection Safety Record*' sheet.
- 2.18 In-house jobs do not require authorisation. This is due to the majority of in-house work undertaken relates to PPM only. As such, the job card is raised and planned work undertaken and completed on the same day. This was evident from the timeliness of maintenance work undertaken by the in-house workshops included in our sample.
- 2.19 All job cards had been authorised within the users authorisation limits on Chevin. However, we compared the user authorisation limits for the Fleet Department between the Chevin and Oracle systems and found inconsistencies. We noted some individuals have a higher authorisation limit on Chevin than on Oracle. Additionally, our sample testing identified 14 exceptions: 11 job cards had been authorised by individuals who were requisitioners only on Oracle; two individuals who were not listed on the Oracle hierarchy had authorised job cards with a value
-

of £2,792.12 and £510.34; and one job card for £12,928.12 was authorised by an individual with an Oracle authorisation limit of £10,000. We also noted that seven job cards had been raised by individuals not included as requisitioners on Oracle. See **MA2 in Appendix A**.

- 2.20 The Trust works to the NHS Wales agreed 'No PO No Pay' policy. POs are raised after the invoice is received on Chevin before uploading the file to Oracle. The job card is raised on Chevin before the supplier commences work, as such this is the equivalent of the Oracle PO. From our testing we identified four instances of retrospective job cards (which should only occur out of hours), i.e. job cards that were raised after the invoice date. We understand that where there was a 44 day delay to raising the job card, the Trust was aware of this and confirmed it is an anomaly. See **MA4 in Appendix A**.
- 2.21 The estimated cost had not been completed for 19 of the 29 job cards in our testing sample. We would expect estimates to be made with reference to similar jobs captured on the system and to agreed rates within contracts. We understand that e-mail trails are retained to demonstrate authorisation, and review of job cards confirms that narrative is attached. The absence of these limits the effectiveness when reviewing the appropriateness of invoices and to act as a useful reference point for similar jobs in the future, as well as to compare work being undertaken inhouse and externally. We acknowledge that for unplanned work it is not always feasible to enter an estimate before the diagnostic has been completed by the garage, however the estimate could be recorded once this has been agreed. Of those that included estimates, differences between the estimate and the amount invoiced were noted. **See MA4 in Appendix A**.

#### Conclusion:

- 2.22 Key dates are entered against all vehicles on Chevin which facilitates planning and scheduling of PPM, with notifications raised when key dates are approaching. However, we have identified some room for improvement around job cards estimates and inconsistencies between Chevin and Oracle authorisation limits. Noting this, we have assessed this objective as **reasonable** assurance.

#### **Audit objective 3: Contracts are in place with private providers, with agreed rates, and only approved providers are used.**

- 2.23 The Trust's Fleet department works with NHS Wales Shared Services Partnership (NWSSP) Procurement services before entering into contracts with suppliers. There is an approved list of suppliers which is maintained by NWSSP Procurement services. The listing did not include further detail on the specific services they relate to, contract terms, value, length etc. It is worth noting that as detailed on the Procurement Policy, where expenditure is below £5,000 then the only requirement is that there should be evidence of value for money; between £5,000 and less than £25,000 - there should be evidence of three quotations and a simple form of contract; and over £25,001 to the prevailing OJEU threshold - there should be openly advertised call for competition and a formal contract in place.

- 2.24 The job card report for the 15 month period confirmed that there were a total of 24,414 job cards during the period with £8,792,137 total gross cost. 7,637 (31%) of these job cards were in-house with a total gross cost of £2,113,225.16 (24%). The remainder related to external suppliers. For external suppliers:

Threshold	Total Gross	Total job cards
Less than £5k	£43,293.44	348
Between £5k and £25k	£178,609.85	685
Over £25k	£6,457,008.55	15,744

- 2.25 Our review of Fleet Management team meetings under audit objective 4 below confirmed that tenders are discussed and this includes when tenders are due for renewal.
- 2.26 We compared the suppliers used on the Chevin system from 1 April 2021 to 27 June 2022 to the list of approved tenders for fleet services from NWSSP Procurement, which included 16 suppliers. We also noted that the listing did not include further detail on the specific services they relate to, contract terms, value, length etc. This exercise identified 49 suppliers that had been used but were not on the approved contractors list provided. 20 of these had expenditure greater than £5k. Explanations were provided by management for 11 of these, including that they were part of a framework agreement and that the supplier had to be used to maintain the vehicle warranty. Of the remaining items, we identified two instances where it was confirmed that quotations had not been obtained and five instances where there wasn't a tender in place. The total expenditure incurred in relation to these was over £500k and we were informed that approximately £410k of this related to expenditure on garage services that had been previously tendered for relating to the North. However, when these services went out for retender, the award excluded the Northern lots due to a lack of available suppliers, including exceptional circumstances with one supplier (£295k) which went into administration. These have now been added to the NWSSP Procurement services workplan. See **MA3 in Appendix A**.
- 2.27 The Trust agreed with a recommendation we raised in 2018-19, following the implementation of Fleetwave, to undertake an annual exercise to review the suppliers included on the system and to remove those that have not been used. We reviewed the suppliers used in the last 15 months against the list of suppliers on Chevin and identified 60 suppliers that had not been used over that period. See **MA3 in Appendix A**.
- 2.28 Where contracts are in place we understand that checks are undertaken by the Fleet Department before invoices are approved, to ensure they are in line with agreed rates and price lists. It was not possible to verify that this manual check is undertaken as it isn't evidenced. We checked one approved supplier invoice from our sample of 29 job cards and were able to confirm that the correct rate had been applied on the invoice for the work undertaken.

### Conclusion:

- 2.29 The Fleet department engages with NWSSP Procurement services for any tenders in place and these are discussed at Fleet Management meetings. We noted a number of instances where contracts are not in place and that these have now been included on NWSSP Procurement Services workplan going forward. Noting this, we have assessed this objective as **limited** assurance.

### **Audit objective 4: Delivery of the fleet maintenance program is appropriately monitored, including regular monitoring of costs and benefits.**

- 2.30 As noted under objective 2 above, the Chevin system captures key dates in relation to servicing and issues alerts and reminders, which assists with monitoring PPM. This information is available to the user in a dashboard when they log in to the system.
- 2.31 The Fleet Department runs regular reports on PPM, including weekly servicing schedules for its in-house workshops. In addition to these, daily reports are run which detail the number of invoices and jobs on Chevin awaiting approval; the number of equipment jobs awaiting approval; the number of equipment jobs open 31 days or more; the number of jobs open 31 days or more and the number of rejected jobs. These reports are sent to Fleet managers, assistant managers, supervisors, team leaders, technicians, mechanics, workshops, technical assistants and administrative assistants, to assist prompt resolution of any issues. Open job cards have been discussed at the Fleet Management team meetings. The report could be enhanced to capture items such as when these servicing have been breached, significant or unusual differences between invoice values and job card estimates, job cards without estimates and suppliers with a high number of jobs recalled. See **MA5 in Appendix A**.
- 2.32 In addition to these, ad-hoc reports have been run to identify potential savings. For example, the fleet manager has used the Chevin system to identify whether an extended warranty should be purchased based on the costs associated with maintenance of out of warranty vehicles.
- 2.33 The Fleet Management Group meets monthly. Review of the meetings since April 2021 confirms that the group receives updates from finance, which includes analysis on fleet maintenance costs. Review of the Head of Finance monthly reports identified that issues with accident repair costs being raised and highlighted overspends relating to external garages. These meetings also include updates on tenders as a standard agenda item, discussions on open job cards and detailed that workshop staff have received training on the electric vehicles.
- 2.34 We noted a lack of evidence to demonstrate formal performance monitoring of supplier performance, from a contract management perspective. Arrangements to monitor the performance, effectiveness and quality of the in-house workshops should also be considered, noting the Trust's ambition to provide all vehicle



maintenance 'in house'. Financial reports detail that there are continuous overspends on the fleet maintenance budget and is highlighted as a reason for the Trust's overall overspend on non-pay costs. We were also informed of recent pressures and challenges that have had an impact, including the increased fleet numbers and an ageing fleet following a reduction in capital funding during 2020-21. See **MA5 in Appendix A**.

- 2.35 One of the Trust's approved suppliers was investigated for a potential fraud during 2021, relating to an allegation of invoicing for work that had not been carried out. Whilst these allegations were proven to be unfounded, the Counter Fraud Team raised recommendations, which included undertaking spot checks to confirm that the work assigned to the supplier had been undertaken. Whilst there was evidence of quality audits being undertaken at two contracted suppliers in the Central and West region, it wasn't evident from these forms that spot checks had been undertaken to verify work on the vehicle had been carried out. We acknowledge that during the COVID-19 pandemic it would not have been possible to visit these sites to undertake spot checks. See **MA6 in Appendix A**.

#### Conclusion:

- 2.36 The Fleet Department run regular reports and we have included suggestions to enhance. Analysis of fleet maintenance costs is included as part of the finance agenda item at the Fleet Management Group, where we note issues around accident repair costs and overspends relating to external garages have been highlighted and discussed. However, the reporting around supplier performance could be improved to assist with appropriate contract management. Establishing arrangements to monitor the performance, effectiveness and quality of the in-house workshops would also be sensible, Noting this, we have assessed this objective as **reasonable** assurance.

#### **Audit objective 5: There is appropriate governance and oversight arrangements within the Trust.**

- 2.37 The Board has delegated responsibility for oversight of the development and implementation of the estates and fleet strategies to the Finance Performance Committee (FPC).
- 2.38 We reviewed the FPC Agendas, minutes and papers since 1 April 2021. This confirmed that the Committee receives updates on the Fleet SOP, as well as the Estates and Decarbonisation SOPs which are closely linked. We also note that the monthly finance performance report presented to the Committee has consistently reported an overspend on fleet maintenance, which has contributed to the Trust's overall overspend on non-pay costs.
- 2.39 The FPC also receives updates on progress against the delivery of the relevant IMTP activities, which includes deliverables relating to fleet infrastructure. The approval route for the IMTP update paper to FPC is via the Strategic

Transformation Board (STB). The deliverables relating to the Fleet, Estates and Decarbonisation SOPs are reported under the 'Infrastructure' programme.

- 2.40 Review of the IMTP update paper presented at the March 2022 meeting confirmed that for Q4 the deliverable relating to the Fleet SOP: *'Deliver the vehicle replacement scheme as per the approved Business Justification Case'* was reported as being on track. We also note that deliverables relating to decarbonisation were also on track, specifically, *'Develop an Electric Vehicle Strategy including a charging network'*; and *'Deliver on our commitments to modernise our fleet including the increase in the number of hybrid vehicles and roll out of vehicle solar panels'*. It is important that the maintenance arrangements are considered to reflect the changing nature of the fleet going forward.
- 2.41 The Fleet SOP Delivery Group is responsible for monitoring progress and delivery of the Fleet SOP. These are formal monthly meetings and papers are embedded into the agendas. Review of the meetings held since April 2021 confirms that these meetings are well attended. Updates on the Vehicle replacement project, which contributes to the Fleet SOP, is included as a standard agenda item. There are regular project updates from the Project Accountant and Project Manager. These updates are used to inform and refresh of the Fleet SOP and any Business Justification Case (BJC), which is the means for requesting the capital money to deliver the Fleet SOP.

#### Conclusion:

- 2.42 Governance and oversight of Fleet has been delegated by the Board to the Finance and Performance Committee. The Fleet SOP is referenced throughout the Trust's corporate documents, including the IMTP, and progress updates are provided to the FPC, the Strategic Transformation Board and the Fleet SOP Delivery Group. There are consistent overspends on fleet maintenance and we have suggested enhancements to reporting. Noting this, we have assessed this objective as **reasonable** assurance.

## Appendix A: Management Action Plan

Matter arising 1: Servicing interval (Design)	Impact
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The Trust’s fleet is serviced on a time-based regime. Broadly all ‘blue light’ vehicles, mainly emergency ambulances (EAs) and rapid response vehicles (RRVs), are serviced on a six week cycle, with all other vehicles, including the Non-Emergency Patient Transport Service (NEPTS), serviced on a 12 week cycle. Servicing of Hazardous Area response Team (HART) vehicles can either be every six or 12 weeks, at the discretion of the manager. The system includes reminders, which are RAG (red, amber, green) rated, as each vehicle is approaching any of these deadlines.

We selected a sample of 30 vehicles to confirm that they had received the minimum servicing. We found five vehicles where the minimum number of services had not been carried out: four vehicles had missed one service and one vehicle had missed two services. Explanations had been received for two of these, in that the vehicles had been involved in accidents and had been in the garage for an extended period. The other three instances related to Central and West (C&W) vehicles where the planned preventative servicing has been outsourced. The reason for the missed service interval was that multiple vehicles were due for service at same time which would have had a detrimental impact on the availability of the fleet in that area.

Potential risk of:

- Failure to comply with legislation with vehicles not fit for purpose, leading to patients and staff coming to harm; and
- Lack of available fleet to respond to patients.

Recommendations	Priority
-----------------	----------

- |  |     |
|--|-----|
| 1.1 The Fleet Manager for Central and West should run regular reports from Chevin to identify any missed services and these should be escalated to the relevant group and used for any supplier performance meetings held. | Low |
| 1.2 The Fleet Manager for Central and West should consider whether the timing of its servicing intervals should be re-profiled to ensure that multiple vehicles are not called for planned maintenance at the same time.   |     |

Management response	Target Date	Responsible Officer
---------------------	-------------	---------------------

- |   |               |   |
|---|---------------|---|
| 1.1 WAST agree with the findings and recommendations. Regular reports will be generated by the Fleet Management team in C&W identifying vehicles that are requiring their planned preventative maintenance (PPM) and any that are overdue. Any compliance concerns will be managed by the Fleet manager and the report data shared with both suppliers and our operations management team to ensure that any overdue services are dealt with swiftly. | November 2022 | Regional Fleet Manager Central and West (C&W) |
|---|---------------|---|

- |   |               |                            |
|---|---------------|----------------------------|
| 1.2 In coordination with the above response (1.1), the Fleet Management team in C&W will work with the Operations management to realign the fleet servicing programme to ensure that a planned number of vehicles are released when requested by Fleet allowing for PPM to be undertaken when required. | November 2022 | Regional Fleet Manager C&W |
|---|---------------|----------------------------|

Matter arising 2: Authorised signatory lists (Design)

Impact

We compared the Fleet Department’s authorised signatory lists between the Chevin and Oracle systems and found inconsistencies. We noted some individuals have a higher authorisation limit on Chevin compared to Oracle.

Potential risk of:

There are 23 users on Chevin that have authorisation limits that range from £2,000 to £200,000. Review of the Oracle hierarchy noted that there are currently seven individuals who are authorisers on Oracle and 15 individuals who can raise requisitions. For two of the Oracle authorisers their authorisation limit on Chevin was higher than their authorisation limit on Oracle. These were:

- Inappropriate commitment and authorisation expenditure.

	<b>Chevin Authorisation limit</b>	<b>Oracle Authorisation Limit</b>
User 1	200,000	80,000
User 2	15,000	10,000

We selected a sample of 29 job cards for the 15-month period from 1 April 2021 to the end of June 2022. Our sample of job cards again included all regions, internal and external, planned and unplanned work on both emergency and non-emergency vehicles.

Seven of these had been raised by individuals not included as requisitioners on Oracle. Additionally, our sample testing identified 11 job cards had been authorised by individuals who were requisitioners only on Oracle; two job cards (with values of £2,792.12 and £510.34) were authorised by individuals who were not listed in the Oracle hierarchy, and one job card for £12,928.12 was authorised by an individual with an Oracle authorisation limit of £10,000.

Recommendations

Priority

- 2.1 The Trust should review the appropriateness of the Chevin authorised signatory list, ensuring consistency with the requisitioner and authorisation limits on the Oracle system.
- 2.2 The Chevin user list and authorisation limits should be subject to regular review.

High

Management response

Target Date

Responsible Officer

- 2.1 Agreed. Fleet Management and Finance colleagues will work in collaboration to ensure that the limits on both Chevin and Oracle are aligned. Chevin user profiles will be set with the same authority as Oracle i.e. requisitioner/approver.

November 2022

National Fleet Manager

- |     |  |                          |                       |
|-----|--|--------------------------|-----------------------|
| 2.2 | Agreed. The Fleet systems manager will review the user limits on Chevin and match against Oracle on an annual basis. All new starters will be granted the correct authorisation limits for both Oracle and Chevin. | Immediately and annually | Fleet Systems Manager |
|-----|--|--------------------------|-----------------------|

### Matter arising 3: Approved suppliers and standing data (Operation)

### Impact

Competition thresholds are mandated in the Standing Financial Instructions, which form part of the Standing Orders and overall governance arrangements for the organisation. These detail the following for spend:

- *Less than £5,000 - there should be evidence of value for money;*
- *Between £5,000 and less than £25,000 - there should be evidence of three quotations and a simple form of contract; and*
- *Over £25,001 to the prevailing OJEU threshold - there should be openly advertised call for competition and a formal contract in place.*

Potential risk of:

- non-compliance with procurement requirements; and
- The Trust does not achieve value for money.

We compared the suppliers used on the Chevin system from 1 April 2021 to 27 June 2022 to the list of approved tenders for fleet services from NWSSP Procurement, which included 16 suppliers. We also noted that the listing did not include further detail on the specific services they relate to, contract terms, value, length etc.

The above exercise identified 49 suppliers that had been used but were not on the approved contractors list. 20 of these suppliers had expenditure greater than £5k. Explanations were provided for 11 of these being that there was a Crown Commercial Services Framework Agreement in place; the supplier had to be used as they were a nominated agent / dealer of the original manufacturer to maintain the vehicle warranty; the suppliers were used to undertake MOTs only and these are standard prices; and one where we were informed that the general spend was below £5k after removing COVID spend for bulkhead screens.

Of the remaining items, we identified two instances where it was confirmed that quotations had not been obtained and five instances where there wasn't a tender in place. The total expenditure incurred in relation to these was over £500k and we were informed that approximately £410k of this related to expenditure on garage services that had been previously tendered for relating to the North. However, when these services went out for retender, the award excluded the Northern lots due to a lack of available suppliers, including exceptional circumstances with one supplier (£295k) which went into administration. These have now been added to the NWSSP Procurement services workplan.

In addition, the Trust agreed with a recommendation we raised in 2018-19, following the implementation of Fleetwave, to undertake an annual exercise to review the suppliers included on the system and to remove those that have not been used. We reviewed the suppliers used in the last 15 months against the list of suppliers on Chevin and identified 60 suppliers that had not been used over that period.

Recommendations		Priority	
3.1	The Trust should review fleet maintenance expenditure and ensure that the procurement rules have been adhered to.	High	
3.2	The supplier list should be enhanced to include further detail on the fleet maintenance contracts in place.		
3.3	The supplier list should be subject to regular review, with support from NWSSP Procurement services, including the removal of those that are not used.		
Management response	Target Date	Responsible Officer	
3.1	Agreed. The Fleet Management Team will review all suppliers against fleet maintenance expenditure in partnership with our procurement colleagues in NWSSP. Action arising for the review will be implemented at the earliest opportunity.	November 2022	National Fleet Manager
	All expenditure with suppliers exceeding the financial threshold will be tendered for and/or framework agreements / contracts awarded.	April 2023	National Fleet Manager
3.2	The Fleet systems Manager will enhance the detail held within the Chevin supplier table to provide the status of any contract in place.	November 2022	Fleet Systems Manager
3.3	The Fleet Systems Manager will perform an annual review of suppliers. Suppliers that have not been used for over 12 months will be removed from the active list. This has already been completed with further anniversary dates scheduled.	Completed - Annual review.	Fleet Systems Manager



Matter arising 4: Retrospective job cards and estimates (Operation)

Impact

The Trust works to the NHS Wales agreed 'No PO No Pay' policy. Purchase Orders (POs) are raised after the invoice is received on Chevin before uploading the file to Oracle. The job card is raised on Chevin before the supplier commences work, as such this is the equivalent of the Oracle PO.

Potential risk of:

The estimated cost had not been completed for 19 of the 29 job cards in our testing sample. Of these, 10 were planned jobs and nine were unplanned, with 10 of these being internal jobs and nine external. We would expect estimates to be made with reference to similar jobs captured on the system and to agreed rates within contracts. The absence of these limits the effectiveness when reviewing the appropriateness of invoices and to act as a useful reference point for similar jobs in the future, as well as to compare work being undertaken inhouse and externally. We acknowledge that for unplanned work it is not feasible to enter an estimate before the diagnostic has been completed by the garage, however the estimate could be recorded once this has been agreed.

- the Trust does not achieve value for money; and
- unauthorised jobs are undertaken by suppliers.

Of those that included estimates, differences between the estimate and the amount invoiced varied from within £300 in five instances, £550 in one instance, two instances between £2,200 and £2,500 and one instance of £7,300. Four of these were overestimated by 20-60%; five were underestimated by 15-44% and one was underestimated by 1477%.

Our testing also identified four instances of retrospective job cards, i.e. raised after the invoice date. These were:

Job Card	Date Job Card raised	Invoice Date	No. of working days
111449	23/05/2022	23/03/2022	44
90007	08/06/2021	31/05/2021	7
98896	29/10/2021	28/10/2021	2
113575	27/06/2022	24/06/2022	2

Recommendations

Priority

- 4.1 Estimated costs should be populated for all job cards, once the required work has been reviewed and agreed.
- 4.2 Fleet Managers should ensure job cards are raised prior to the job being undertaken and invoice received.

Medium

- 4.3 Regular reports should be run from Chevin to identify instances where the job card has been raised after the invoice date.

Management response	Target Date	Responsible Officer
<p>4.1 Agreed that all job cards from external suppliers should be populated with an estimate and that estimate should be adhered to or amended accordingly as work progresses to completion. The Fleet management team will ensure that suppliers are instructed to do so from immediate effect. With regards to internal job cards, the Fleet management team cannot identify any benefits from our own staff providing estimates on jobs undertaken. The system is live and therefore costs are identified immediately as parts are booked out, there are no reasons to reconcile any labour associated to the job as that is a known cost. We do performance manage our staff against industrial standards for set times.</p>	November 2022 / immediately introduced	Regional Fleet Manager North
<p>4.2 Agreed. Job cards should be raised prior to work being undertaken and it is also agreed that invoices and completed internal jobs should be scrutinised for accuracy. External against estimate and internal against industry standard times.</p> <p>The Fleet team are currently reviewing working practices and re-profiling staffing positions whilst attempting to remain within the current pay budget parameters to ensure the audit recommendations and the recommendations from a previous counter fraud review are achieved. Owing to several influencing factors the remodelling of the department cannot be undertaken instantly and will continue to be work in progress.</p>	April 2023	National Fleet Manager
<p>4.3 A regular report will be produced to identify job cards being raised after the date on the invoice. Reports will be recorded in the Fleet managers' team meeting.</p>	November 2022	Fleet Systems Manager

Matter arising 5: Performance monitoring of external suppliers and in-house workshops (Design)	Impact
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The Fleet Department runs regular reports for planned preventative maintenance, including weekly servicing schedules for its internal workshops. In addition to these, daily reports are run which detail the number of invoices and jobs on Chevin awaiting approval; the number of equipment jobs awaiting approval; the number of equipment jobs open 31 days or more; the number of jobs open 31 days or more and the number of rejected jobs. These reports are sent to Fleet managers, assistant managers, supervisors, team leaders, technicians, mechanics, workshops, technical assistants and administrative assistants to assist prompt resolution of any issues.

Potential risk of:

- Failure to appropriately monitor performance of inhouse workshops and external suppliers; and
- Failure to identify adverse supplier trends.

However, we noted a lack of evidence to demonstrate formal performance monitoring of external garages and in-house workshops. Analysis that Fleet Managers should also consider running to assist with this review process include, but not be limited to:

- The variance between estimated cost against actual cost by provider;
- The length of time taken to undertake a job, by job type and provider – which could indicate the garage / workshop does not have the resources or expertise to undertake the job or is not prioritising the Trust’s fleet;
- The number of recalls in between services by vehicle and provider - which could indicate poor workmanship or the work not being undertaken in the first place;
- An analysis of costs by provider for similar jobs - to satisfy that value for money is received; and
- To capture when servicing requirements have not been met.

Recommendations	Priority
5.1 The Fleet Department should run reports to assess supplier / in-house workshop performance.	<b>Medium</b>
5.2 Where performance is below expectation, this should be communicated and actions put in place to remediate.	





Management response	Target Date	Responsible Officer
5.1 Agreed. As in response to 1.1, 4.1, 4.2 and 4.3 new reports are to be generated by the Fleet systems manager that will provide data for analysis. The changes implemented as an outcome of 4.2 will enable us to provide these new more accurate reports.	April 2023	National Fleet Manager
5.2 Agreed. Issues arising from the new reports will be managed appropriately by the Fleet management team.	April 2023	Regional Fleet Manager North

Matter arising 6: Spot checks (Operation)	Impact	
<p>One of the Trust’s suppliers was investigated for a potential fraud during 2021, relating to an allegation of invoicing for work that had not been carried out. Whilst these allegations were proven to be unfounded, the Counter Fraud Team raised recommendations, which included undertaking spot checks to confirm that the work assigned to the supplier had been undertaken.</p> <p>Whilst there was evidence of quality audits being undertaken at two contracted suppliers in the Central and West region, it wasn’t evident from review of these forms that spot checks had been undertaken to verify work on the vehicle had been carried out. We acknowledge that during the COVID-19 pandemic it would not have been possible to visit these sites to undertake spot checks.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>suppliers fraudulently invoicing for work not undertaken.</li> </ul>	
Recommendations	Priority	
<p>6.1 The Fleet Department should use Chevin to identify any adverse supplier trends for all its regions and undertake a sample of risk-based spot checks to confirm that jobs undertaken have actually been carried out.</p>	<p>Medium</p>	
Management response	Target Date	Responsible Officer
<p>6.1 Agreed. Vehicles that are being maintained by external contractors are to have follow up spot checks as recommended. As mentioned in the matter arising this is following up from a counter fraud review that the Fleet Management team reported to counter fraud ourselves. Work is underway to implement the recommendations from that report. This recommendation will also be further reviewed alongside 4.2.</p> <p>It is noted and accepted that such checks have been challenging to undertake during much, if not most, of the last couple of years.</p>	<p>Immediately introduced</p>	<p>Regional Fleet Manager C&amp;W</p>

## 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:

	<p><b>Substantial assurance</b></p>	<p>Few matters require attention and are compliance or advisory in nature.  <b>Low impact</b> on residual risk exposure.</p>
	<p><b>Reasonable assurance</b></p>	<p>Some matters require management attention in control design or compliance.  <b>Low to moderate impact</b> on residual risk exposure until resolved.</p>
	<p><b>Limited assurance</b></p>	<p>More significant matters require management attention.  <b>Moderate impact</b> on residual risk exposure until resolved.</p>
	<p><b>No assurance</b></p>	<p>Action is required to address the whole control framework in this area.  <b>High impact</b> on residual risk exposure until resolved.</p>
	<p><b>Assurance not applicable</b></p>	<p>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.</p>

### Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
<p>High</p>	<p>Poor system design OR widespread non-compliance.                      Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.</p>	<p>Immediate*</p>
<p>Medium</p>	<p>Minor weakness in system design OR limited non-compliance.                      Some risk to achievement of a system objective.</p>	<p>Within one month*</p>
<p>Low</p>	<p>Potential to enhance system design to improve efficiency or effectiveness of controls.                      Generally issues of good practice for management consideration.</p>	<p>Within three months*</p>

\* Unless a more appropriate timescale is identified/agreed at the assignment.



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# Major Incidents Final Internal Audit Report September 2022

Welsh Ambulance Services NHS Trust



Partneriaeth  
Cydwasaethau  
Gwasanaethau Archwilio a Sicrwydd  
Shared Services  
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Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlans Cymru  
Welsh Ambulance Services  
NHS Trust



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Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the 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

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## Executive Summary

### Purpose

To assess the Trust's approach to prepare for major incidents, including counter terrorism incidents, and how it ensures it learns from such events.

### Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- Whilst exercising has taken place it is at a low frequency, reliant on multi agency partners and is weighted towards the South East territory.
- There is a clear process for capturing and monitoring lessons from incidents and externally, but lessons from exercising are not routinely noted.
- Arrangements to share plans have been outlined but there has been gaps in evidence to support this.
- Some gaps in Commander CPD identified.

Other recommendations / advisory points are within the detail of the report.

### Report Classification

Reasonable



Some matters require management attention in control design or compliance.

**Low to moderate impact** on residual risk exposure until resolved.

Trend

N/a

### Assurance summary<sup>1</sup>

Assurance objectives	Assurance
1 Roles and responsibilities	Reasonable
2 Refreshing of plans to incorporate learning	Reasonable
3 Review and testing of plans	Limited
4 Commander training and exercising	Reasonable
5 Partner engagement in planning and response	Reasonable
6 Arrangements to capture learning	Reasonable

### Key matters arising

	Assurance Objectives	Control Design or Operation	Recommendation Priority
1 Incident Response Plan oversight and content	1	Design	Medium
2 Testing and exercising frequency and outcomes	3	Design	High
3 Monitoring and reporting of training compliance	4	Design	Medium
4 Monitoring and review of action cards	5	Operation	Medium
5 Organisational SOP escalation arrangements	6	Design	Low

<sup>1</sup> The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

## 1. Introduction

- 1.1 Over the last few years, the UK has experienced several major incidents, from fire and floods to terrorist activities. As a Category 1 responder, with key emergency response duties under the Civil Contingencies Act (2004), the Welsh Ambulance Services NHS Trust (the 'Trust') is required to ensure it has robust plans in place for emergency preparedness, resilience and response (EPRR).
- 1.2 The Trust's major Incident Plan was replaced with the Incident Response Plan (IRP) in 2021. This plan aims to provide guidance and support to commanders on a range of incidents that they may be asked to manage, including counter terrorism incidents. Alongside the IRP, a range of related policies and procedures have been introduced. This includes the WAST Command Policy and other procedures related to command and management, whilst responding to the unprecedented scale of the COVID-19 pandemic. The Trust IMTP 2022-25 includes an outline of significant external factors identified by the Emergency Preparedness, Resilience and Response team, which include the impact of the review of the UK Civil Contingencies Act, and review of civil contingencies structures within Wales. This horizon scanning also includes implementing the identified lessons from the UK COVID-19 and Manchester Arena inquiries.
- 1.3 The risks considered during the review were as follows:
- i. Insufficient testing and exercising with wider engagement may impact the effectiveness of plans.
  - ii. Failure to incorporate lessons learnt into procedures and plans.;

## 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	1	3
Operating Effectiveness	0	2	0	2
<b>Total</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>5</b>

- 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](#).

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**Audit objective 1: Roles and responsibilities within the organisation during an incident are clearly defined.**

- 2.3 The Trust is a category one responder under Civil Contingencies Act. As such it has a responsibility to assess, plan and co-ordinate its response to incidents, both internally and with external partners. The Incident Response Plan (IRP) replaced the Trust's previous Major Incident Plan in May 2021, following approval by the Executive Management Team (EMT).
- 2.4 The IRP was developed to align with guidance issued by the National Ambulance Resilience Unit (NARU), within its '*Command and Control Guidance – version 3 (2019)*' and '*Standards for NHS Ambulance Service Command & Control (2018)*'. The NARU documents outline that they reflect lessons identified from major incidents and '*provide a structured approach to managing major incidents for ambulance services with a particular focus on multi agency responses.*'
- 2.5 NARU guidance includes information on command structures and roles for the management of incidents. It also contains outline of post incident learning processes, training and CPD requirements related to the key positions of Strategic, Tactical, and Operational commanders.
- 2.6 The IRP aligns the Trust's incident definitions to those contained in wider national guidance, such as the '*NHS Wales Core Emergency Planning Guidance (2015)*' and '*NHS England EPRR Framework (2015)*'. We note that the definitions have been mapped to a predetermined response matrix (IRP section 9.1.7), which assigns set resource levels according to a scoring matrix determined by number of casualties and anticipated incident duration.
- 2.7 The IRP also contains detail on a number of set responses, such as mass casualty, marauding terrorist attack (MTA), chemical, biological, radiological, nuclear, and explosive (CBRNe) and hazardous materials (HazMat). It also has detail and refers to other set response plans, such as rail and aircraft/airport.
- 2.8 We also note the IRP contains CSCATTT (Command and control, Safety, Communication, Assessment, Triage, Treatment, and Transport) principles for responding to an incident, as outlined within NARU guidance. Template documents are also included within the IRP, formatted in line with CSCATTT principles for devising operational and tactical plans, and for the use of IIMARCH (Information, intent, method, administration, risk assessment, communication, humanitarian) headings for conducting site briefings.
- 2.9 Within '*Section 9.1 Command, Control and Co-ordination*', the IRP outlines command and control roles for the management of an incident. The IRP states that NARU guidance is best practice in this area, and that the Trust's own command structure is aligned accordingly.
- 2.10 We compared the detail of the roles and responsibilities for Strategic, Tactical, Operational Commanders, confirming that outline and descriptions from within the IPR corresponded with that within the NARU guidance. We note further detail on the roles can be found within the Trust's Command Policy, which was approved

in May 2021 and outlines the accountability, deployment criteria, core role, competence and exercising requirements for each.

- 2.11 NARU guidance includes outline of functional roles, such as Primary Triage officer, Casualty Clearing Officer and Casualty Loading Officer amongst others, and these roles are to be assigned by the Operational Commander as and if required for the management of an incident. Command support roles, such as the National Interagency Liaison officer, Tactical advisor, and Medical advisor are also outlined. For both functional and support roles, we could identify alignment between those within the IRP and those within NARU guidance for most roles. A small gap was noted against the role of logistic and decontamination officer, and we were informed updated national guidance was being considered by the team for the latter which would need to be reflected within the revised IRP. **See MA1**
- 2.12 We reviewed the IRP to establish if there is clarity provided on the roles of other responding agencies, and arrangements for engagement. There is detail on the role of the Trust alongside other emergency responders within section 8 of the Plan. Appendix two contains outline of other civil contingency act category one responders. Additionally, the IRP sets out engagement at Operational (locating with other agencies at a Forward Command Post), Tactical (establishment of a Tactical Co-ordination Group to provide multi agency management of an incident), and Strategic levels (Strategic Co-ordination group should an incident have a significant impact or resource implications).
- 2.13 As noted above, the IRP was approved by EMT in 2021, but we note the Plan does not refer to any Trust governance arrangements nor is there a committee included for oversight. The paper presented to EMT noted that due to the inclusion of official sensitive content, the IRP should not be presented in a public forum.
- 2.14 The Finance and Performance Committee (FPC) terms of reference was reviewed in March 2022 and includes '*oversight and scrutiny of the Major Incident Plan and assurance that such plans are effective.*' At its July 2022 meeting, the FPC received a copy of the EPRR Document Tracker, which outlines titles and review status of EPRR plans and procedures.
- 2.15 Review and update of the IRP was underway at the time of fieldwork. We note there could be opportunity for sharing detail of plan content and amendments with the FPC in an appropriate form once the review is complete. **See MA1.**

#### Conclusion:

- 2.16 The Trust has developed an Incident Response Plan which aligns with national guidance, and outlines roles and responsibilities for the Trust, Trust Commanders and that of other responding agencies. We note there is opportunity to provide further detail to the FPC as the next version of the IRP is made available. We assign this objective **reasonable** assurance.

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**Audit objective 2: Incident and business continuity plans have been refreshed to incorporate learning from the pandemic and incidents.**

- 2.17 The Trust has a number of plans which interlink with the IRP and business continuity arrangements. This includes the Resource Escalation Action Plan (REAP), which includes the Joint Emergency service Interoperability Principles (JESIP) and the incident definitions listed within the IRP. Review of REAP action cards identified prompts for declaring incidents when moving to escalation levels 3 and 4. We also reviewed the Clinical Safety Plan (CSP), which provides a framework for responding to increasing demand and resource management. The CSP outlines that any incident will be managed through the IRP, and we note CSP escalation levels align to Tactical and Strategic command roles.
- 2.18 The Trust has a Clinical Contact Centre Incident Response Standard Operating Procedure (CCC IR SOP), which has been established to support the delivery of the IRP. It provides command and control guidance with reference to the functional and support roles outlined within the IRP. The despatch principles also align with the response matrix and reporting methodology outlined within the IRP.
- 2.19 The Command Policy introduced alongside the IRP (see 2.10), supports the IRP in outlining the training and knowledge required for Commanders to undertake the Operational, Tactical and Strategic roles within an incident. The Policy refers to the NARU National Standards for Command, and we compared the mandatory and optional competencies listed within the Command Policy to the standards finding they matched.
- 2.20 Discussion with Operations management outlined that the replacement of the previous Major Incident Plan with the IRP provided an opportunity to ensure it reflected the learning gained from incidents and inquiries elsewhere. In particular, the changes to national guidance relating to the deployment of responders during a Marauding Terrorist Attack (MTA).
- 2.21 We compared relevant content from the Major Incident Plan and the IRP, noting the IRP allows Commanders to apply discretion in how responders are deployed. This is to be informed by attack methodology and intention to minimise risk to the public through ensuring a prompt medical response is enabled. This is a clear change from the previous guidance, where specialist responders would be required in that situation.
- 2.22 A Business Continuity Assessment paper to FPC in July 2022 outlined some of the challenges faced throughout the pandemic, such as the rapid processing of legislation and guidance, procurement, management and distribution of PPE, and the need and ability to enhance information sharing with staff, public and partners. We note that the IRP includes reference to business continuity arrangements, an area which the previous Major Incident Plan only briefly referred to. The IRP now includes the need to consider organisational recovery and the impact of an incident on core business, and reference to the establishment, if needed, of a Recovery Cell to assist in this.

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- 2.23 We note the Trust has also taken forward learning identified from COVID-19 debriefs. An example is refreshing the pandemic plan from its previous form as a pandemic flu plan to a more flexible generic pandemic plan following the first wave. The plan has also been updated to reflect the outcomes from further waves.
- 2.24 The EPRR team maintain a document tracker which contains detail on review dates and owners. As noted within 2.14, this has recently been shared with the FPC and indicates a small number as overdue/requiring review, with the committee being informed of the intention to address these shortly.
- 2.25 The Trust has an Organisational Learning SOP, which outlines processes for the identification, recording and implementation of learning from internal and external sources. Objective 6 provides further detail on this area at 2.56.

#### Conclusion:

- 2.26 The IRP links to and is supported by a number of related policies. Review of these documents confirm the standardisation of incident definitions and adoption of JESIP principles. There remain a small number in need of review and updating. We assign this objective **reasonable** assurance.

### **Audit objective 3: Plans and processes related to incident response are regularly reviewed and tested, and lessons identified are appropriately communicated and implemented.**

- 2.27 Discussions with Trust management indicated there has been a focus on considering plan development, testing, and readiness in light of themes emanating from the Manchester Arena inquiry, which is due to formally report later this year.
- 2.28 The IRP contains an outline of required exercising and testing. This includes six monthly communications test, annual tabletop exercise, and a live command post exercise once every three years.
- 2.29 The communications test is facilitated by the EPRR team and Operational Delivery Unit (ODU) and is a requirement of the NHS Wales Core Emergency Planning Guidance. Major incident alerts are issued to NHS partners on a bi-annual basis (one during standard working hours, and one out of hours), and responses collated. The most recent test was undertaken in March 2022. Review of the associated report identified that responses from health boards varied in completeness, where four sites contacted did not respond, and concerns around the time it takes to contact individual numbers/switchboards within health boards.
- 2.30 As part of fieldwork, we requested details on exercises undertaken with agency partners to support the testing of plans and processes. This information was not routinely collated by the EPRR team. Submissions were provided for South East (Aneurin Bevan, Cardiff & Vale health boards) and North (Betsi Cadwaladr health board) territories, partial information for South Central (Swansea Bay and Cwm Taf Morgannwg health boards), but details of exercises could not be provided for the Central territory (Hywel Dda and Powys health boards). At the close of

fieldwork arrangements were being made to capture testing information on an ongoing basis.

- 2.31 We compared the exercise information provided against the plans listed within the EPRR document tracker and the Siren SharePoint site. We note there has been testing of the IRP at live and tabletop exercises, although this is at a low frequency and only in the South East territory. Undertaking exercising will have been difficult noting the operational demands of the COVID-19 pandemic, alongside challenges to coordinate representation from all key partners to make the exercise worthwhile. **See MA2**
- 2.32 We were informed that the Trust does not maintain a budget for live exercises and so there is limited opportunity with reliance on exercises being undertaken on a multi-agency basis. Whilst this provides best practice circumstances, with each agency undertaking its specific role for the purpose of the exercise, it does limit the ability to set overall scope and objectives of the exercise. The Celtic Consolidation exercise, where there was live testing of the IRP, involved just two Tactical and one Operational Commander from the Trust (although we note wider Trust involvement of around 20 staff in the exercise), working with partners from EMRTS, St John Ambulance Cymru, South Wales Police and South Wales Fire and Rescue. **See MA2**
- 2.33 The EPRR team has developed a detailed IPR testing checklist, which is mapped against the content of the IRP and its incident management principles in a RAG format. With limited external exercising there has been only two opportunities to use the checklist: exercise Celtic Consolidation and exercise Tonna. **See MA2**
- 2.34 We were also informed that multi-agency debriefs varied in format and structure. Where a formal debrief has not occurred, for some there may be some bullet point recording of reflections, this would not generate recommendations that could be captured within the organisation's learning spreadsheet. **See MA2**
- 2.35 We note that the Trust has undertaken some internal exercising through annual seasonal planning which has tested REAP, the Demand Management Plan and the Severe Weather Plan. A number of these plans and procedures are implemented and in use where required as part of Trust service delivery, and we note the debrief processes captures ongoing learning related operational use of these plans, see 2.56 for more detail on that process.
- 2.36 The Trust is also developing an ICT Business Continuity plan, which is being supported by two internal exercises. The Trust undertook preparatory assessments following cyber-attacks made against the Health Service Executive within the Republic of Ireland. Following identification of key ICT services, senior Operations Directorate managers and the Trust's directorate business continuity leads undertook an exercise to establish ICT dependencies and priorities. The outcome of the first internal exercise has been a draft ICT Business Continuity Plan. This has been tested as part of the second internal exercise and we note formal outcomes were being finalised as fieldwork closed.

2.37 Trust plans are available to Commanders and wider staff through the Siren SharePoint site. Operations Directorate notices are used to communicate updates and amendments to Trust wide plans. We were informed that Commanders and relevant Locality Managers will receive circulation of specific incident plans and were provided with an example of this.

**Conclusion:**

2.38 The EPRR team has developed a checklist test to support the exercising of the IRP, however the Trust is reliant on LRF and partner agencies to test plans which has limited opportunities to actively use this and led to imbalance in testing across the four territories. We assign this objective **limited** assurance.

**Audit objective 4: Training and exercising arrangements for Trust commanders are in place and effective for a single and multiagency response to an incident.**

2.39 The introduction of the Command Policy in May 2021 provided the Trust with clear governance relating to Command roles, responsibilities, training, knowledge and Continuous Professional Development (CPD) requirements. It also reflects details on the functional and support roles which could be required as part of response to an incident. As noted within previous objectives we have established this aligns with NARU guidance documents.

2.40 Commanders are required to attend a WAST Foundation Command Course at relevant Operational/Tactical/Strategic level and pass an accompanying competency assessment delivered by the EPRR team. Refresher training is offered on a three-year basis.

2.41 Attendance at an external JESIP course with representatives of other responder agencies follows, again aligned to respective Command level. For Operational and Tactical commanders there is also the requirement to attend a NARU provided Command and Control course. The policy indicates this should be undertaken within two years of the WAST Foundation course, however NARU courses have limited availability (1-2 a month of which 16 places are available to all responder services) which can impact the ability to meet this requirement.

2.42 The policy outlines CPD requirements which align to national standards; year one requiring 65%, year two requiring 75% and by the 3<sup>rd</sup> year compliance should be at 100%. The policy notes that where the commander is not able to evidence competency to the required level, the EPRR team will review available exercises to assist in meeting target levels.

2.43 Each commander is issued with a National Occupational Standards CPD Evidence record, which allows them to enter a description of the activity (incident, training course, exercise, multi-agency co-ordination group) and the evidence available to support the entry. The commander will assign levels of performance criteria and knowledge/understanding which is mapped against the CPD mandatory and optional competency. Depending on the information entered a progress percentage will be populated for each competency.



- 2.44 The EPRR team manage training records by territory and established a training spreadsheet in early 2020 to include detail on courses and CPD levels. Records which were previously paper based are now being scanned, and the evidence record, which is excel based, is saved to individual commander records. We note there is no requirement currently for the team to be provided with the evidence referenced within the record itself or undertake any periodic check to confirm they are in place. **See MA3**
- 2.45 The Policy notes that failure to produce CPD evidence to the required standard will result in the individual not being recognised as a WAST commander. We were informed that where there are gaps in submissions, the EPRR team will highlight this to Operations management. The Policy does not include reference to any process to address non-compliance. **See MA3**
- 2.46 We selected a sample of 20 CPD records; four Strategic, six Tactical and ten Operational, and reviewed the CPD evidence return against the policy requirements. The following was noted:
- Tactical – three returns did not include evidence to demonstrate that the time related CPD target level had been met for at least one mandatory competency.
  - Operational – the record for one return was not present despite the training spreadsheet capturing that it was in place. Issues were also identified for three records, where the time related CPD target level had not been met for between 2 - 4 of the mandatory competencies.
- 2.47 At present there is no formal reporting on CPD levels or activity from the EPRR team to the wider Operations Directorate. We also note that the Command Policy is a relatively recent addition, and so some initial variation in implementation could be expected. **See MA3**

#### Conclusion:

- 2.48 The Trust has introduced a Command Policy which sets out guidance on commander roles and responsibilities that is aligned to national guidance. It also outlines initial and continuing training and development requirements; however our sample test identified some examples of non-compliance. We note there is scope to improve some of the monitoring and reporting which supports this process. We assign this objective **reasonable** assurance.

#### **Audit objective 5: The Trust engages with key partners and organisations to ensure effective and consistent co-ordination during emergency planning and incident response.**

- 2.49 Discussion with the Head of EPRR and Locality Managers outlined the team are engaging with partners across a number of regional, national and UK wide groups. The Local Resilience Forums (LRF) were referred to as key amongst these, as they bring together partners required to co-operate by the Civil Contingencies Act (2004), and a number of other agencies who would respond in emergencies.

- 
- 2.50 There are four LRFs established across Wales, aligned to the four police force areas. We noted that whilst there are differences relating to their subgroup structures, each has a Strategic group, attended by the Head of EPRR, and training/co-ordination groups which are attended by EPRR Locality Managers. The remaining subject specific subgroups are at the discretion of the LRF itself, and can cover areas such as risk, severe weather, COMAH (Control of Major Accident Hazards). We were informed attendance at these forums would be split by EPRR Locality Manager and supporting Resilience officer.
- 2.51 We queried if the IRP had been shared with LRF partners, and were informed health boards and Welsh Government were consulted during its development. Trust incident plans are not typically shared with LRF partners, although we were informed there has been occasions where a specific need has prompted sharing of plans with specific partner agencies. For example, the Trust and the Fire Service make joint use of access points for the Severn Tunnel which will impact each other's response plans.
- 2.52 As LRFs develop or maintain a number of region or site specific plans, and there is variation depending on LRF priorities also (e.g. not all have specific severe weather plans). We were informed that the Trust will access these plans as a reference point in order to develop its own responses, and align with those from other partners. Plan development can vary according to LRF prioritisation, however those for COMAH sites are required by legislation. The Trust has developed a Pan Wales COMAH site plan (currently version 3.2), which contains site specific action cards for 23 COMAH facilities drawn from those plans shared at LRFs.
- 2.53 We selected two sites and reviewed WAST action card detail. These contained site information, location, response, public information zones, hazards, rendezvous locations, command locations/arrangements and maps. We note one LRF plan had been updated in November 2021 and included information which was not included within the WAST action card. **See MA4**
- 2.54 We replicated the test above for the WAST Airport Response plan and confirmed consistency with the equivalent LRF plan.

#### Conclusion:

- 2.55 There appear to be consistent arrangements to engage with partner agencies, mainly via the four Local Resilience Forums. However, we have noted some gaps in supporting information and a COMAH site plan which had not been reviewed. We assign this objective **reasonable** assurance.

#### **Audit objective 6: Arrangements are in place to capture and incorporate learning from internal and external sources.**

- 2.56 The Trust has developed an Organisational Learning Standard Operating Procedure ('the SOP'), which was approved and issued in January 2022. The purpose of the SOP is to define the processes within the Trust to manage lessons

identified after incidents and translate these into learning. The SOP contains several appendices, including process flowcharts for internal debriefs, training or exercising identified learning. It also outlines arrangements relating to Joint Organisational Learning (JOL) and a process for submitting learning to the JOL online system (a secure UK Government system which supports JESIP principles and provides a facility for sharing lessons between category one and two responders across the UK).

- 2.57 We discussed the SOP with the EPRR Locality Manager responsible for updating and monitoring the Organisational Learning Spreadsheet (OLSS) which is used to capture internal and external lessons. It was noted that whilst processes have been established for a number of years, the recent formalising of the SOP with accompanying reporting routes to Senior Operational Team (SOT) and Senior Leadership Team (SLT) within the Directorate had seen a positive impact in closing outstanding actions.
- 2.58 Following an incident, the commander or senior manager can request a formal debrief which will be facilitated by the EPRR team. Questionnaires will be issued to Trust staff to capture feedback on what went well, what did not go well and areas to improve/address. Following this a debrief meeting will be convened. These are currently held virtually and are facilitated by the EPRR team.
- 2.59 Each report is reviewed and approved by the Head of EPRR and includes recommendations to be taken forward. These recommendations are added to the OLSS and monitored through to completion. Unless specified otherwise, a standard four month deadline is set to address recommendations.
- 2.60 We selected three incident debrief reports and were able to confirm that the recommendations raised had been captured on the OLSS. Two actions from each report were also sampled and evidence requested to support their closure on the OLSS. Sufficient evidence was provided in relation to four of the six actions, however an absence within the team resulted in a gap in evidence to support the two remaining recommendations.
- 2.61 The OLSS also contains lessons taken from the national JOL system, which contains multi agency entries. Following notification received from the JOL system the EPRR lead reviews the entries and identifies those deemed relevant for discussion with the wider team. Those recommendations that are supported by the team are added to the OLSS for action.
- 2.62 We sampled two closed JOL actions from the OLSS and requested evidence to support closure. Review of the evidence provided confirmed that whilst one had been actioned, the second appeared to have been forwarded to the relevant Trust representative for information rather than seeking confirmation that it had been completed.
- 2.63 We note that appendix four of the SOP includes instructions for the inclusion of lessons gained from exercises or tests undertaken by the Trust. Review of the OLSS identified that lessons from exercises have not been added since 2019. Discussion with the EPRR team outlined that recent multi agency exercises have

not resulted in formal debrief reports, which in turn has meant that actions have not been generated for inclusion on the OLSS. **See MA2**

- 2.64 At the time of fieldwork, the OLSS recorded 194 closed actions, two in progress and seven outstanding, which were internal. All JOL actions were noted as closed. The Operations Directorate Senior Leadership Team meeting includes representation from across the Trust, which ensures oversight of recommendations that have a wider impact on the organisation. We were informed that should there be a requirement, outstanding actions can be escalated to the Trust's Executive Management Team. **See MA5**
- 2.65 We note that there is no formal reporting related to the OLSS outside of the Operations Directorate. However, we were provided with an internal case study that was published following an incident involving Palytoxin, a highly toxic substance. The case study outlined information around exposure to the toxin and its effects, alongside outline of steps to be taken by staff if they suspect poisoning.

#### Conclusion:

- 2.66 The Trust has clear arrangements to capture, monitor and report lessons learned, although there is a need to consider increasing the recording of outcomes from exercises undertaken. There is also an opportunity to capture the escalation arrangements within the SOP. We assign this objective **reasonable** assurance.

## Appendix A: Management Action Plan

### Matter arising 1: IRP Committee Oversight and content (Design)

### Impact

The IRP was approved by the Executive Management Team in April 2021 and is currently undergoing its annual review.

We note due to the inclusion of some material from Official-Sensitive sources the plan is not publicly available or has not been presented in a public forum such as a Trust committee. The Finance and Performance Committee terms of reference include that it is responsible for '*oversight and scrutiny of the Major Incident Plan and Business Continuity Plan and assurance that such plans are effective.*'

The EPRR team has developed a partner agency version of the IRP which can be shared as the official-sensitive elements have been removed.

Additionally, when reviewing the content of the IRP we noted two specific roles listed within NARU guidance were not referenced, Decontamination Officer and Loggist. We were informed that following the issue of new national guidance decontamination procedures within the IRP will need to be updated. Whilst there are trained loggists within the Trust, the IRP does not formally outline their role and responsibilities.

Potential risk of:

- Committee unsighted on Trust processes.

### Recommendations

### Priority

- 1.1 Following the approval of the annual update to the Incident Response Plan, a summary outline should be provided to the Finance and Performance Committee, or an appropriate version provided at a closed / in-committee session. This should also include consideration of the plan's effectiveness following its first year of use.
- 1.2 When undertaking the annual update to the Incident Response Plan, the Trust should incorporate the latest national guidance regarding roles and responsibilities required for decontamination and include outline of the role and responsibilities of Trust Loggists.

Medium

### Management response

### Target Date

### Responsible Officer

- 1.1 The Trust accepts this recommendation. An appropriate update will be supplied to Finance & Performance Committee on completion of the updated IRP.

End November 2022

Judith Bryce, Assistant Director of Operations

- 1.2 The updated version of the IRP will incorporate relevant changes to national guidance, including an outline of the Loggist and decontamination officer roles. End November 2022 Judith Bryce, Assistant Director of Operations

Matter arising 2: Testing and exercising frequency and outcomes (Operation)	Impact	
<p>We were informed that the Trust does not maintain a budget for live exercises and so there is reliance on exercises undertaken on a multi-agency basis. Whilst this provides best practice circumstances it does limit the ability to set overall scope and objectives of the exercise.</p> <p>Information provided by the IRP team confirms that the IRP has been tested in live and table top multi agency exercises. However, this has been limited to the South East territory and involved a small number of WAST Commanders. We also note that whilst there has been testing (or upcoming scheduled test) of a number of other WAST incident plans (airport, 7 tunnel, casualty dispersion), records show these will be for a single occasion only.</p> <p>We note that undertaking exercising will have been difficult given the operational demands of the COVID-19 pandemic, and co-ordinating representation from key partners would have been challenging.</p> <p>Whilst the team has produced a checklist to support IRP testing, due to the above, there is limited evidence of its use, and currently no comparison of outcomes across exercises undertaken. Recognising this gap in arrangements, the EPRR team were developing a draft template to capture this at time of fieldwork closing.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>Limited opportunities to test WAST plans.</li> <li>Imbalance in exercises across the Trust.</li> </ul>	
Recommendations	Priority	
<p>2.1 The Trust should consider options to support more frequent testing of incident plans, this should also consider the location of exercises to ensure equal opportunity for Commanders across the territories.</p> <p>2.2 The EPRR team should continue to develop a system to capture all exercising undertaken and establish quality measures which can be applied to all incident plans. The system should also capture attendance, exercise type, plan tested and any outcomes/themes from the exercise. If specific recommendations are raised these should be captured within the Organisational Learning Spreadsheet.</p>	<p><b>High</b></p>	
Management response	Target Date	Responsible Officer
<p>2.1 The Trust accepts this recommendation. As the pandemic period closes, the Trust has resumed ongoing work with partner agencies to increase the frequency of plan testing on a multi agency basis. The EPRR team will also develop an internal programme of plan testing, which will be on a Pan Wales basis. Monitoring and reporting will be made through the Senior Operations Team (SOT) and for assurance through to Senior Leadership Team (SLT). Any exercising will be subject to available funding.</p>	<p>March 2023</p>	<p>Clare Langshaw, Head of Service, EPRR</p>

- 
- 2.2 The EPRR team will work towards a system to capture the quality and effectiveness of exercise testing and plans. Where appropriate, this will interface with the OLLS process. Monitoring and reporting will be made through the Senior Operations Team (SOT) and for assurance through to Senior Leadership Team (SLT). December 2022 Clare Langshaw, Head of Service, EPRR



### Matter arising 3: Monitoring and reporting of training compliance (Design)

### Impact

The Command Policy outlines CPD requirements which align to national standards. An evidence return is received from Trust commanders and a spreadsheet updated upon receipt to indicate year of CPD attained. Currently there is no submission of the evidence itself, or requirement for the EPRR team to review this.

Where a commander does not submit an evidence return we are informed the EPRR team will flag this with Operations management, however the policy does not include reference to this, or any steps taken to ensure the commander does not undertake a command role operationally. There is currently no scheduled reporting from the EPRR team to the wider Directorate on CPD levels or overall commander status.

We reviewed a sample of 20 CPD evidence returns and identified:

- Tactical Commanders – three returns did not include evidence to demonstrate that the time related CPD target level had been met for at least one mandatory competency.
- Operational Commanders - three returns where the time related CPD target level had not been met for between 2 - 4 of the mandatory competencies.

We also identified one Operational commander where a record was not present despite the training spreadsheet indicating it was in place.

Potential risk of:

- Noncompliance against policy.
- No formal reporting on status to directorate.
- No mechanisms for assurance on CPD evidence.

### Recommendations

### Priority

- 3.1 A formal process should be developed of actions to address non-compliance with CPD requirements. This should be documented within the policy and notice provided to staff reminding them of their responsibilities.
- 3.2 Periodic reporting should be established from the EPRR team to the Senior Operations Team on CPD activity levels and any outstanding non-compliance with CPD requirements. Consideration should be given to developing a dashboard which could allow production of a summary compliance rate.
- 3.3 The EPRR team should undertake periodic sample checks against listed evidence within commander returns. Reference to this should be included within the policy for staff awareness.

Medium

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Management response	Target Date	Responsible Officer
3.1 The Trust accepts this recommendation and will incorporate the relevant process into the Command Policy.	November 2022	Judith Bryce, Assistant Director of Operations
3.2 A relevant process of periodic CPD reporting into SOT will be developed by the EPRR team.	November 2022	Clare Langshaw, Head of Service, EPRR
3.3 The EPRR team will undertake sample checks of evidence within commander returns; This process will be referenced within the Command Policy.	November 2022	Clare Langshaw, Head of Service, EPRR

#### Matter arising 4: Monitoring and review of action cards (Operation)

#### Impact

As LRFs develop or maintain a number of region or site-specific plans, we were informed that the Trust will access these plans in order to develop their own and align with other partner responses.

The Trust has developed a Pan Wales COMAH sites plan (currently version 3.2), which contains site specific action cards for 23 COMAH facilities drawn from those plans shared at LRFs.

We selected two sites and reviewed WAST action card detail which contains site information, location, response, public information zones, hazards, rendezvous locations, command locations/arrangements and maps. We note one LRF plan had been updated in November 2021 and included information which was not included within the WAST action card.

The Pan Wales COMAH sites plan was last reviewed in November 2021 includes an annual review, but noting the number of action cards it may be beneficial to include an interim check of site plans between review periods.

Potential risk of:

- Action cards may contain out of date information.

#### Recommendations

#### Priority

- 4.1 Outside of the COMAH site plan annual review it may be beneficial to include a mid-review check of action cards to ensure WAST references and instructions remain valid.

Medium

#### Management response

#### Target Date

#### Responsible Officer

- 4.1 The Trust accepts this recommendation and will undertake a periodic review of action cards associated with COMAH sites.

November 2022


Clare Langshaw, Head of Service, EPRR

Matter arising 5: Organisational Learning escalation (Design)	Impact	
<p>The Organisational Learning SOP includes clear reporting routes within the Operations Directorate, to both the Senior Operations Team (SOT) for oversight, and Senior Leadership Team (SLT) should there be a need for escalation. Discussion with management indicated that where escalation to SLT does not resolve an issue there would be consideration of highlighting this to the Trust's Executive Management Team (EMT), but we note this is not reflected within the SOP process flowcharts and there are no associated timescales or escalation trigger points to support this escalation.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>Escalation routes not formally documented.</li> </ul>	
Recommendations	Priority	
<p>5.1 Consideration should be given to including escalation for overdue actions from the Operations SLT to the Trusts EMT formally within the SOP, alongside outline of the criteria or associated timescales where this escalation would occur.</p>	<p>Low</p>	
Management response	Target Date	Responsible Officer
<p>5.1 The SOP will be updated to include the process for escalation beyond SLT (to ADLT with assurance to EMT) in order to resolve outstanding recommendations.</p>	<p>November 2022</p>	<p>Clare Langshaw, Head of Service, EPRR</p>

## 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:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>No assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

### Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.



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

<b>AGENDA ITEM No</b>	<b>11</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## COMMITTEE CYCLES OF BUSINESS

<b>MEETING</b>	Finance and Performance Committee
<b>DATE</b>	20 September 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Trish Mills, Board Secretary
<b>CONTACT</b>	<a href="mailto:Trish.mills@wales.nhs.uk">Trish.mills@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. Development of the cycle of business for this committee is the final step in the 2021/22 effectiveness reviews that were conducted in Q4.
2. The cycle has been developed with direct correlation to the duties in the terms of reference. This will allow members to review the appropriateness of the proposed reports and their frequency.
3. The cycle for the Committee is a maturing document which will grow organically over the next 12 months.

### RECOMMENDATION:

4. The Committee is asked to review the cycles of business, propose any amendments, and approve it as a first version.

### KEY ISSUES/IMPLICATIONS

5. There are some areas of the cycle which remain to be developed and work will continue with the relevant directors on these areas over the coming months.

### REPORT APPROVAL ROUTE

N/A

<b>REPORT APPENDICIES</b>
Annex 1 – Cycle of business 2022/23 – full annotated version Annex 2 – Cycle of business 2022/23 – simplified version

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



## CYCLES OF BUSINESS

### SITUATION

6. The purpose of this paper is to provide the Committee with a draft cycle of business as the final step in the 2021/22 effectiveness review process.

### BACKGROUND

7. The Board carried out its effectiveness review in Quarter 4 2021/22. This included a review of its terms of reference, amendments to which were approved by the Trust Board in May 2022.
8. The final step in the effectiveness review process is the development a cycle of business for the Committee and a review of its sub-committee structure.

### ASSESSMENT

#### Cycle of Business

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

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

12. A simplified version of the cycle appears at **Annex 2** without the specific duties. This is the version that will be used for agenda setting purposes and for reporting progress to the Committee in due course.
13. The cycle for the Committee is a maturing document with some areas still requiring development and it is intended to grow organically over the next 12 months.

#### Sub-Committees

14. During the effectiveness reviews no sub-committees/groups were mapped against this Committee.
15. The terms of reference provide that the Committee can form sub-committees or task and finish groups should a need arise in the future.

#### **RECOMMENDATION**

16. The Committee is asked to review the cycles of business, propose any amendments, and approve it as a first version.

PAPER	PRE-C'EE FORUM	FREQUENCY	MAY	JUL	SEP	NOV	JAN	MAR	LEAD	PURPOSE	COMMENT/COMPLIANCE	
<b>FINANCE AND PERFORMANCE COMMITTEE - CYCLE OF BUSINESS 2022/23</b>												
<b>TERMS OF REFERENCE NOTED IN RED TEXT</b>												
<input checked="" type="checkbox"/> Cycled for each meeting <input type="checkbox"/> Ad hoc; not regularly cycled; prompt for agenda setting												
<b>FINANCE</b>												
<b>3.1 Oversee and contribute to the medium and long term financial strategy, in relation to both revenue and capital</b>												
Annual revenue and capital budgets.	EMT	Annually								EDOF	Endorsement	SFI 4.2.2 - Boards must approve balanced revenue and capital plans before the start of the year
Annual capital budget	Capital M'nt Board	Annually								EDOF	Endorsement	Private session
<b>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</b>												
<b>3.3 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</b>												
<b>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;</b>												
<b>3.8 Receive, review and ensure mitigation of financial risks of delivery of plans</b>												
<b>3.10 Review performance against the relevant Welsh Government financial requirements</b>												
<b>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, including the efficiency review implementation and required savings targets</b>												
Financial report	EMT	Each meeting								EDOF	Assurance	
Business cases over £500K	TBC	As required								EDOF	Endorsement	
IMTP financial plan	STB/EMT	Annually								EDOF	Endorsement	
<b>3.5 Ensure delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting</b>												
Value Based Healthcare Report	TBC	Every other meeting								DOF	Assurance	Format of reporting and assurance to be developed in 22/23
<b>3.9 Monitor progress against a range of key developments and capital schemes, either in development through the business case process or in implementation</b>												
<b>3.7 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</b>												
Assurance paper on PIR process	TBC	One off and then cyclical								EDSPP	Assurance	
PIRs as requested from time to time	TBC	As required								Relevant Director	Assurance	To demonstrate the PIR process is embedded in planning cycle and business planning, with cyclical reviews.
Monitoring of key projects as requested from time to time	TBC	As required								Relevant Director	Assurance	
<b>PLANNING</b>												
<b>3.20 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)</b>												
<b>3.17 Oversee and contribute to the development of the Trust's Long Term Strategy and make recommendations to the Board</b>												
Any refreshes of 2030 Delivering Excellence	EMT	Ad Hoc								EDSPP	Endorsement	
<b>3.18 Oversee and contribute to the development of the Trust's Integrated Medium Term Plan and make recommendations to the Board</b>												
IMTP for following year	STB/EMT/Board	Annually								EDSPP	Endorsement	
<b>3.19 Monitor the effectiveness of commissioning arrangements with the Local Health Boards via the Emergency Ambulance Services Committee</b>												
TBC	TBC	TBC								EDSPP	TBC	Scope of this element to be developed
<b>3.21 Review and consider matters relating to demand and capacity including proposals for reviews in this area and recommendations arising from such reviews</b>												
Demand and capacity reviews	EMT	Ad Hoc								EDSPP	Endorsement	
<b>PERFORMANCE</b>												
<b>3.14 Agree and monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets</b>												
<b>3.11 Review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance quality indicators</b>												
<b>3.15 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</b>												
Monthly Integrated Quality Performance report	EMT	Each meeting								EDSPP	Assurance	Review of commissioning standards is the commissioning intentions met as part of IMTP. AQIs published monthly to EASC. Key AQIs included in the 28 KPIs.
MIQPR review of metrics	EMT/Board Committees	Annually								EDSPP	Endorse	Deep dives as required
<b>3.12 Monitor and review progress against the Trust's Integrated Medium Term Plan</b>												
<b>3.16 Obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams</b>												
IMTP progress updates	STB/EMT/Board	Each Meeting								EDSPP	Assurance	
<b>3.13 Review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework</b>												
QPMF update report	QPMF Steering Group	Bi-annually 22/23										Assurance on the value of outcomes produced by the framework and effectiveness. Six monthly reviews in 22/23 then annual.
<b>ESTATES AND FLEET</b>												
<b>3.22 Oversee, contribute to, and monitor the implementation of, the Estate Strategy</b>												
<b>3.23 Oversee, contribute to, and monitor the implementation of, the Fleet Strategy</b>												
<b>3.24 Review proposals for acquisition, disposal, and change of use of land/buildings.</b>												
Estates and fleet strategy refreshes	TBC	Periodically as required								EDOF	Approval	Estates and Fleet strategies refreshed Mar 21, therefore these will refresh every 3 year or sooner if required.
Fleet replacement programme	Capital M'nt Board	Ad Hoc								EDOF	Approval/Endorsement	
Fire safety update	EMT	Periodically as required								EDOF		Carry out every 5 years?; rating; policy 4.2 TB responsibility
<b>ENVIRONMENTAL AND SUSTAINABILITY</b>												
<b>3.25 Oversee, contribute to, and monitor the implementation of the Environmental Strategy</b>												
<b>3.26 Ensure compliance with environmental regulations and national targets</b>												
Decarbonisation Update	TBC	Every other meeting										Progress also against WG action plan and Trust Plan; ISO14001 metrics in development; assurance reporting maturing
Waste Management Update	TBC	Annually								EDOF	Assurance	Annual update aligned with Internal Audit recommendations. First report in September 2023.
<b>DIGITAL SYSTEMS AND STRATEGY</b>												
<b>3.27 Oversee, contribute to, and monitor the implementation of, the Digital Strategy</b>												
Digital strategy	TBC	Periodically as required								DD	Review and Endorse	Implementation through IMTP
Metrics for digital systems infrastructure	TBC	Each meeting								DD	Assurance	KPIs on service delivery across critical digital systems infrastructure and lesson learned (eg by downtime). Reporting being developed.
<b>3.28 Review projects and monitor implementation and delivery of benefits of major digital and information/reporting projects</b>												
As required from time to time	TBC	Ad Hoc								Relevant Director	Assurance	Including WG PARs and gateway reviews
<b>EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE</b>												
<b>3.29 Oversight and scrutiny of the Major Incident Plan and Business Continuity Plan and assurance that such plans are effective</b>												
WG Annual Emergency Planning Report	EMT/Board	Annually								EDO	Assurance	Report provides for compliance with Civil Contingencies Act 2004; exercises carried out; learning from incidents/exercises/debriefs.
Incident Response Plan Report	EMT	Annually								EDO	Assurance	WG report accompanied by assurance that Incident Response Plan (IRP) in place and approved by EMT. SBAR includes detail of staff training in place, compliance levels, and resourcing for assurance; list of plans that underpin IRP are in date and regularly reviewed
Business Continuity Annual Report	EMT	Annually								EDO	Assurance	SBAR to include compliance with CCA 2004 if not included in WG annual report and compliance under policy; list of plans that underpin BCP are in date and regularly reviewed; staff training in place, compliance levels and resourcing for assurance if not included in IRP report above; exercises carried out and planned; learning from incidents/exercises/debriefs. In July 22 this was a business continuity assessment, but will be an annual report going forward.
<b>POLICIES AND RISK</b>												
<b>3.30 Oversight of policies within the remit of the Committee</b>												
Report from policy group	Policy Grop	Annually								BS	Assurance	
Policies for review and approval	Policy Grop	Ad Hoc								BS	Approval	
<b>3.31 Corporate Risks are identified and appropriately managed; CRR and BAF risks for their remit are presented and Committee is assured on progress and ratings; Audit Recommendation Trackers monitored</b>												
Board Assurance Framework	Board	Each meeting								BS	Assurance	
Corporate Risk Register	Board	Each meeting								BS	Assurance	
Audit Recommendation Tracker	ADLT	Each meeting								BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc								Relevant Director	Assurance	
<b>STANDARD ITEMS</b>												
Quarterly operations update	TBC	Each meeting								EDQN	Information/Discussion	
<b>GOVERNANCE</b>												
Committee effectiveness review and annual report	Audit/Board	Annually								Board Sec.	Approval	
Review of Terms of Reference	Audit/Board	Annually								Board Sec.	Approval	
Committee cycle of business refresh	N/A	Annually								Board Sec.	Approval	
Committee Cycle of Business review	Audit/Board	Each meeting								Board Sec.	Approval	
Committee Review of Annual Priorities	None	Every other meeting								Chair	Review	
<b>SUB-GROUPS</b>												
Where applicable	N/A	Ad Hoc								N/A	N/A	No sub-committees for F&P currently but may set up from time to time
<b>PROMPTS</b>												
External Reports	N/A	Ad Hoc								TBC	TBC	

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

- 2.1. The Trust is classed as a category one responder under the Civil Contingencies Act (2004) and as a result there is a legislative obligation for us to address 6 key responsibilities, which are:
- Assess local risks and use this to inform emergency planning.
  - Put in place emergency plans.
  - Put in place Business Continuity Management arrangements.
  - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
  - Share information with other local responders to enhance co-ordination.
  - Co-operate with other local responders to enhance co-ordination and efficiency

Emergency Preparedness

CCA Part one devolved to Wales. Likely WG will in future change to require the meeting of core standards as in NHS England

WAST is a category 1 responder under the Civil Contingencies Act (2004) and Regulations (2005).

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Environmental  
Digital strategy

ISO14001 external audit (see May F&P paper)

IA raised need to be explicit and define intended timescales for delivery of digital strategy phases. Digital strategic outline case September 2022; focus on baseline and business usual in November 2022; SOP and resourcing September 2022 (in IMTP); digital governance

PAPER	PRE-C'EE FORUM	FREQUENCY	MAY	JUL	SEP	NOV	JAN	MAR	LEAD	PURPOSE
<b>FINANCE AND PERFORMANCE COMMITTEE - CYCLE OF BUSINESS 2022/23</b>										
<b>FINANCE</b>										
Annual revenue and capital budgets.	EMT	Annually							EDOF	Endorsement
Annual capital budget	Capital M'ment Board	Annually							EDOF	Endorsement
Financial report	EMT	Each meeting							EDOF	Assurance
Business cases over £500K	TBC	As required							EDOF	Endorsement
IMTP financial plan	STB/EMT	Annually							EDOF	Endorsement
Value Based Healthcare Report	TBC	Every other meeting							DOF	Assurance
Assurance paper on PIR process	TBC	One off and then cyclical							EDSPP	Assurance
PIRs as requested from time to time	TBC	As required							Relevant Director	Assurance
Monitoring of key projects as requested from time to time	TBC	As required							Relevant Director	Assurance
<b>PLANNING</b>										
Any refreshes of 2030 Delivering Excellence	EMT	Ad Hoc							EDSPP	Endorsement
IMTP for following year	STB/EMT/Board	Annually							EDSPP	Endorsement
Demand and capacity reviews	EMT	Ad Hoc							EDSPP	Endorsement
<b>PERFORMANCE</b>										
Monthly Integrated Quality Performance report	EMT	Each meeting							EDSPP	Assurance
MIQPR review of metrics	EMT/Board Committees	Annually							EDSPP	Endorse
IMTP progress updates	STB/EMT/Board	Each Meeting							EDSPP	Assurance
QPMF update report	QPMF Steering Group	Bi-annually 22/23								
<b>ESTATES AND FLEET</b>										
Estates and fleet strategy refreshes	TBC	Periodically as required							EDOF	Approval
Fleet replacement programme	Capital M'ment Board	Ad Hoc							EDOF	Approval/Endorsement
Fire safety update	EMT	Periodically as required							EDOF	
<b>ENVIRONMENTAL AND SUSTAINABILITY</b>										
Decarbonisation Update	TBC	Every other meeting								
Waste Management Update	TBC	Annually							EDOF	Assurance
<b>DIGITAL SYSTEMS AND STRATEGY</b>										
Digital strategy	TBC	Periodically as required							DD	Review and Endorse
Metrics for digital systems infrastructure	TBC	Each meeting							DD	Assurance
As required from time to time	TBC	Ad Hoc							Relevant Director	Assurance
<b>EMERGENCY PREPARADNESS RESILLIENCE AND RESPONSE</b>										
WG Annual Emergency Planning Report	EMT/Board	Annually							EDO	Assurance
Incident Response Plan Report	EMT	Annually							EDO	Assurance
Business Continuity Annual Report	EMT	Annually							EDO	Assurance
<b>POLICIES AND RISK</b>										
Report from policy group	Policy Grop	Annually							BS	Assurance
Policies for review and approval	Policy Grop	Ad Hoc							BS	Approval
Board Assurance Framework	Board	Each meeting							BS	Assurance
Corporate Risk Register	Board	Each meeting							BS	Assurance
Audit Recommendation Tracker	ADLT	Each meeting							BS	Assurance
Audits within purview of Committee	Audit Committee	Ad Hoc							Relevant Director	Assurance
<b>STANDARD ITEMS</b>										
Quarterly operations update	TBC	Each meeting							EDO	Information/Discussion
<b>GOVERNANCE</b>										
Committee effectiveness review and annual report	Audit/Board	Annually							Board Sec.	Approval
Review of Terms of Reference	Audit/Board	Annually							Board Sec.	Approval
Committee cycle of business refresh	N/A	Annually							Board Sec.	Approval
Committee Cycle of Business review	Audit/Board	Each meeting							Board Sec.	Approval
Committee Review of Annual Priorities	None	Every other meeting							Chair	Review
<b>SUB-GROUPS</b>										
Where applicable	N/A	Ad Hoc							N/A	N/A
<b>PROMPTS</b>										
External Reports	N/A	Ad Hoc							TBC	TBC

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

- 2.1. The Trust is classed as a category one responder under the Civil Contingencies Act (2004) and as a result there is a legislative obligation for us to address 6 key responsibilities, which are:
- Assess local risks and use this to inform emergency planning.
  - Put in place emergency plans.
  - Put in place Business Continuity Management arrangements.
  - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
  - Share information with other local responders to enhance co-ordination.
  - Co-operate with other local responders to enhance co-ordination and efficiency

Emergency Preparedness

CCA Part one devolved to Wales. Likely WG will in future change to require the meeting of core standards as in NHS England

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Welsh Ambulance Services  
NHS Trust

# Finance & Performance Committee

20<sup>th</sup> September 2022

VBHC update – focus on PLICS





# Patient-Level Information and Costing Systems







# Patient-Level Information and Costing Systems



- What is a Patient-Level Information and Costing Systems
- What is the output of the system
- Why do it?
- Where are we in implementing the system?
- Key element of further developing a VBHC approach
- Next steps



# What is a Patient-Level Information and Costing Systems



*Patient-Level Information and Costing Systems (PLICS) brings together healthcare activity information with financial information in one place. PLICS provides detailed information about how resources are used at patient-level, for example, staff, drugs, and diagnostic tests.*

*PLICS, combined with other data sources, provides trusts with a rich source of information to help understand their patients and their services.*

*Improving value is a high priority in healthcare. Linking patient-level costs with outcomes allows the NHS to promote value for patients i.e. ensure resources are used in the most effective way possible to provide high quality care to all patients/service users. **HFMA***

Past

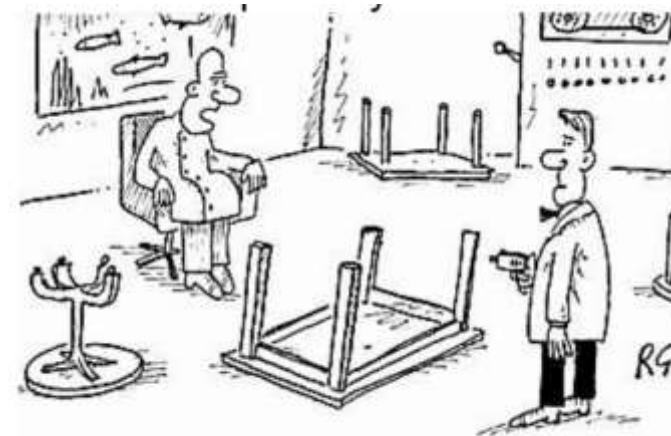
## Service Line Reporting (SLR) is:

- Top down apportionments
- Direct cost to individual service lines
- Plus a portion of general overhead

Future

## Patient Level Costing (PLICS) is:

- Bottom up grouping of costs
- Some overhead apportionment, but more transparency.



Aha, Mr Bond ... so now the tables are turned



# What is the output of the system?



Collection Response / Task

	CP024	CP028	CP030	CP037	CP039	CP039	CP040	CP042	CP042	CP042
AM000 - Call handling and telephone related ac...							14,792,246			
AM000 - Dispatch and control							7,400,001			
AM000 - Ambulance incidents		125,409	1,332,227	1,746,108	1,12,264		189,212			
AM000 - Vehicle to scene	1,134,833	898,070	4,287,322	5,532,508	95,884		112,217		1,185,415	1,119,030
AM000 - Treating patient on scene	1,770,888	1,806,242	12,889,877	17,893,738	177,889	6,842,833	886,285	3,290,282		3,889,779
AM000 - Convey patient to treatment location	1,684,123	1,806,888	1,288,834	2,819,791	32,833	175,877	17,844	1,194,021	1,298,002	1,221,889
AM000 - Patient destination	1,354,280	438,721	4,183,494	6,493,512	46,885	1,242,718	11,265	1,818,128	1,038,822	1,261,488
AM000 - Handover to other	1,843,827	433,117	1,384,467	1,075,187	11,287					1,901,781
AM000 - Non responding time	11,289,821	1,500,302	12,724,747	12,246,046	112,432					
EX000 - Excluded from submission					18,387		132,871			

Services area

- 00 - ACD - See and Convey
- 00 - ACD - See and Treat
- EX000 - Hospital travel costs (includes SYTSA Patient Transport ...)
- EX000 - Specialised Services (ambulances, mental health provider ...)
- 00 - ACD - Hear and Treat
- 00 - ACD - Other Services

Collection Task Group

Outputs by AML

AML	Empty reference			Current period		
	Volume	Unit cost	Cost	Volume	Unit cost	Cost
000 - Cash	443,000	--	--	443,000	1.53	1,349,170
000 - Mean	3,912,217	--	--	3,912,217	1.8078	1,687,128
000 - See	912,714	--	--	470,724	1.9891	996,081,177
000 - Ambulance FY loads	26	--	--	26	1,2225,798.88	1,222,281

Outputs by activity

Activity unit type	Internal Benchmark			Current		
	Volume	Unit cost	Cost	Volume	Unit cost	Cost
Ambulance incidents	962,144,217	0.00	18,716,117	962,144,217	0.00	18,716,117
Ambulance Response	8,122,246	145.28	1,966,875,215	8,122,246	145.28	1,966,875,215



## National Requirement

- Ambulance Call Outcome Hear and Treat £
- Ambulance Call Outcome See and Convey £
- Ambulance Call Outcome See and Treat £
- Response Type for See and Treat Incidents £
- Response Arriving at Healthcare Provider for See and Convey Incidents £





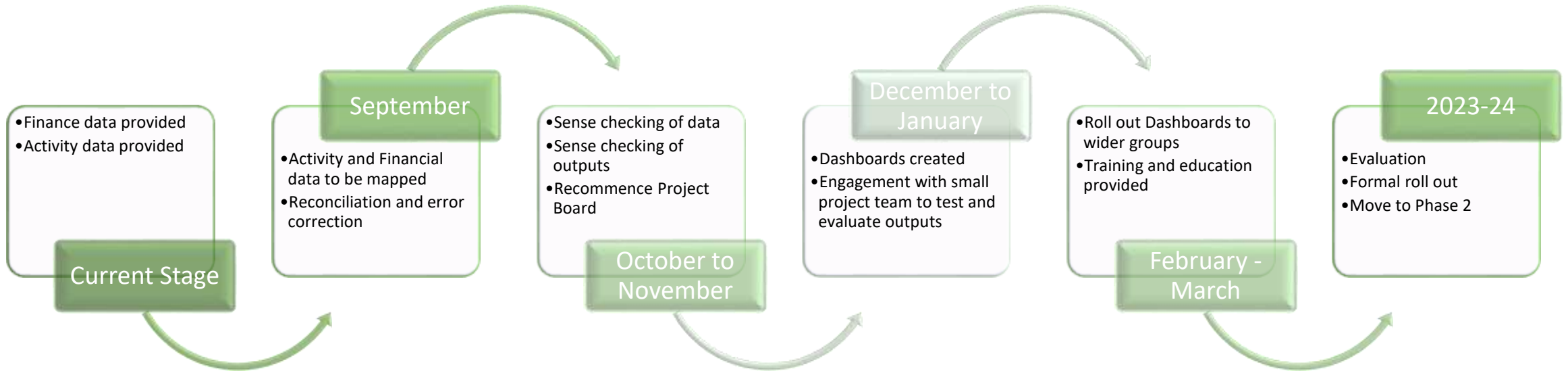
# Why do it?

- In England PLICS for Ambulance organisations is now mandatory;
- Therefore we wanted to be able to then compare and benchmark our information, using exactly the same methodology, with English Ambulance Trusts;
- However, at present most English Ambulance Trusts are only using these systems for the purpose of a data collection exercise;
- We want to use this data to obtain better intelligence, i.e. we know certain incident types cost different amounts in certain areas but why do they cost different amounts in the same area, getting inside the numbers will not only help reduce the costs but deliver more value to the system and support our **Value Based Healthcare** agenda;
- By collecting this data we can not only compare ourselves with England, but also compare ourselves locally and start reporting on certain complaints and responses, in a way that will add value;
- PLICS should help us to realign WAST investment across Wales in order to help improve PREMs & PROMs outcomes.





# Where are we in implementing the system?

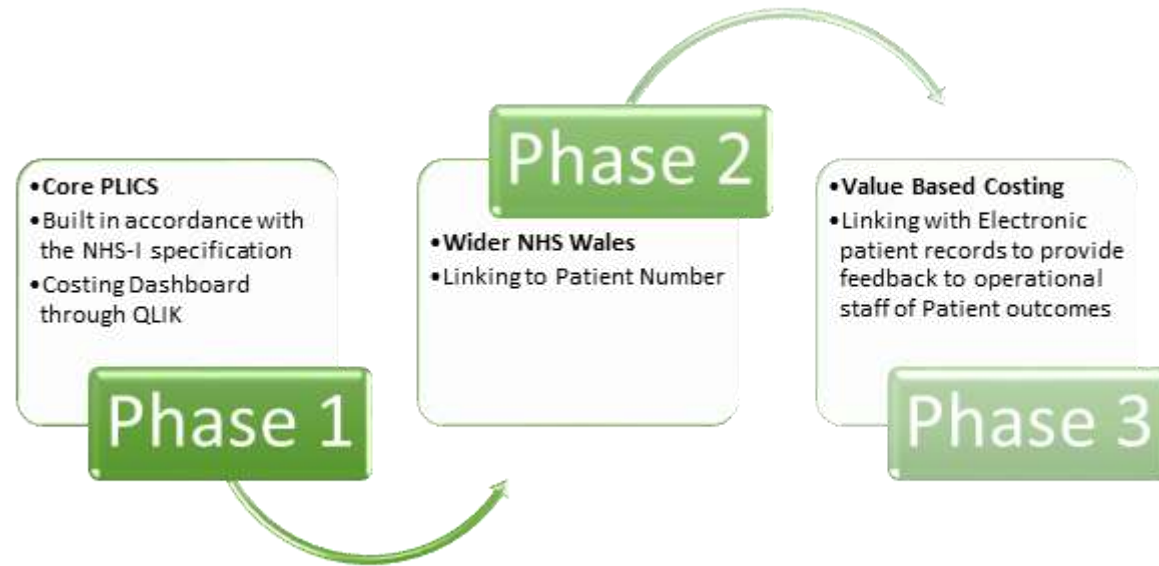


*Please note the above timetable is heavily reliant on Operational availability as well as engagement and is ambitious given the time of year and service pressures on the Trust – however we do need to progress this now as quickly as we can*



# Next steps

- The project is split into 3 phases:
  - Phase 1 – “Finance developed”
  - Phase 2 – Trust developed - to link in with the wider NHS to see full patient cost of incident
  - Phase 3 – **Value based costing** to tie into full patient costing across multiple incidents





# Questions / discussion





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Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>14</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of APPENDIX ATTACHED</b>	<b>0</b>

## Committee Priorities 2022/23

<b>MEETING</b>	Finance and Performance Committee
<b>DATE</b>	20 September 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Trish Mills, Board Secretary
<b>CONTACT</b>	<a href="mailto:Trish.mills@wales.nhs.uk">Trish.mills@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. This report updates the Committee on progress against the priorities it set for 2022/23.
2. Progress is steady across all priorities.

### RECOMMENDATION

3. The Committee is asked to note the update.

### KEY ISSUES/IMPLICATIONS

No issues to raise.

### REPORT APPROVAL ROUTE

Not applicable

### REPORT APPENDICES

None

### REPORT CHECKLIST

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



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

## COMMITTEE PRIORITIES FOR 2022/23

### SITUATION

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

### BACKGROUND

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

### ASSESSMENT

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

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

## **RECOMMENDATION**

8. The Committee is asked to note the update.