Bundle Finance and Performance OPEN 13 November 2023

Agenda attachments

ITEM 0 Open F and P Agenda - 13 November 2023

0 09:30 - OPENING ITEMS

1 Chair's welcome, apologies, and confirmation of quorum

2 Declarations of Interest
Declarations of Interest

3 Minutes of last Meeting - 18 September 2023
ITEM 3 OPEN F and P Minutes - 18 September 2023

4 Action Log and Matters Arising 18 September
4.1 Committee AAA Report
ITEM 4 I F and P Action and Decisions Log
ITEM 4.2 Finance and Performance Committee Highlight Report September 2023

4.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION

5 09:35 - Financial Position for Month 7

6 09:55 - Financial Sustainability Programme
ITEM 6 FP Committee Financial Sustainability Programme Nov23

7 10:05 - Value Based Healthcare Report
ITEM 7 Value Based Health Care FPC Position Paper Nov23

8 10:15 - Tactical Forecasting & Modelling (Winter) - 2023/24
ITEM 8 Seasonal Forecasting Modelling 2023-2024 AT 20231103

9 10:30 - Risk Management and Board Assurance Framework
ITEM 9 Executive Summary Risk Management Report FPC 131123

10 10:40 - Audit Recommendation Tracker
No Internal Audit Reports
ITEM 10 Audit Tracker to FPC November 2023
ITEM 10.1 Audit Tracker 2.0 July-September 2023

11 10:45 - Integrated Medium Term Plan 2023 -2026 Confirmed end of Q1/Q2 Delivery and Assurance Position and Q3 Interim Update
ITEM 11 Executive Summary - IMTP Q1_Q2 Delivery Assurance position
ITEM 11.1 Appendix 2 - IMTP Delivery Assurance Report
ITEM 11.2 Appendix 3 Strategy Development Highlight Report Oct_23
ITEM 11.3 Appendix 4a Welsh Government Template (Ministerial Priorities) WAST Primary
ITEM 11.4 Appendix 4b Welsh Government Template (Ministerial Priorities) WAST 111
ITEM 11.5 Appendix 4c Welsh Government Template (Ministerial Priorities) WAST SDEC
ITEM 11.6 Appendix 4d Welsh Government Template (Ministerial Priorities) WAST handover delays
ITEM 11.7 Appendix 4e Welsh Government Template (Ministerial Priorities) WAST Planned
ITEM 11.8 Appendix 4f Welsh Government Template (Ministerial Priorities) WAST Cancer
ITEM 11.9 Appendix 4g Welsh Government Template (Ministerial Priorities) WAST Mental

12 11:00 - Integrated Medium Term Plan 2024 -2027 Progress in Developing the Plan
ITEM 12 Executive Summary - IMTP Planning Progress

13 11:20 - Monthly Integrated Quality and Performance Report
ITEM 13 MIQPR SBAR FPC September October 2023
ITEM 13.1 Annex 1 MIQPR FPC September October 2023

14 11:35 - Digital Reporting
ITEM 14 Digital Reporting Nov 2023 - Cover Paper
ITEM 14.1 Digital Reporting Nov 23_ Open FPC

15 11:45 - Business Continuity Annual Report
ITEM 15 BC Annual Report

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

16 Cycle of Business Monitoring Report and Review of Committee Priorities
ITEM 16 Finance and Performance Committee Priorities and Cycle Monitoring Report

ITEM 16.1 FPC Monitoring report

16.1 12:00 - CLOSING ITEMS

17 Reflection & Summary of Decisions and Actions

18 Any Other Business

19 Date and Time of Next Meeting; 15 January 2024 - 09:30

MEETING OF THE OPEN FINANCE AND PERFORMANCE COMMITTEE
Held on 13 November 2023 from 09:30 to 12:25 (Includes Comfort Breaks)

Comfort breaks throughout meeting – Total 20 Minutes
Break between Open and Closed – 10 Minutes

Meeting held virtually via Microsoft Teams

AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Joga Singh	Verbal	5 Mins
2.	Declarations of Interest	Information	Joga Singh	Verbal	
3.	Minutes of last Meeting – 18 September 2023	Approval	Joga Singh	Paper	
4.	Action Log and Matters Arising 18 September Committee AAA Report	Review	Joga Singh	Paper	
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
5.	Financial Position for Month 7	Assurance	Chris Turley	Presentation	20 Mins
6.	Financial Sustainability Programme	Assurance	Angela Lewis Chris Turley	Paper	10 Mins
7.	Value Based Healthcare Report	Assurance	Chris Turley Rachel Marsh	Paper	10 Mins
8.	Tactical Forecasting & Modelling (Winter) – 2023/24	Assurance	Rachel Marsh	Paper	15 Mins
9.	Risk Management and Board Assurance Framework	Assurance	Julie Boalch	Paper	10 Mins
10.	Audit Recommendation Tracker *No Internal Audit Reports*	Assurance	Trish Mills	Paper	5 Mins

No.	Agenda Item	Purpose	Lead	Format	Time
11.	Integrated Medium Term Plan 2023 -2026 - Confirmed end of Q1/Q2 Delivery and Assurance Position and Q3 Interim Update	Assurance	Rachel Marsh	Paper	15 Mins
12.	Integrated Medium Term Plan 2024 -2027 Progress in Developing the Plan	Assurance	Rachel Marsh	Paper	20 Mins
13.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	15 Mins
14.	Digital Reporting	Assurance	Jonny Sammut	Paper	10 Mins
15.	Business Continuity Annual Report	Assurance	Lee Brooks	Paper	15 Mins
CONSENT ITEMS **The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.**					
16.	Cycle of Business Monitoring Report and Review of Committee Priorities	Information	Trish Mills	Paper	
CLOSING ITEMS					
17.	Reflection & Summary of Decisions and Actions	Discussion	Joga Singh	Verbal	5 Mins
18.	Any Other Business	Discussion	Joga Singh	Verbal	
19.	Date and Time of Next Meeting; 15 January 2024 - 09:30	Information	Joga Singh	Verbal	

Lead Presenters

Name	Position
Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Angela Lewis	Director of People and Culture

Joga Singh	Chair and Non-Executive Director
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Wiliams	Executive Director of Quality and Nursing

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 18 SEPTEMBER 2023 VIA TEAMS

Meeting started at 09:30

PRESENT:

Joga Singh	Non-Executive Director and Chair of Committee
Professor Kevin Davies	Vice Chair of the Board and Non-Executive Director
Bethan Evans	Non-Executive Director
Martin Turner	Non-Executive Director (Left meeting after item (62/23)

IN ATTENDANCE:

Julie Boalch	Head of Risk/Deputy Board Secretary
Judith Bryce	Assistant Director of Operations
Fflur Jones	Audit Wales
Navin Kalia	Deputy Director of Finance and Corporate Resources
Angela Lewis	Director of People and Culture
Osian Lloyd	Head of Internal Audit
Rachel Marsh	Executive Director of Strategy and Planning
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Damon Turner	Trade Union Partner
Chris Turley	Executive Director of Finance and Corporate Resources
Aled Williams	Head of Information Communication and Technology
Keith Williams	Emergency Services Mobile Communications Programme Manager (Item 63 only)
Liam Williams	Executive Director of Quality and Nursing
Joanne Williams	Head of Capital Development (Item 64/23 only)

APOLOGIES:

Lee Brooks	Executive Director of Operations
Leanne Smith	Interim Director of Digital Services

55/23 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's declarations of interest register.

Minutes

The minutes of the open session held on 17 July 2023 were considered by the Committee and confirmed as a correct record subject to amending the title of Jason Fernard to Service Manager Emergency Preparedness Resilience and Response (EPRR).

Action Log

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

Action Number: 20/23a - Deep dive on 111 clinical call back times - To be included in the Monthly Integrated Quality Performance Report (MIQPR). Rachel Marsh advised that it was not included in today's update and suggested it be discussed when the MIQPR was presented later in the meeting.

Committee Highlight Report – 17 July 2023

The committee highlight report from the 17 July 2023 Committee meeting was presented for the Committee's attention.

Following a request to receive an update on the position with Trust policies, Trish Mills advised following a robust review, it was being monitored through the Audit Committee.

RESOLVED:

(1) The minutes of the meeting held on 17 July 2023 were confirmed as a correct record, subject to amending the job title of Jason Fernard to Service Manager EPRR:

(2) the action log was considered and updated as described; and

(3) the committee highlight report was presented for information.

56/23 OPERATIONS QUARTERLY REPORT – QUARTER TWO - JULY TO SEPTEMBER 2023

Judith Bryce presented the Operations Directorate update for quarter two in which the Committee were updated as follows:

Members were assured that satisfactory progress was being made against the 71 actions applicable to the Trust resulting from the Manchester arena Inquiry.

The Committee noted that Exercise Dollhouse which was undertaken in July with representatives from across the Trust participating, had illustrated that WAST Commanders have a robust understanding of the need to deploy front line staff quickly but safely in the event of a Marauding Terrorist Attack.

A replacement Operations Manager has been recruited for the Volunteer Car Service (VCS) who, as part of their remit, will plan to increase the number of active VCS volunteers from 100 to more than 200 by the end of the year.

Further details on attrition rates in Emergency Medical Service (EMS) Coordination which was requested at the last meeting was provided. There were currently 19 vacancies in EMS Coordination and the Committee were assured that colleagues were doing their utmost to improve the situation.

As part of the financial savings plan EMS has controlled the level of overtime allocation. The reduced overtime allocation commenced on 1 July 2023 and the resultant Unit Hours Production (UHP) levels for the month of July were extremely close to the predicted levels, with abstraction variation across the 7 Health Board areas between 30% to 39%, with a Trust average of 35.62%.

Comments:

In terms of recruitment the Committee recognised there had been significant withdrawals from the recruitment process. Judith Bryce explained this could be for any number of reasons and it was not uncommon that people drop out mid-way through the process. The Trust was collecting the necessary data and from that will introduce measures to reduce the number of withdrawals.

The Committee sought clarity and an explanation on Unit Hours Production (UHP) levels and abstraction variation. Judith Bryce explained that UHP levels was the measure of the full roster of staff against what was deployed; if the roster was due to be staffed at 100% and only 50% deployed then that was a 50% UHP. UHP was measured in terms of percentages of the roster and what should be rostered daily. Abstraction levels was the amount of people unavailable to work due to several factors which varied on a daily basis across all Wales. On average the abstraction levels were 30 – 35 %.

Further explanation was sought on the area of reduced overtime allocation due to the Financial Savings Plan which resulted in reduced UHP. Judith Bryce informed Members that overtime controls were a way to contribute to the Financial Savings Programme, by controlling the amount of overtime in some areas.

Members recognised that staff turnover rates were a fundamental problem across all organisations and noted the ongoing work to improve this position.

The Committee were pleased to see the ongoing support to the Putting Things Right (PTR). Liam Wiliams provided an update on the approval for increase in the PTR establishment to ensure appropriate resourcing was in place to meet the demand.

RESOLVED: That the Committee received the Operations Quarterly report for July to September 2023.

57/23 FINANCIAL POSITION MONTH 5, 2023/24

The Committee received an update in the form of a presentation from Chris Turley on the financial position for Month five, 2023/24. The key points were:

The cumulative year to date revenue position was a small underspend of £0.027m, with the year-end forecast being one of break even.

Members were updated on the financial performance by each Directorate; noting that the Operations Directorate had reported an underspend of £748k, however reasons and assumptions behind this were also then presented.

An update was given on the current position in respect of the funding for the 100 Whole Time Equivalents (WTE); the sum of£5.7m. The latest correspondence has confirmed that the funding should be made available; however, clarity of the funding source was still to be progressed. The lack of clarity has meant that the organisation is taking a cautious and prudent approach to its financial management, in part resulting in the Ops Directorate position as above.

Members were also updated on the impact of the latest discussions with the Chief Ambulance Services Commissioner (CASC) in terms of expected funding.

There were several other risks which required management going forward which included; payment of the pay awards to be funded by Welsh Government (WG), the continuing volatility in the energy market, and the impact of any additional savings required.

The Capital plan was being progressed and current planned expenditure of £32m was forecast to be fully spent by the end of the financial year.

The Committee were shown examples of how future updates to the Committee would be given with the development of a financial reporting dashboard.

Comments:

The Committee found the update reassuring, nevertheless, would appreciate some understanding of the assessment of the service impact in meeting the financial target. Chris Turley advised that ongoing discussions with the CASC in terms of service impact continued. Rachel Marsh added that modelling of service impact has been shared with the CASC, one of them being the decrease in capacity because of reducing overtime which could possibly lead to a 5% reduction in red performance going forward.

The Committee registered their concern in respect of the impact and consequential effects on service delivery as a result of the delayed decision on confirmation of funding of the £5.7m, noting this would increase exponentially as the delay in confirmation increased.

Chris Turley agreed to update the Committee with any progress on confirmation of funding at the next meeting.

RESOLVED: The Committee noted the financial position for month 5, 2023/24.

58/23 FINANCIAL SUSTAINABILITY PROGRAMME REPORT

An update on the Financial Sustainability Programme was provided by Angela Lewis, noting this would be a regular quarterly update going forward.

The governance of the programme had been reviewed, and members recognised there had been timely progress and were assured that schemes were being scoped and advanced, and that the programme was also aiming to embed a foundational understanding of financial management across the Trust upon which future financial sustainability can be achieved.

Angela Lewis added that the Trust, in terms of achieving efficiencies, was not just focusing on short term solutions as this will be a long-term issue.

Currently, updates were reported through the Strategic Transformation Board and also the Executive Leadership Team and Assistant Director Leadership Team.

One of the focus areas going forward was looking at and identifying particular income generation initiatives. At present the Trust was in receipt of 94 ideas and initiatives which it was considering in more detail.

Comments:

Members commented that on the governance group, it would be useful to have input from a Trade Union perspective, particularly on the income generation ideas which Angela Lewis had already considered.

RESOLVED: The Committee, in order to provide an additional layer of scrutiny and assurance, approved that a progress update be provided to the Finance and Performance Committee on a quarterly basis.

59/23 RISK MANAGEMENT AND CORPORATE RISK REGISTER

Julie Boalch updated the Committee on the position of the eight principal risks assigned to it for monitoring and had been updated as at 1 September 2023.

Following review at the Executive Leadership Team (ELT) all the scores had remained static. The Committee were assured that the actions were appropriate, and all relevant risks had been reviewed. Members were assured of new actions that had added to mitigate risks.

Comments:

The Committee recognised that some of the risks have remained static for a prolonged period. Trish Mills added that these were the risks that did not alter quickly and would not expect a shift in month. Members were assured of the position given the Committee there was detailed discussion at high level where risks scores were challenged, particularly around the sickness absence. In terms of the higher rated risks, it had been previously agreed to report these to the Board with specific detail on where the mitigation of these risks were discussed.

Liam Williams added that the depth of review, particularly with the higher scoring ones was subject to a detailed review every month at ELT meetings.
Liam Williams explained the challenges involved in reviewing the risks, adding in all likelihood the two highest scoring risks would remain, form a quality perspective, at a score of 25 for the foreseeable future.

RESOLVED: The Committee considered the contents of the Risk Management report.

60/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023/24 QUARTER ONE UPDATE FOR 2023/24

Rachel Marsh introduced the report announcing that the WAST Integrated Medium-Term Plan (IMTP) 2023-26 had now been approved by Welsh Government.

An update on progress against the plan was received as at the end of Q1. A series of charts within the report illustrated the total number of deliverables, where red or amber allocated a small narrative to explain why.

Two of the IMTP delivery programmes were marked as red and these were in respect of Salus and Advanced Practice; the latter being how advanced practice would be developed in the Trust. A lack of funding for recruiting for recruitment had been the issue.

The Committee were assured that the Strategic Transformation Board reviewed and monitored the deliverables against the IMTP 2023-2026

Comments:

The Committee acknowledged the work involved in having the IMTP 2023-2026 approved.

Members referred to page five of the report which mentioned how the Trust could explore income generation workstreams from a commercial mindset and asked if there had been any progress. Angela Lewis mentioned there had been discussions with value-based healthcare colleagues who have led the way in terms of some of this work in changing mindset and looking at continuous improvement modules. There was still further work to be undertaken and this was a key focus for the team.

RESOLVED: The Committee noted the update against the Trust's IMTP delivery governance and assurance mechanisms.

61/23 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

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

There was work ongoing to define some of the newer Key Performance Indicators (KPIs).

There had been good performance in 111 abandonment rates being lower than 5%, also on clinical response ring back times which were meeting targets; however, this may be affected by Winter pressures over the coming months.

Red response for August was at 50.4% and Amber 1 response at 1 hour 14mins. These were lower than ideal, meaning patients were waiting for longer in the community. Whilst Red response was very important for life threatening issues, most of the harm was in the Amber category.

Trust sickness absence: the Trust's overall sickness percentage was 8.23% in July 2023, a deterioration from the 7.51% recorded in June 2023. Actions within the IMTP concentrated on staff well-being with an aim to start to reduce this level to the target of 6%.

EMS abstraction levels increased to 34.89% in July 2023, and remained above the 30% benchmark. An initial deep dive meeting has been held, with further work planned.

It was noted that consult and close rates after 999 calls had fallen to around 13%, with the ambition being 17%. The Committee also noted the Clinical Support Desk action plan was in place with support being provided to that team.

Handover times had slightly increased in August at just over 19,000 hours despite levels set through the Emergency Ambulance Services Committee (EASC) of no more than 15,000 by the end of September, which were not on track to be achieved. Whilst improvements in certain areas were evident, on a national basis there continued to be challenges to achieve a reduction in handover. A workshop was due to be held in September to consider improving flow through Emergency Departments and WAST would participate in that.

National Reportable Incidents (NRIs) / Concerns Response: The Trust reported one NRI to the NHS Executive in August 2023, a decrease of three from the four reported in July 2023; and 23 serious patient safety incidents were referred to health boards under the Joint Investigation Framework, which has now been adopted NHS Wales wide. In July 2023 complaint response times increased to 49%, although still did not meet the 75% target with cases remaining complex.

Comments:

The Committee were keen to hear if any lessons had been learned from the Cardiff and Vale University Health Board in terms of handover delays which had shown improvement in that area. Rachel Marsh commented that other Health Boards had linked in with them to understand the actions they have been taking and see if that could be replicated. She

added that from a national perspective, Integrated Commissioning Action Plan meetings took place which focused on actions being taken across Wales to consider ways to improve the patient flow.

In terms of the Deep dive as referenced in the action log, Action Number: 20/23a - Deep dive on 111 clinical call back times, Rachel Marsh advised that the targets in terms of clinical ring back were being achieved, and as there were no major issues at this time. It was agreed that unless performance levels changed for the worse there was no requirement for a deep dive.

Members acknowledged the significant challenges going forward with red performance expressing their concern that moving into the Winter period, performance was likely to deteriorate further. Judith Bryce informed the Committee as at today red performance was 46.9%.

The Committee discussed the challenges being faced by the whole service and were updated by Liam Williams on the work being undertaken to improve hospital flow; echoing that the system must work together to apply as much pressure on Welsh Government to implement processes enabling quicker discharges from hospital.

Members discussed in detail the areas affecting performance which included demand, particularly where there have been spikes which has a massive effect on the Trist's capacity. Rachel Marsh added that management has focussed on sickness sand abstraction levels and gave assurance there was significant scrutiny at ELT level and by the People and Culture Committee. Angie Lewis advised the Committee there has been improvement in sickness levels; adding this was being focused on constantly. As a comparison with other UK ambulance services the Trust was doing very well.

RESOLVED: The Committee

(1) Considered the Monthly Integrated Quality Report, noting the update: and

(2) Agreed, unless performance levels changed for the worse, a deep dive was not required in respect of the Deep dive as referenced in the action log, Action Number: 20/23a - Deep dive on 111 clinical call back times,

Martin Turner left meeting at 11:40

62/23 DIGITAL STRATEGY PLAN

Members recognised it was a priority of the Committee for 2023/24 to have oversight and monitoring of the digital strategy.

Aled Williams updated the Committee on the digital strategy plan which consisted of the following sections:

1. Data & Analytics status

2. ICT Systems status
3. Service provision and quality
4. Summary of IMTP contributions
5. A 'spotlight' item (where the deep dive topic will change each month)
6. People (this page of the report was currently in development).

Aled Williams gave further detail on each of the above sections and how the metrics were performing.

Since the publication of the Digital Strategy, the Trust has made excellent progress, with a number of large digital patient and digital workplace transformation programmes being completed in 2022-23 and others piloted and now progressing through 2023-24.

Comments:

The Committee reviewed progress on the plan and approved key digital system and service metrics to support monitoring of this area. Notwithstanding this excellent work, gaps in the plan have been identified as were vacancies in the team, and these will be progressed by the new Digital Director, Jonny Sammut, who joins the Trust on 27 September.

Members queried the number of vacancies and if there were any issues with recruitment. Aled Williams explained that within ICT there had, initially been an improvement in vacancy levels, however this had fallen to a vacancy level of 8.5. There were several factors involved affecting this and the Trust continued to work to improve the situation. The Committee accepted and acknowledged the challenges involved in the recruitment and retention of staff with technical experience in the digital environment.

Liam Williams added that the national digital portfolio and greater alignment across all solutions, included investment required scaling up. Information governance could be improved with better data sharing agreements that would enable organisations to work together quicker and effectively.

RESOLVED: The Finance & Performance Committee considered the metrics report and agreed reporting in this form met the oversight & assurance requirements, with a frequency aligned to the Committee cycles (i.e., every 2 months).

63/23 MOBILE DATA VEHICLE SOLUTION WELSH GOVERNMENT PROJECT ASSURANCE REVIEW

Keith Williams presented the Committee with an update on the Mobile Data Vehicle Solution (MDVS) project. The MDVS project sought to replace the legacy Mobile Data Terminals (MDTs) which formed part of the WAST safety and critical communications infrastructure and was funded by a capital investment of £22.9m from Welsh Government.

A Welsh Government gateway review of the project was received with an overall delivery confidence assessment of Amber/Green, meaning successful delivery appeared highly

probable.

The review identified several recommendations for the Trust to consider and these included:

The project team should update all project documentation to ensure it was consistent and accurate.

The project team should undertake a round of stakeholder engagement/communications to ensure that everyone was aligned to the new project plan.

The project team was to update the risk register to include mitigating action and all residual risks.

The Senior responsible Officer should ensure constant monitoring of the key risks was undertaken. These related to availability of suitable estates and logistics support, the risk associated with the Road Traffic Act and how that would interact with the new technology, and the control room solution project in association with upgrading the communications technology in that environment; all of which have been addressed and delivered.

The project team was to complete the benefits matrix and ensure that benefit outcomes and measurements were identified. This was currently in progress.

Deployment of the project was scheduled to commence week commencing 23 October 2023 with an Operations review and benefits realization review scheduled 12 months post MDVS deployment.

The Committee sought clarity on the challenges with the project when the Trust was operating at Resources Escalation Action Plan (REAP) level four. Keith Williams explained that the Trust had been at REAP level four for a significant period during the later stages of 2022 and had managed to continue delivering the project against the system wide pressures on demand.

RESOLVED: The Committee noted the update and the actions being taken in response to the recommendations made by the review team.

64/23 ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE

Jo Williams gave a presentation and drew Members' attention to the following key areas:

Decarbonisation Programme Board and other wider governance.

The Board meets quarterly with the most recent meeting held on 21 August and oversees delivery of the actions within the Decarbonisation Action Plan (DAP).

WAST Decarbonisation Action Plan update.

There were 144 actions in the DAP, with 17 of those requiring urgent attention.

NHS Wales Shared Services Partnership (NWSSP) Decarbonisation Co-ordination Reporting (DCR).

The first (pilot) NWSSP DCR report was submitted in June 2023, this report covered only Transport and Procurement (TaP) initiatives progress for Q4 2023. The Trust has now received the updated reporting timeline, which was quarterly. All actions within the DAP will require an update each quarter. The first report required submission by 31 August 2023.

Welsh Government reporting (including 2022/23 Sustainability report).

This was a mixture of qualitative and quantitative data sets reporting, with the Annual Sustainability report amalgamating those data sets. It was noted that whilst there had been a reported significant increase in the Trust's overall emissions, this was explained by changes in definitions and that which is now included when compared to the baselines. Such a movement will be the same for all NHS Wales organisations therefore The Trust was addressing this by moving to more newer and renewable energy technology.

Waste Management – internal audit, update report and legislation.

New provisions under the Environment (WALES) Act 2016 will come into force on 1 April 2024 and this will provide for occupiers of non- domestic premises to comply with several legislative requirements. The impacts for the Trust include additional resources to implement and manage the requirements.

Reinforced Autoclaved Aerated Concrete (RAAC).

The Committee was assured that, in line with other NHS Wales organisations, WAST had conducted a detailed independent inspection of all sites within scope, which detailed a nil return in relation to the presence of RAAC in all buildings up to 2000. In addition, further detail has been sought for buildings where WAST colleagues share estate with the Fire and Rescue Services.

Comments:

The Committee thanked the team for the report and acknowledged the complexity of the work involved.

RESOLVED: The Committee

(1) NOTED this update, specifically in relation to the DAP reporting and establishment of programme management arrangements;

(2) NOTED the quantitative carbon report;

(3) ENDORSED the 2022-23 Sustainability Report, for subsequent approval by Trust Board;

(4) NOTED the DCR submission to NWSSP, approved for submission by the Executive Director of Finance & Corporate Resources;

(5) NOTED annual waste reporting requirements, changes to waste policy & upcoming changes to waste legislation;

(6) NOTED the outstanding internal audit recommendations and plans for their closure;

(7) NOTED the Utility, Water & Waste report; and

(8) NOTED the update and assurances provided in relation to RAAC.

65/23 MANCHESTER ARENA INQUIRY – PROGRESS UPDATE

Judith Bryce presented the report as read adding that good progress was being made against the 71 applicable actions for the Trust.

The completion of actions required a considerable amount of work and involved:

1. Fortnightly meetings with the Head of Service and Service Manager, Emergency Preparedness, Resilience and Response (EPRR) & Specialist Operations.

2. Monthly meetings with the Assistant Director of Operations, National Operations & Support / Head of Service, EPRR & Specialist Operations.

3. Bi-monthly meetings with the Executive Director of Operations / Assistant Director of Operations / Head of Service, EPRR & Specialist Operations.

Comments:

Given the national focus it was critical to get this right and the Committee wanted to understand if there were any nuances/challenges that were Welsh centric had been identified. Judith Bryce commented there were some differences with England and Wales but the Trust ultimately would look to look to maintain interoperability with England and report in a consistent way.

RESOLVED: The Committee RECEIVED and DISCUSSED the governance and assurance process, and progress on the completed recommendations related to the MAI recommendations, noting that the Operations Senior Leadership Team had approved the recommendations included in the paper.

66/23 CYCLE OF BUSINESS MONITORING REPORT AND REVIEW OF COMMITTEE PRIORITIES

The report was noted for information.

RESOLVED: The Committee noted the report.

67/23 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

Members reflected that there had been good focus on the impact of the financial challenges on our patients and our people; and the challenge of balancing volume of papers and presentation time is one that will have particular focus at effectiveness reviews this year. Several Items on the Agenda were broad and interesting, and it should be borne in mind when setting the agenda that items were in the right place and allocated sufficient time. There was still a challenge on the volume of papers and time management.

Interaction with presenters who do not normally attend the meeting could be improved. Members felt that this was not in any way to indicate a lack of respect and thanked those presenters for the clarity of their papers and messages, adding it was incumbent upon the Chair to thank report writers. Furthermore, a lack of time should not be an obstacle to the scrutiny of items.

It was agreed that any further reflections would be e mailed to the chair after the meeting and he would liaise with Trish Mills on any actions and/or decisions that required reporting to the Board through the AAA.

RESOLVED: The reflections were noted as above.

68/23 ANY OTHER BUSINESS

It was raised whether the 20mph restriction on certain areas on Welsh highways as imposed by Welsh Government, and the impact on WAST had been acknowledged. Rachel Marsh added that within the MIQPR job cycle times were checked from an EMS perspective.

Judith Bryce added that job cycles times were closely monitored, and any impacts would be addressed. Also, in terms of NEPTS, times were monitored closely to see if the same number of journeys were carried out in the allocated shift time. It was too early to see if any impact was being made.

Meeting concluded at 13:02

Date of Next Meeting: 13 November 2023.

ACTION LOG - FROM NOVEMBER 2021
FINANCE AND PERFORMANCE COMMITTEE

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
57/23	18 September 2023	Financial Position Month 5	Update on confirmation of the £5.7m funding	Chris Turley	13 November 2023	Update for 13 November 2023 Verbal Update	Open
58/23	18 September 2023	Financial Sustainability Programme Report	Updates be received on a quarterly basis.	Alex Payne	13 November 2023	Update for 13 November 2023 Added to the Committee cycle of Business. Recommend to close action.	Complete

FINANCE AND PERFORMANCE COMMITTEE
HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	28 September 2023
Committee Meeting Date	18 September 2023
Chair	Joga Singh

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. During the finance and the operational updates, the key assumption within the Trust financial and current financial reporting of funding of £5.7m for the additional 100 WTEs (whole time equivalents) appointed in 2022/23 was a point of discussion and concern as that final funding sources had not started to flow through and there was now some urgency to have clarity on this going into Quarter 3. **Outstanding clarity of funding sources** for this was driving some cautious and prudent financial management and the impact of this on discretionary spend such as overtime has been escalated to the Chief Ambulance Services Commissioner (CASC) as has modelling on the service impact. An update on the very latest position from the CASC in relation to this was also provided.

2. The annual **Sustainability Report**, which forms part of the Trust's Annual Report amalgamates both qualitative and quantitative information separately provided to Welsh Government and data sets and includes sustainability updates on environmental initiatives and the Trust's ISO14001 accreditation. The Committee noted that the Sustainability Report, on the face of it, presents a headline value of a significant increase in WAST's carbon emissions between 2021/22 and 2022/23. This significant increase is predominantly due to a change in the data collection required by Welsh Government and the inclusion of aspects of emissions data which were previously not applicable. Some areas of good progress and reductions in emissions were also highlighted.

   The report is attached at **Annex 1** for the Board's approval and is endorsed by the Committee. The Assure section of this AAA report provides further details on the Trust's Environment, Decarbonisation and Sustainability work programme.

3. The Committee was assured that, in line with other NHS Wales organisations, WAST has conducted a detailed independent inspection of all sites within scope, which details a nil return in relation to the presence of **Reinforced Autoclaved Aerated Concrete (RAAC)** in all buildings up to 2000. In addition, further detail has been sought for buildings where WAST colleagues share estate with the

Fire and Rescue Services.

ADVISE

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

4. The **Operational Update for Q2** was received together with further detail on attrition rates in EMS (Emergency Medical Service) Coordination which was requested at the last meeting. Vacancy in EMS Coordination continues to be a challenge and focus for the team however members were assured that colleagues were doing everything that can be done to improve the situation. An update was provided on the approval for increase in the Putting Things Right establishment to ensure appropriate resourcing was in place for the demand.

5. The Committee noted that the Audit Committee will be monitoring the **policy position** going forward following concerns by members being included in the 'alert' section of their July AAA report to the Board.

6. The Committee noted the recent **review of the national commissioning functions**. This included the Welsh Health Specialised Services Committee (WHSSC), the National Collaborative Commissioning Unit (NCCU) and the emerging 111 commissioning arrangements. The key outcome is that by the 1 April 2024 WHSSC, the NCCU and the 111 commissioning arrangements, will be merged into one national commissioning function. Benefits are potentially to be realised by combining 111 commissioning with EMS and NEPTS (non-emergency patient transport service) commissioning.

7. Members **reflected** that there had been good focus on the impact of the financial challenges on our patients and our people; and the challenge of balancing volume of papers and presentation time is one that will have particular focus at effectiveness reviews this year. Interaction with presenters who do not normally attend the meeting could be improved. Members felt that this was not in any way to indicate a lack of respect, and thanked those presenters for the clarity of their papers and messages.

ASSURE

(Detail here assurance items the Committee receives)

8. The Committee received a presentation on the **financial position for Month 5 2023/24** due to the date of this meeting coming close to end of month. The Board will have a detailed paper on the financial position before it for its September meeting. The cumulative year to date revenue position is a small overspend of £0.027m, with the year-end forecast being one of break even, based on the assumptions presented, including that relating to the £5.7m for the 100 WTEs above. The capital plan is forecast to be fully spent by the end of the financial year however inflationary pressures and reduced competition are driving up costs.

9. Gross savings of £3.1m have been achieved against a year to date target of £2.7m. The financial plan does not include any additional savings scenarios submitted into Welsh Government as requested by them in August 2023. An update was provided on the **Financial Sustainability Programme** and this will be a regular quarterly update going forward. The governance of the programme was reviewed, and members recognised there had been good progress and were assured that schemes

were being scoped and advanced, and that the programme was also aiming to embed a foundational understanding of financial management across the Trust upon which future financial sustainability can be achieved.

10. A priority of the Committee for 2023/24 is oversight and monitoring of the **digital strategy**. The Committee reviewed progress on the plan and approved key digital system and service metrics to support monitoring of this area. Progress against the four missions in the strategy of 'digital patient', 'digital workplace', 'intelligence through data', and 'digital foundations' since 2022 has been significant and ranges from implementation of ePCR and ECNS, to EMS CAD, telephony and network upgrades, and clinical intelligence data layers and dashboards. Notwithstanding this excellent work, gaps in the plan have been identified as were vacancies in the team, and these will be progressed by the new Digital Director, Jonny Sammut, who joins the Trust on 27 September.

11. The Committee was updated on the work being undertaken in support of the Trust's **Environment, Decarbonisation and Sustainability** work programme. WAST has produced a Decarbonisation Action Plan (DAP) in response to the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan. Progress has moved from a starting point of Red/Amber to Amber. The Committee noted the extensive requirements for qualitative and quantitative reporting to Welsh Government and NWSSP and the pressure this causes the small WAST team. The introduction of 67 EV chargers over 54 sites was commended as was the significant amount of work underway by the small team.

12. An update on progress against the April 2022 limited assurance **Waste Management Internal Audit** was received with revised actions noted for the outstanding recommendations. One recommendation was for the presentation to this Committee of an annual Waste Report which was received at this meeting.

13. The WAST **Integrated Medium-Term Plan (IMTP) 2023-26** has now been approved by Welsh Government and an update on progress against the plan was received as at the end of Q1. The accountability conditions that accompany the plan are awaited from Welsh Government. Progress was discussed and areas marked as 'red' will be drawn out in the report to the Trust Board

14. The Committee received an initial suite of **Digital KPIs** that have been developed to provide assurance on the performance, work activities and contribution of the Digital Directorate to the Trust's Strategy and IMTP. This month's spotlight was on cyber security and in the private session members were presented with greater detail of this area through the cyber highlight report for the period April to July 2023 and a detailed cyber activity report for July 2023.

15. The **Monthly Integrated Quality and Performance Report** (MIQPR) for August 2023 was received and is before the Board at the September meeting. The Committee noted:

    - There is work ongoing to define some of the newer KPIs.
    - Good performance in 111 abandonment rates being lower than 5%, also on clinical response ring back times which are hitting targets, however this may be affected by Winter pressures over the coming months.
    - Red response for August was at 50.4% and Amber 1 response at 1 hour 14mins. These are lower than we would want meaning patients are waiting for longer in the community. Whilst Red response is very important for life threatening issues majority of harm comes in Amber category,

however the Committee could see all that was being done to try and improve this ahead of Winter pressures.

- Consult and close rates have dipped, and the Committee noted the Clinical Support Desk action plan in place and the support being provided to that team.
- Handover times were slightly increased in August at just over 19,000 despite levels set through the Emergency Ambulance Services Committee of no more than 15,000 by the end of September, which are not on track to be achieved. Whilst improvements in certain areas are evident, on a national basis there continues to be a struggle to achieve a reduction in handover. A workshop will be held w/c 18 September on improving flow through EDs and WAST will participate in that.

16. The Committee was assured that good progress was being made against the 71 applicable actions for WAST from the **Manchester Arena Inquiry**.

17. A Welsh Government gateway review of the WAST **Mobile Data Vehicle Solutions** was received with an overall delivery confidence assessment of Amber/Green, meaning successful delivery appears probable, however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery. Five recommendations were made to assist in ensuring a successful project outcome is achieved and these have been satisfactorily progressed. A third and final project assessment review will be planned for 12 months post project completion.

18. The **Committee priorities** for 2023/24 are on track as is the cycle of business.

RISKS

Risks Discussed: There are eight principal risks within the remit of this Committee with all scores remaining static following ELT review and are current as of 1 September 2023. The Committee were assured that the mitigating actions were appropriate, and all relevant risks had been reviewed and Members were assured of new actions were being added to mitigate risks.

Risk 424 (prioritisation or availability of resources to deliver the Trust's IMTP) has seen an increase in the likelihood score from 12 (3x4) to 16 (4x4) given the level of risk the organisation is experiencing in the current financial climate and with no further recurrent funding agreed to deliver the Trust's transformational plans. This score is aligned to the Trust's financial Risk 139.

Risks 139 (failure to deliver our statutory financial duties in accordance with legislation), **458** (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning) and **Risk 424** (prioritisation or availability of resources to deliver the Trust's IMTP) scores remain static at 16 (4x4) due to the challenging financial climate.

Risks 260 (a significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems) and **543** (major disruptive incident resulting in a loss of critical IT systems) remain at a score of 15 (3x5). Whilst the majority of mitigating actions are complete, further work is underway to identify further actions but the score remains the same given the profile of these risks.

Risk 594 (the Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death) remains at 15 (3x5). The operations update

provided details on the EPRR multi-agency exercises planned which should further mitigate this action.

New Risks Identified: The decarbonisation, environmental and sustainability risks were highlighted and risk 542 is currently in development at a Corporate Risk Register level but will need further consideration and may need to be separated into several risks rather than one composite risk. New legislation being introduced from 1 April 2024 will have a significant impact on the Trust in relation to segregation of waste.

COMMITTEE AGENDA FOR MEETING		
Operations Quarterly Report	Financial position for month 5 2023/24	Financial Sustainability Programme Report
Integrated Medium Term Plan 2023-26 delivery and assurance	Monthly Integrated Quality and Performance Report	Digital Strategy Plan
Mobile Data Vehicle Solution Welsh Government Project Assurance Review	Environment, Decarbonisation and Sustainability Update (including Sustainability Report 2022/23)	Manchester Arena Inquiry Progress Update
Cycle of business monitoring report and review of Committee priorities	Risk Management and Corporate Risk Register	

COMMITTEE ATTENDANCE						
Name	**15 May 2023**	**17 July 2023**	**18 Sep 2023**	**13 Nov 2023**	**15 Jan 2024**	**19 Mar 2024**
Joga Singh						
Kevin Davies	Until 11.30am	Chair				
Bethan Evans						
Ceri Jackson						
Martin Turner		Left at 11.30	Left at 12.00			
Chris Turley		Navin Kalia				
Rachel Marsh		Hugh Bennett				
Lee Brooks	Sonia Thompson	Judith Bryce[1]	Judith Bryce			
Liam Williams	Wendy Herbert					
Angie Lewis	Liz Rogers					
Leanne Smith			Aled Williams			
Hugh Parry						
Damon Turner						
Trish Mills						

	Attended
	Deputy attended
	Apologies received
	No longer member

[1] Lee Brooks in attendance for EPRR item

AGENDA ITEM No	**6**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**0**

Financial Sustainability Programme Position Paper

MEETING	Finance & Performance Committee
DATE	13 November 2023
EXECUTIVE	Angela Lewis, Director of People and Culture
AUTHOR	Gareth Taylor, Project Manager
CONTACT	Email: gareth.taylor3@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this paper is to set out the current position of the Financial Sustainability Programme as of the end of Q2 23/24.

2. This paper will highlight the progress made against key deliverables within Income Generation and Achieving Efficiency.

3. As of the end of Q2 FY23/24, the organisation is forecast to achieve the targeted £6m through ongoing efficiency and income schemes.

4. Sights are now set beyond the end of the current FY. Strategies and opportunities are being explored to ensure year-on-year efficiencies as well as long-term financial sustainability is achieved against a challenging economic climate within the public sector.

RECOMMENDED: The Committee is to note the current position of the Financial Sustainability Programme.

REPORT APPROVAL ROUTE

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
FSP Lead Executives	30/10/2023	For Noting
Finance & Performance Committee	13/11/2023	For Noting

REPORT APPENDICES

None

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

1. Context

1.1. The purpose of this paper is to highlight the progress that has been made in identifying and delivering savings as well as income generation within 23/24 to date, compared with progress made against 22/23.

1.2. A targeted saving of £4.3m for the previous (22/23) financial year was achieved, and subsequently increased by £1.7m to a total of £6m for 23/24 financial year. To achieve this, the organisation took steps to identify a greater range of savings and income schemes via the Financial Sustainability Programme.

1.3. The challenging financial climate within the public sector increases the need for all public sector organisations to deliver sustainable recurrent savings especially based on reducing costs.

1.4. It is worth noting that the recent ask from WG for financially balanced organisations to provide further cost savings this financial year could be a seen as a signal that WG may be asking WAST and others to produce financial surpluses in future years.

1.5. As of September 2023, approximately 94 schemes have been submitted as potential areas of exploration by colleagues across WAST, with 75% scoped and assessed to understand potential benefits.

1.6. As of the end of Q2 FY23/24, the organisation was forecast to achieve the targeted £6m through ongoing efficiency and income schemes, with an overachievement of £419k vs forecast M5 target. This increased to £521k as of

Month 6 reporting however this will likely be offset by winter pressure spending, resulting in a likely break-even position at end of year.

1.7. Sights are now set beyond the end of the current FY. Strategies and opportunities are being explored to ensure year-on-year efficiencies as well as long-term financial sustainability is achieved against a challenging economic climate within the public sector.

2. Current Progress

2.1. Income Generation is currently focussing on three key areas of delivery,

- **Commercial Structures and Long-Term Planning**: *Scope potential dedicated structure for delivery and oversight of commercial opportunities beyond 23/24 and to support long-term financial sustainability.*

- **Income Generation Schemes**: *Scope and deliver 'small-wins' to support the delivery FY23/24 financial savings target.*

- **Commercial and Financial Mindsets** – Training and Development: *Explore opportunities for commercial and business training and embed a culture of commercial nous across the organisation*

2.2. Achieving Efficiency is currently focussing on four key areas of delivery,

- **Service and Provision Reviews**: *This area looks to provide an evidence-base for long-term efficiency across the organisation by undertaking an audit of Administrative and Support Staff provision, and an audit of Service provision across the organisation which will establish the basis for an annual review process.*

- **Short-term Efficiency Savings**: *Identify, scope, and deliver opportunities for cash-related savings in the short-term, contributing to the FY23/24 financial savings target.*

- **Long-term Efficiency Savings**: *Identify, scope, and deliver opportunities for long-term cash-related savings, contributing to targets beyond the FY23/24 financial savings target.*

- **Process Efficiencies**: *Identify, scope, and deliver opportunities for non-cash-related savings opportunities.*

3. Income Generation

3.1. Commercial Structures and Long-Term Planning

3.1.1. In May 2023, it was raised at a meeting of the FSP Governance Group that the income generation schemes delivering to date were largely BAU, or market-reliant schemes such as Interest Receivable and VAT Rebates, as well as income received for apprenticeship training provision.

3.1.2. Proposed ideas and schemes on transformative service change were discussed and rejected at various stages of discussion often due to risk and resource capacity. The common themes were collated via a deep-dive and presented to STB on the 18th of September.

3.1.3. At STB on the 18th of September 2023, the discussion resulted in the Chair requesting a broader discussion regarding the potential options in terms of fully exploiting commercial opportunities.

3.1.4. TA half-day Exec/NED workshop on this topic is scheduled for December. To date, advice has been sought from English Trusts who have explored similar structures, and South Central & West Commissioning Unit regarding potential models.

3.2. *Income Generation Schemes*.

3.2.1. As noted in the previous section, the deep dive identified approximately twenty income generating schemes scoped in detail and deemed non-viable following evidence-based assessment.

3.2.2. New schemes continue to be submitted including early-discharge support for non-emergency patients, as well as ongoing scheme scoping examples such as NEPTS Tenders, Asset Sales, and the NEPTS Quality Exemplar.

3.2.3. While minor progress is made in identifying opportunities, further progress in considering the level of risk appetite is necessary, greater risk appetite and the structures required to deliver income generation is ongoing.

3.3. *Commercial and Financial Mindsets – Training and Development*

3.3.1. Discussions at STB have acknowledged changes required and identified the need to do more to embed a commercial mindset in a public sector organisation like WAST.

3.3.2. Early advice has been sought from Value in Health, Health Trusts, and HEIW around commercial training provision. HEIW is due to provide example material, and a behaviour change plan to be developed.

4. Achieving Efficiency

4.1. Administrative and Corporate Roles Review, and Service Review Update

4.1.1. The key area focusses on the two in-depth reviews commissioned to assess the efficiency and effectiveness of current provision and structures within WAST and identify opportunities for efficient change.

4.1.2. The Administrative & Support Service Review has been completed and findings presented to both ELT and ADLT. ADLT are to take forward recommendations and have developed an Action Plan accordingly.

4.1.3. The Service Review initial scoping has commenced. A range of options regarding depth and detail of the final Service Review are due to be presented at ELT during the first week of November.

4.2. Short Term Savings Opportunities

4.2.1. Progress within this key area has included a deep dive into Fuel Efficiencies, with a Task and Finish Group established to identify and deliver opportunities for reduced fuel spend. Working with AllStar, hotspots have been identified and a baseline determined. Targeted communications are currently being developed.

4.2.2. A pilot study is ongoing into consumables waste across two pre-determined ambulance stations, with a view to extending across all station pending analysis of the results. The study aims to identify how much stock is wasted monthly, and a mechanism to reduce wastage via automated ordering is being developed. Pilot study results are expected imminently.

4.2.3. Work is ongoing within Estates to identify opportunities to reduce utilities spend by targeting 'hotspots', much like the fuel expenditure T&F Group. Anomalies have been identified and discussions are ongoing with suppliers to reduce potential areas of spend. Issues surround the lease agreements in some areas.

4.3. Long Term Savings Opportunities

4.3.1. This area focusses on the longer-term transformational change programmes, such as Robotics and Process Automation, and efficiency-related behaviour and process opportunities in fleet.

4.3.2. Following capacity issues, the Digital team have presented a proposal to ELT regarding direction of travel. A lead has been identified, and a formal structure will be established to monitor progress and delivery, develop

appropriate frameworks and methodologies for identifying processes suitable for automation, as well as a project team.

4.3.3. With regards to fleet efficiencies, an SBAR was presented to Fleet SOT suggesting a reallocation of budgets relating to minor and/or avoidable damage from Fleet to Operations, alongside the suggestion that increased accountability and oversight may support behavioural changes, however the SBAR was rejected.

4.3.4. Work to reduce this annual spend and deliver a saving is now dependent on developing improved and robust processes to monitor patterns in driving behaviour and repeated incidents.

4.4. *Process Efficiencies*

4.4.1. Process efficiencies are often a by-product of pursuing financial savings opportunities. Efficiency recommendations delivered as a result of both reviews, as well as the processes automated by the Robotics and Process Automation Scheme will be recorded as non-cash related savings.

5. Financial Progress

5.1. As of Month 6, WAST is currently exceeding the forecast savings target by £521k, however this will likely be offset by the additional operational spend anticipated during the upcoming winter period.

5.2. Schemes in the table below are RAG Rated against the following justification,

Current Schemes – Tracked Savings

- Green Schemes – Meeting or Exceeding Planned financial target
- Amber Schemes – Below financial Plan but meeting forecast target and now on-track
- Red Schemes - Below financial Plan, Forecast target and off-track
- Grey – not yet commenced

	Annual	In Month			Cumulative			Forecast			RAG
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	
Accident Repair	20	0	0	0	0	0	0	20	20	0	
Acting Up Allowances	11	0	0	0	0	0	0	11	11	0	
Apprentice Income	350	29	6	-23	176	47	-129	350	47	-303	
Asset Disposal (Defib)	225	25	25	0	75	75	0	225	225	0	
Balance Sheet support	200	20	20	0	80	80	0	200	200	0	
CSD - ECNS Non Pay	20	2	11	9	10	19	9	20	29	9	
Decarb	2	1	1	0	1	1	0	2	2	0	
End of Shift Overrun	30	3	33	30	14	149	135	30	296	267	
Fuel (forecourt price saving against budget)	306	30	42	12	206	368	162	306	591	285	
Fuel (swipe, chip & pin and reduction in misfuelling etc)	33	2	2	0	6	6	0	33	33	0	

FYE of 22/23 VERS	66	7	7	0	24	24	0	66	66	0	
Intelligent Routing Platform	100	0	5	5	0	14	14	100	14	-86	
Interest Receivable	500	31	67	36	318	469	151	500	774	274	
MS Office VAT Rebate	250	36	0	-36	36	0	-36	250	0	-250	
Net - Vacancy Management (111 EASC-funded and non frontline)	27	0	0	0	27	27	0	27	27	0	
Net - Vacancy Management (CSD and non frontline)	120	0	0	0	120	118	-2	120	118	-2	
Non Pay Local Schemes	530	50	38	-12	316	304	-12	530	452	-78	
Other local schemes - Non Pay (Travel etc)	26	2	5	3	12	5	-6	26	5	-21	
Overtime	254	28	56	27	85	167	82	254	500	246	
Private Providers	250	21	21	0	126	126	0	250	250	0	
Reduction in variable pay	38	3	3	0	17	17	0	38	38	0	
Stock Control (MSE etc)	50	5	5	0	13	10	-3	50	48	-3	
Taxi Review	50	4	4	0	20	16	-4	50	46	-4	
Vacancy Management	2,275	167	215	48	1,338	1,465	127	2,275	2,247	-28	
Vacancy Management (non frontline)	51	0	0	0	51	55	4	51	55	4	
Vacancy Management (non frontline) Additional	151	17	18	1	91	93	2	151	159	8	
Volunteer Car Drivers	66	5	5	0	21	49	28	66	93	28	
Totals	**6,000**	**488**	**588**	**100**	**3,181**	**3,702**	**521**	**6,000**	**6,345**	**345**	

AGENDA ITEM No	**7**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**0**

Value Based Healthcare Position Paper

MEETING	**Finance & Performance Committee**
DATE	**13/11/2023**
EXECUTIVE	**Chris Turley, Executive Director of Finance & Corporate Resource Rachel Marsh, Executive Director of Strategy, Planning, & Performance**
AUTHOR	**Gareth Taylor, Project Manager**
CONTACT	**Email: gareth.taylor3@wales.nhs.uk**

1. EXECUTIVE SUMMARY

1. The purpose of this paper is to set out the current position of the Value Based Healthcare Working Group, and the progress of the key workstreams encompassed within its portfolio.

2. Following its establishment in 2021, the VBHC Working Group has provided the vehicle for reporting on value-based change within the organisation.

3. Recent workshops and discussions have resulted in a proposal being put forward for consideration, regarding both a change of structure, and a change of key priorities.

4. This paper will consider the current priorities and progress, areas of focus applicable to the NHS Wales Planning Framework, opportunities for alignment with national priorities and/or opportunities to pursue WAST-specific priorities.

Recommendation: The Committee is asked to: Note the position and progress made on developing Value Based Healthcare within WAST.

REPORT APPROVAL ROUTE

Value Based Healthcare Working Group	23/10/2023	For Noting
VBHC Lead Executives	31/10/2023	For Noting
Finance & Performance Committee	14/11/2023	For Noting

REPORT APPENDICES
None

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

Situation

1. The purpose of this paper is to set out the current position of the Value Based Healthcare Working Group, and the progress of the key workstreams encompassed within its portfolio.

2. Following its establishment in 2021, the VBHC Working Group has provided the vehicle for reporting on value-based change within the organisation.

3. Recent workshops and discussions have resulted in a proposal being put forward for consideration, regarding both a change of structure, and a change of key priorities.

4. This paper will consider the current priorities and progress, areas of focus applicable to the NHS Wales Planning Framework, opportunities for alignment with national priorities and/or opportunities to pursue WAST-specific priorities.

5. This paper also outlines the proposal for a Value Based Healthcare Task & Finish Group, to drive forward key priorities identified during recent workshops and discussions.

Background

6. The Value Based Healthcare Working Group has been operational since 2021, having been established by the Strategic Transformation Board in part to support the implementation of several EASC Value-Based commissioning intentions and IMTP commitments but latterly in response to the accountability

conditions that have accompanied our IMTP approvals by the Minister over the last two years (and continue to do so in our latest accountability letter).

7. Whilst Value-Based Healthcare is defined as *outcomes that are achieved that matter to patients relative to the cost of delivering their outcomes,* the nature of WAST's commissioning structure means current deliverables and intentions sit outside the current national priorities outlined by the Value in Health Centre, feeding down from Welsh Government's *A Healthier Wales,* and *Prudent Healthcare* policy.

8. Within the current Value Based Healthcare Working Group portfolio, several work packages report progress updates directly from their individual programmes of work into Strategic Transformation Board. These include,

   - Patient Reported Outcome Measures (PROMS)
   - Patient Reported Experience Measures (PREMS)
   - Patient Level Information and Costing System (PLICS)
   - Evaluation Methodologies
   - Revenue Business Case Proposal Processes
   - Benchmarking

9. In addition to these packages of work, there are several streams of reportable VBHC activity and transformation accountable to the NHS Performance Framework bi-annual report. These include,

   - Demonstrate improvements in the reduction of adverse clinical outcomes (as captured in clinical audit) in chronic conditions.

   - Delivery programme of PROM collection and sharing PROM data nationally to inform value-based decision making and direct clinical care.

   - Progress with allocating resources to secondary prevention activities in high volume clinical areas that have a significant influence on patient outcomes and utilisation of resources.

   - Reduction in unwarranted variation and activity of limited value, and standardisation of best practice pathways which support delivering improved outcomes.

10. While the core packages of work align with the NHS Performance requirements, there are some workstreams that currently operate outside of the Working Group's remit.

11. Recent discussions with internal and external colleagues have identified opportunities to revise WAST's current Value-Based work packages and identify further lines of enquiry and opportunity.

12. In addition, following a 'Value in Health Centre'-led VBHC Workshop in May opportunities to reassess the principles, priorities, and structures of Value Based Healthcare in WAST were presented, as well as how we embed consistent approaches throughout the organisation.

Assessment

13. The following table sets out a summary of the progress against the current work programme set out in paragraph 8.

Workstream	Current Position	Key Issues / Risks	RAG
PROMS *Patient recorded outcome measures*	Data definitions work almost complete. This will ensure data is standardised when transferred between clinical systems. Minium dataset of approximately 600 definitions to agree with DHCW. Currently linking with England to assess available datasets and definitions. Data sharing agreements currently sit with DHCW and WG for approval. Instruction letters shared and awaiting response.	• Resource	
Patient Data Linkage	Before proceeding with data sharing capabilities, legal agreements must be completed and signed. Currently awaiting agreement from DHCW and WG. Instruction letter currently with DHCW which will provide legal basis for WAST to commence data-sharing. No progress until signed and returned.	• External dependencies	
PREMS *Patient recorded experience measures*	Data collection at the Grange University Hospital is underway. CIVICA patient experience platform now fully functional. Patients engaging	• 111 IIS delay impacted data collection abilities.	

	(NEPTS mostly) however several issues noted with 'opt-in consent mechanism reducing number of engagements. Work ongoing to develop consent mechanism within the platform. The 111 IIS delay / change of approach has also presented a delay to data collection, as the system had a built-in patient experience function that mitigated the 'opt-in' consent function.		
PLICS *Patient level information and costing system*	Financial data is now included within the model and the supplier is pulling the activity and other data into the system. The supplier has flagged missing key data which the Team are having to deal with multiple departments to source data not included within the core data, this has resulted in additional work outside the original plan. Given the revised timeline this project is now deemed to be on track. Considering the difficulties, the Finance team are encountering and given this is not purely a financial system the project board is to be reestablished to increase the accountability of other departments to delivery their elements of the system. Timeframe realigned to Quarter 4 2024/25 for complete delivery.	• Resource (external to finance) • Requested data not being provided. • Supplier Delays	
Revenue Business Case Process	Process agreed and in place to approve business cases. Engagement complete.		

	First panel established and first Business Case has been through for discussion.		
Evaluation Framework & Methodology	Principles agreed and project evaluation now embedded with Project Pathway which is currently in draft and out for comment. Due to go through ISPG on 27th October and STB in November for discussion. Work also ongoing with Swansea University on Logic Model for outcome evaluation. Current examples to be re-designed to reflect WAST Priorities.		
Benchmarking	Currently paused. Due to recommence in November 2023 pending capacity.	• Capacity	

Key Issues

14. Within the identified workstreams, the importance of an evaluation methodology is noted as being foundationally critical to the delivery of Value Based outcomes.

15. Previous work on developing a consistent and standardised methodology for evaluating programmes, projects and tests of change led to an agreed set of evaluation principles, which have since been embedded into a new Project Pathway Document (currently in development and out for comment with directorates).

16. Work however has continued developing a recognisable WAST methodology, working with Swansea University to develop Logic Models.

17. There are also market conditions impacting delivery and resource, such as the availability of IT staff making recruitment increasingly difficult both internally, and for suppliers supporting each of the workstreams.

Alignment with the Financial Sustainability

18. Previous iterations of the WAST IMTP set out actions and milestones under the heading of Value which were financial in focus. WAST has been on a journey of discovery with its understanding of Value Based Healthcare and this has been supported by both the Value in Health Centre and Public Health Wales.

19. However there is a financial element to value-based, prudent healthcare in terms of removing unwarranted variation, reduction of waste and only doing

for patients what they absolutely need whilst ensuring we have a skilled and motivated workforce. Hence the need for a PLICS project to establish at patient level what costs are across the organisation.

20. Further work has been undertaken to establish the Financial Sustainability Programme, with key efficiency workstreams. In August 2023, the Organisation Services Review project commenced having identified a Project Lead. The initial scope was revised following feedback from ADLT, and an options paper has since been drafted and approved by ELT recommending an expansion of scope, and associated timeframes.

21. It is likely that the chosen option will align with the purpose of VBHC, by assessing and identifying the efficiencies within each service line, reducing unwarranted variation, and ensuring that services provided by WAST are adding value to our patients. Updates on this piece of work will be given through Financial Sustainability Programme (FSP) reporting into Strategic Transformation Board (STB).

<u>Further developing our approach</u>

22. Whilst it can be argued that WAST is not currently aligned with national VBHC priorities due to prior engagement on national forums, it is accepted that as a commissioned service (and due to the services we provide) it is likely that priorities may differ from those outlined by Health Boards. It is recognised nationally that it is often difficult to determine 'value' that attributable to urgent and emergency care services. Thus it is a lot easier for example to collect experience measures (PREMs) than it is outcome measures in our ambulance services (PROMs).

23. However, working with the Value in Health Centre and Public Health Wales it is clearer that the role WAST has in a particular pathway or patient journey through an entire system does add value. The linked data workstream that is within the current work programme will be key to this. Patient outcomes in these scenarios will not come through WAST intervention alone, and it is difficult to collect PROMs data particularly at the point of WAST intervention (e.g. cardiac arrest, major trauma). But there are opportunities to join up data to ascertain WAST contribution.

24. It is also to be acknowledged that work ongoing across WAST's Transformation portfolio can already considered value-based in nature, however it is the reporting and alignment of outcomes to individual outcomes, experience and cost that has been difficult to ascertain. This has led the working group to identify, with lead executives, which include the clinical lead execs, where attention could be focussed further. This led to several areas of interest which

would fit a more task and finish approach than the current working group set-up.

25. To date, topics of conversation around potential Task & Finish Group-led priorities have identified areas of enquiry within,

- A WAST evaluation framework and the role of Logic Models in evaluating transformational service change
- Population health analytics and outcomes
- Small Business Research Institute (SBRI) technology initiatives and Connect Support Cymru community welfare service.
- Mental Health and Dementia (MH&D)
- Tissue Viability
- The use of Advanced Practice (APP and ACPs)

Next Steps

26. Whilst the working group structure has identified and structured key ongoing pieces of work, working alongside our commissioner at the outset to address key commissioning intentions, paragraph 25 sets out some key areas of focus that require a more task and finish approach, with executive direction and sponsorship.

27. A proposal paper regarding a VBHC Task & Finish Group was discussed at a Value-Based Healthcare working group meeting on the 23rd October 2023. The notion was agreed by the membership that a T&F Group would be established to take this work further.

28. Further work to develop a WAST VBHC Framework has also been identified and will be part of the work of the task and finish group, to determine the purpose and direction of WAST-based Value Based Healthcare in demonstrating the difference we are making to patients.

29. To support our work, colleagues engaged in this agenda will join communities of practice and networks that already exist, and provide input into key Value-Based pathways such as end of life, heart failure and major trauma.

Conclusion

30. From the outset of this work and the establishment of a working group, WAST has come a long way to understanding how quality and value are at the heart

of everything we do. We are now describing the work we need to do in our transformation programmes as those things which add value.

31. WAST has a clearer understanding, through the work it has done on value both internally and with experts from Value in Health and Public Health Wales, of the role it has in value-based healthcare in Wales and how it can contribute to and potentially develop PROMs, collect PREMs data, understand cost and variation down to individual patient level and monitor service change at all levels using consistent (value-based) evaluation principles and methodologies.

Recommendation The Committee is asked to: Note the position and progress made on developing Value Based Healthcare within WAST.

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

TACTICAL FORECASTING & MODELLING (WINTER) – 2023/24	
MEETING	Finance & Performance Committee
DATE	13th November 2023
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director Commissioning & Performance Alexandra Toufekoula – Interim Senior Commissioning and Performance Analyst
CONTACT DETAILS	hugh.bennett2@wales.nhs.uk alexandra.toufekoula@wales.nhs.uk

EXECUTIVE SUMMARY

1. It is a business-as-usual process for the Trust to forecast and model seasonal EMS performance.

2. This report provides the Committee with the modelled performance through the winter period, based on a range of factors including demand, time at hospital, resource capacity and a variety of operational changes and improvements such as roll out of Cymru High Acuity Response Unit (CHARU), increases in consult and close rates and reductions in sickness absence.

3. In the 'Most Likely Scenario', the modelling estimates a Red 8-minute performance of 50% (October & November), declining to 45% in December and early January, before recovering in the new year. The modelling estimates that the 65% Red 8-minute target will not be achieved at any point through the winter with Amber waits also being too long.

4. The Trust has a multitude of shorter- and longer-term actions in place with a fuller report to be brought to Trust Board at the end of November outlining the full plans to improve response and mitigate harm.

RECOMMENDATIONS: The Committee is asked to:

(1) NOTE the outputs from the latest modelling and implied patient safety risk; and

(2) NOTE the Trust has in place plans to improve response times and mitigate harm where this is possible, with a fuller report to come to Board.

REPORT PURPOSE	To update Finance & Performance Committee on tactical seasonal forecasting & modelling.
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Executive Director Strategy, Planning & Performance	06 Nov-23	Approval
Finance & Performance Committee	13 Nov-23	To sight committee on the forecasting and modelling results.
EASC	19 Nov-23	At the request of WG.

SITUATION

1. The purpose of this report is to update Finance & Performance Committee on tactical seasonal forecasting and modelling for winter 2023/24, together with a summary of the actions being taken to mitigate risk and harm.

BACKGROUND

2. The Welsh Ambulance Services NHS Trust (the Trust) first used seasonal tactical forecasting and modelling for winter 2020/21, with the SBAR Trust Board received now part of the CEO's evidence for the pandemic inquiry. It is now business as usual to undertake tactical seasonal forecasting and modelling.

3. The Trust asked OMDA (Optima) to forecast performance for four separate winter periods in 2023/24.

   - Sunday 1st October – Thursday 30th November 2023 ("Oct/Nov");
   - Friday 1st December – Saturday 6th January 2024 ("DecJan1");
   - Sunday 7th January – Thursday 29th February 2024 ("Jan234Feb"); and
   - Friday 1st March – Sunday 31st March 2024 ("Mar").

4. The model uses five variables to forecast performance for winter 2023/24. The forecasts for the first 4 elements are included in Appendix 1 to this report:

   - Demand, based on our internal forecasts
   - Time At Scene
   - Time At Hospital
   - Unit Hour Production (UHP) and
   - Implemented Operational Changes and improvements.

6. Three scenarios are created for each winter period: 'Best Case' (BC), 'Most Likely Scenario' (MLS) and 'Reasonable Worst Case' (RWC)

7. The operational improvements or changes which are included in the modelling are set out below:

   - *RED LOGIC*. Changes have been made which mean that certain RED incidents will no longer receive multiple responses, but will be handled with a single resource (Assumed achieved OctNov)
   - *END OF SHIFT*. Previously, crews only responded to RED incidents that occurred within the last 30 minutes of their shift, and to all incidents that occurred prior to the last 30 minutes. Changes have been made to tighten restrictions on the types of incidents that can be responded to near the conclusion of the shift, with the main aspect being

that only RED occurrences can be responded to during the last 45 minutes of their shift. (Assumed achieved OctNov)

- *OVERTIME REDUCTION* – A controlled level of overtime has been introduced in line with the resources available. (Assumed achieved OctNov)
- *SKILL AND RESOURCE MIX*. Changes are being made to skill and resource mix, including changes to the incidents that UCS respond to, increasing the number of CHARU vehicles and increasing the number of APPs (Assumed achieved OctNov apart from CHARU achieved DecJan)
- *CONSULT AND CLOSE:* The proportion of incidents handled by the Clinical Service Desk (CSD) (by phone and without a vehicle response) is planned to rise to 17%. (Assumed achieved JanFeb)
- SICKNESS ABSENCE: An assumption is made that sickness absence levels will reduce to 6% (Assumed achieved March)

ASSESSMENT

Modelling Results

8. The following are the results of the BC, MLS, and RWC scenarios for the four winter periods:

Period	Scenario	RED (%) < 8mins	AMBER1 Median	AMBER2 Median	Abandoned Demand * (%)
Feb-23	Baseline	51%	55min	1hr 16min	0%
OctNov	BC	53%	59min	1hr 27min	0%
OctNov	MLS	50%	1hr 37min	2hr 39min	0%
OctNov	RWC	42%	3hr 52min	5hr 48min	2%
DecJan1	BC	56%	53min	1hr 17min	0%
DecJan1	MLS	45%	3hr 29min	5hr 14min	1%
DecJan1	RWC	37%	7hr 44min	9hr 15min	5%
Jan234Feb	BC	61%	31min	40min	0%
Jan234Feb	MLS	59%	36min	46min	0%
Jan234Feb	RWC	56%	53min	1hr 16min	0%
Mar	BC	57%	43min	58min	0%
Mar	MLS	54%	59min	1hr 25min	0%
Mar	RWC	50%	1hr 55min	3hr 14min	0%

Colour coding:	Acceptable	Poor	Very Poor	Disastrous

9. Most of the performance metrics are far worse than the Trust would consider acceptable and the '% RED 8mins' performance target (65%) fails to be met in any scenario.

10. Demand, 'Time at Scene,' and 'Time at Hospital' are all significant drivers of performance, hence it is critical that they do not increase excessively as this would reduce performance. They are also expected to be at their worst in December and early January, with performance dropping to an estimated 45%.

Resilience Planning

11. The Trust has received correspondence from Welsh Government on winter resilience planning. This Trust has robust winter planning arrangements, but these are more limited this year, reflecting the Trust is not in receipt of winter monies.

12. At a national level, to support the system, the HSSG System Resilience Planning and Response Group will be stood up at times of significant pressure or when facing significant risks within the system. The Group will focus on wider system resilience and mitigation of risks. It will continue to provide that strategic focus bringing together NHS, social care and HSSG senior representatives to monitor system pressures and risks and respond as necessary, including escalating issues to the NHS Leadership Board and the HSSG Executive Director Team Contingency Group.

13. A fuller report will be taken to the Board at the end of November which will pull together all actions that the Trust is continuing to take to reduce response times and reduce harm both in the immediate and longer term. Some specific additional actions being pursued in relation to this winter include:

- Pursuing additional funding to support ongoing development of the 111 website;
- Continuing to focus on communication with the public through the winter period, and ensuring this is shared with Welsh Government
- Establishment of a winter operational cell, as was done last winter, which will focus on tactical actions that can be taken;
- Review of the Clinical Safety Plan;
- Review of the Resource Escalation Action Plan; and
- Continued dialogue with health boards on clinical pathways and direct commissioning with some success, e.g. mental health vehicle, extra falls vehicles in the Aneurin Bevan area

RECOMMENDATIONS: The Committee is asked to:-

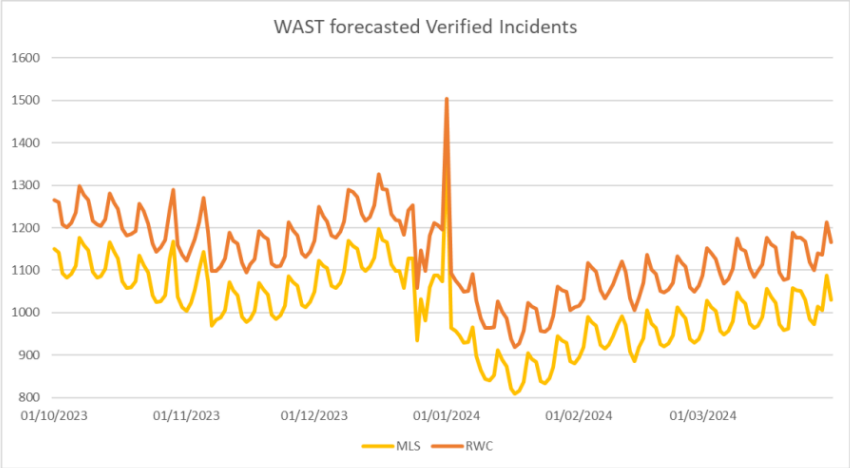
(1) NOTE the outputs from the latest modelling and implied patient safety risk; and

(2) NOTE the Trust has in place plans to improve response times and mitigate harm where this is possible, with a fuller report to come to Board.

Appendix 1

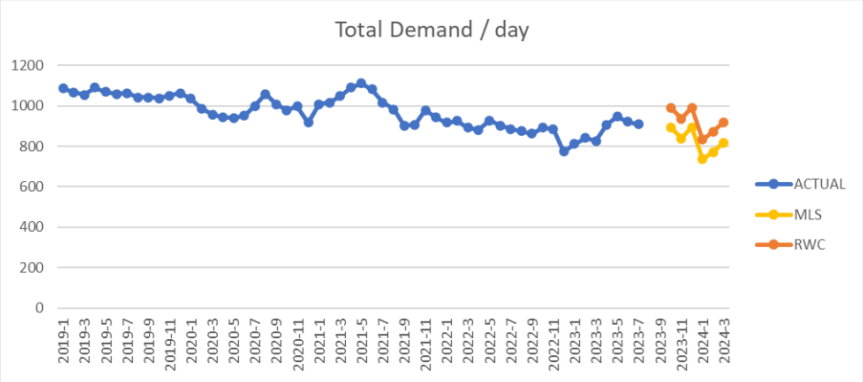
Historical and Forecasted Data

1. Forecasted Verified Incidents



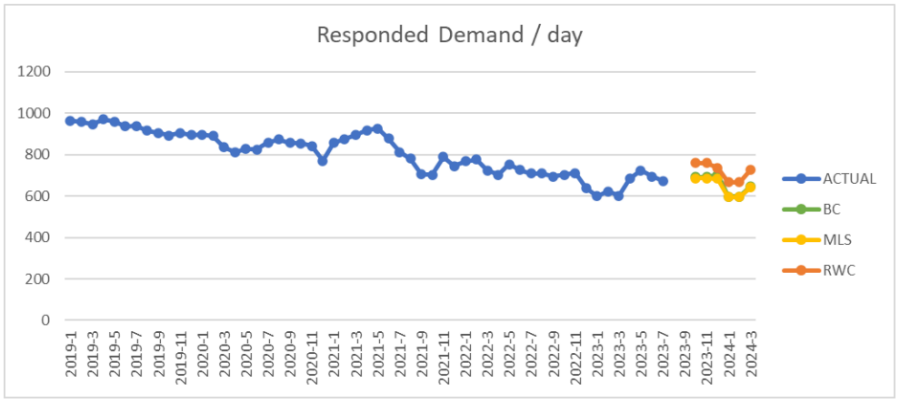
The graph depicts the MLS and RWC forecasts of 'Verified Incidents' provided directly by WAST.

2. Demand (average per day, by month)



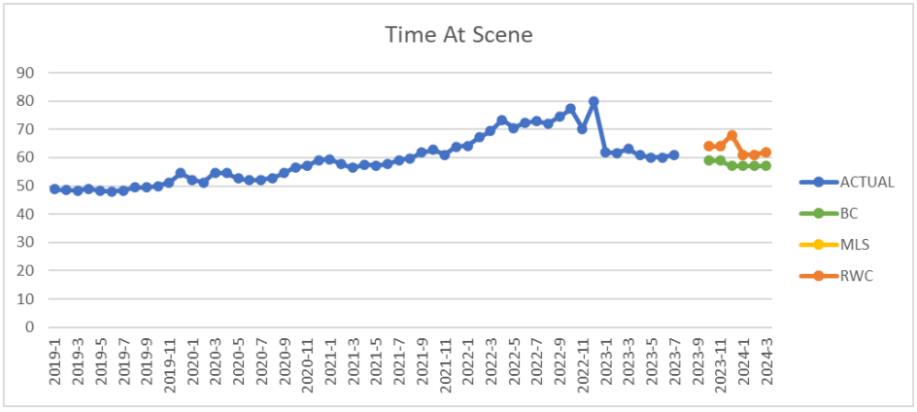
The chart depicts the average monthly demand that the modelled resources need to satisfy (either via modelled physical resources or the Clinical Desk). It provides both historical data and predicted volumes (MLS and RWC) for the winter of 2023/24.

3. Responded Demand (average per day, by month)



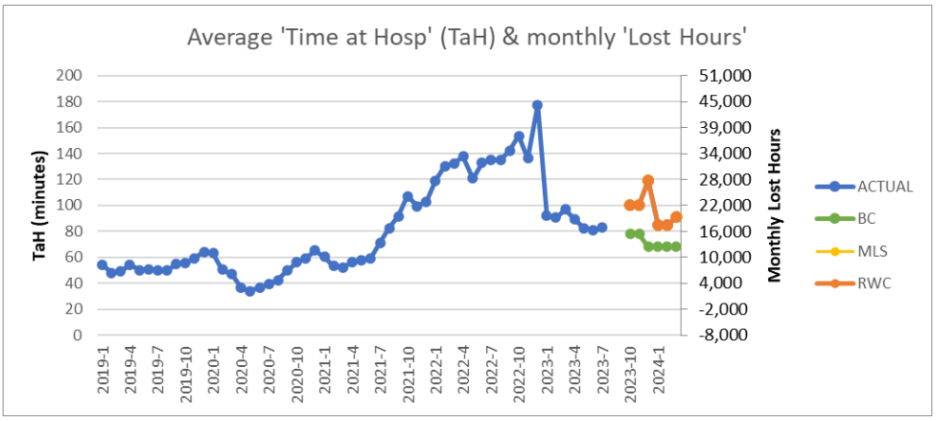
The graph shows the average monthly responded demand with an EA, APP, CHARU, or UCS vehicle arriving on scene.

4. Time At Scene (Predict)



The graph depicts historical (actual) data as well as projected values for winter 2023/24

5. Time At Hospital (Predict) or 'Lost Hours'



The graph shows historical (actual) data as well as predicted values for winter 2023/24. 'Time At Hospital' can also be interpreted to monthly 'Lost Hours' average. These numbers are displayed on the chart's right-hand y-axis.

AGENDA ITEM No	**9**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**4**

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Finance & Performance Committee
DATE	13th November 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk/Deputy Board Secretary
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the 8 risks that are relevant to Committee's remit for oversight and additionally the Trust's 2 highest scoring risks which are assigned to the Quality, Safety & Patient Experience Committee (QuEST) for oversight.

2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 4.

3. The more detailed description contained within the BAF provides the Committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the frameworks in Annex 2.

4. The principal risks were presented to the Trust Board on 28th September 2023 and whilst each principal risk has been reviewed during October 2023 in line with the agreed schedule detailed at Annex 3; the updates are navigating Trust governance processes and the full updates will be presented to Trust Board on the 23rd November 2023.

5. Updates made in respect of actions, controls and assurances are highlighted in blue on the BAF. Whilst there has been no material change to the risk ratings, the Risk report submitted at the July 2023 Board meeting included a rationale for each of the risk ratings which is particularly important where ratings have remained static or increased. Notwithstanding, the detailed review, discussion and challenge

that takes place with the Executive Leadership Team (ELT) and Assistant Director Leadership Team (ADLT) on these risks on a monthly basis.

6. As has been previously reported, all current mitigating actions within WAST's control have been completed or superseded in relation to Risk 223 and remain on the BAF for review; that does not mean that the Trust is not continually seeking additional actions to mitigate this risk and most of these actions are articulated in the avoidable harm paper that the Board receive at each meeting.

7. The Executive Director of Quality & Nursing and Executive Director of Operations reported to Committees on the depth of review that is undertaken on both of these risks during the reporting cycle. Consideration has been given as to whether the scores and mitigations could be stratified by Health Board and the potential differentiation of risk across each of these areas as opposed to an all Wales Risk, and this continues.

8. Whilst both risks remain static at the highest score of 25, it is anticipated that this will be the case for the foreseeable future as long as the Trust is in a position where it is highly likely to have an incidence of premature death or avoidable harm as a result of being unable to respond in a way that it would wish to. The score is not based on the volume of cases of catastrophic harm, it is based on any one individual that experiences avoidable harm. The quality dimension of each of these risks will always be a challenging one to reduce whilst patients and the Trust are experiencing delays in the way in which they currently are.

9. The Chief Executive's report sets out participation in, and discussion at, regular stakeholder meetings with NHS Wales CEOs, the Director General of NHS Wales, Commissioners and EASC where stakeholder actions related to these risks.

RECOMMENDATION: Members are asked to consider the contents of the report.

KEY ISSUES/IMPLICATIONS
10. The key issues are set out in the Executive Summary above.
REPORT APPROVAL ROUTE
11. The BAF was considered by: • ADLT (14 August 2023) • EMT (30 August 2023) • Trust Board (28 September 2023)

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

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

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
223 QuEST	The Trust's inability to reach patients in the community causing patient harm and death	**IF** significant internal and external system pressures continue **THEN** there is a risk of an inability and/or a delay in ambulances reaching patients in the community **RESULTING IN** patient harm and death	Director of Operations	**25 (5x5)** →
224 QuEST	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service	**IF** patients are significantly delayed in ambulances outside A&E departments **THEN** there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised **RESULTING IN** patients potentially coming to harm and a poor patient experience	Director of Quality & Nursing	**25 (5x5)** →
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation	**IF** the Trust does: • not achieve financial breakeven and/or • does not meet the planning framework requirements and/or • does not work within the EFL and/or • fails to meet the 95% PSPP target and/or • does not receive an agreement with commissioners on funding (linked to 458) **THEN** there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the	Director of Finance & Corporate Resources	**16 (4x4)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		Standing Financial Instructions (SFIs) **RESULTING IN** potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage		
424 FPC	Prioritisation or Availability of Resources to Deliver the Trust's IMTP	**IF** resources are not forthcoming within the funding envelope available to WAST (link to risk 139) **THEN** there is a risk that there is insufficient capacity to deliver the IMTP **RESULTING IN** delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing	Director of Strategy Planning and Performance	**16 (4x4)** →
458 FPC	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning	**IF** sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis **THEN** there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed	Director of Finance & Corporate Resources	**16 (4x4)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		services could be challenging and harmful to patients. **RESULTING IN** patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage		
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	**IF** there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place **THEN** there is a risk of a significant information security incident **RESULTING IN** a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life	Director of Digital Services	**15 (3x5)** →
543 FPC	Major disruptive incident resulting in a loss of critical IT systems	**IF** there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems **THEN** there is a risk of a loss of critical IT systems **RESULTING IN** a partial or total interruption in WAST's effective ability to deliver essential services	Director of Digital Services	**15 (3x5)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
594 FPC	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	**IF** a major incident or mass casualty incident is declared **THEN** there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients **RESULTING IN** catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004	Director of Operations	**15 (3x5)** →
100 FPC	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	**IF** WAST fails to persuade EASC/Health Boards about WAST ambitions **THEN** there is a risk of a delay or failure to receive funding and support **RESULTING IN** a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered	Director of Strategy Planning & Performance	**12 (3x4)** →
283 FPC	Failure to implement the EMS Operational Transformation Programme	**IF** there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme **THEN** there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	Director of Strategy Planning & Performance	**12 (3x4)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage		

Annex 2 - Risk Scoring Matrix

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

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

Annex 3 - Frequency of Risk Review

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

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	08/08/2023	TREND	25 (5x5)
		Date of Next Review:	08/09/2023	➡	

IF	THEN	RESULTING IN		Likelihood	Consequence	Score
significant internal and external system pressures continue	there is a risk of an inability and/or a delay in ambulances reaching patients in the community	patient harm and death	Inherent	4	5	20
			Current	5	5	25
			Target	2	5	10

IMTP Deliverable Numbers: 3, 7,9,11, 12, 14,16, 18, 21, 22, 26

EXECUTIVE OWNER	Director of Operations	ASSURANCE COMMITTEE	Quality, Safety and Patient Experience Committee

Risk Commentary Q2 2023/24

The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death as a result of the Trust not being able to reach patients in the community.

There were over 28,000 hours lost outside EDs in March 2023, a comparable figure to the pre Christmas delays. Whilst there has been improvement in some Health Board areas (Cardiff and Vale where there has been a corresponding improvement in red performance), other Health Board continue to experience protracted delays. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. **Of note, recent data analysis highlights the increased levels of red activity which has doubled since the pre covid period, plus an average increased on scene time of circa 10 minutes. Both measures are reflective of an increasingly challenged system with WAST crews fully exploring admission avoidance alternatives.**

Improvement actions led by Welsh Government and system partners include: -

a) Audit Wales's investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E)
b) Consideration of additional WAST schemes to support risk mitigation through winter (I)
c) NHS Wales educes emergency department handover lost hours by 25% (E)
d) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E)
e) Alterative capacity equivalent to 1000 beds (E)
f) Implement nationwide approach to emergency department 'Fit 2 Sit' (E)
g) Implementation of Same Day Emergency Care services in each Health Board (E)
h) National Six Goals programme for Urgent and Emergency Car (E)

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Regional Escalation Protocol	1. Daily conference calls to agree RE levels in conjunction with Health Boards
2. Immediate release protocol	2. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)
3. Resource Escalation Action Plan (REAP)	3. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.
4. 24/7 Operational Delivery Unit (ODU)	4. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.
5. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans	5. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.
6. Limited Alternative Care Pathways in place	6. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.
7. Consult and Close (previously Hear and Treat)	7. 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

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	08/08/2023	TREND	25 (5x5)
		Date of Next Review:	08/09/2023	➡	

IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	5	5	25
			Target	2	5	10

	Management Internal Audit report February 2022 (External Assurance). Consult and Close rate has increased from 12% to circa 15% March 2023.
8. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation	8. Qlik sense APP dashboard monitors performance and provides assurance that APPs are flowing patients into alternatives to emergency department. Qlik sense is a national report and can drill down into regional, local and individual performance as required. APP Navigation – Test of Change Framework (Swansea Bay & Hywel Dda). Review of despatch criteria for APPs. EMT have agreed to offer contracts to the 22 APPs who are about to complete their Masters programme. This will take our APP headcount to 88.7FTE. An investment proposal has been submitted to Welsh Government AHP in primary and community care pot. I think that there is low expectation that the bid will be successful. We are currently workforce planning to increase our APP headcount by 40 per year.
9. Clinical Safety Plan	9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group
10. Recruitment and deployment of CFRs	10. Volunteers are another resource for response, Volunteer
11. ETA scripting	11. 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
12. Clinical Contact Centre (CCC) emergency rule	12. CCC Emergency Rule is policy that has been signed off by Execs.
13. National Risk Huddle	13. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.
14.	14.
15. Summer/Winter initiatives	15. Monitoring through SLT and STB
16. CHARU implementation	16. Monitored via the EMS project Board
17. National Transfer & Discharge Model	17.
18. Conveyance Reduction	18. This is part of the weekly performance review and aligned to Care Closer to Home Programme
19. Access to Same Day Emergency Care (SDEC) for paramedic referrals	19. This forms part of the handover improvement plans in place with Health Boards, however assurance is limited given that the acceptance of paramedic referrals is low (less than 1%) and inconsistent.
20. Mental Health Practitioners in cars	20.
21. Roll out of ECNS	21. Reported through QuEST
22. Clinical Model and clinical review of code sets	22. Reported through QuEST
23. Remote Clinical Support Strategy	23. Strategic Transformation Board – IMTP deliverable
24. 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)	24. Formally documented action plan – actions captured are contained within and monitored via the Performance Improvement Plan (PIP)
25. Information sharing	25. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.
26. Completed EMS Roster Review	26. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner
27. Work underway to reduce the number of multiple attendances dispatched to red calls	27. This will increase vehicle availability generally across the Trust

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	08/08/2023	TREND	25 (5x5)
		Date of Next Review:	08/09/2023	➡	

IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	5	5	25
			Target	2	5	10

28. Transfer of Care	28. WAST has clearly articulated to the Health Board COOs the risk associated with delayed handovers. Consequently work has commenced to withdraw WAST staff from portering duties on hospital premises, cease the practice of ED swaps and cease the use of WAST equipment in EDs across Wales. Please refer to the following documents: i) Letter to COO Handover Delays 30.03.2023 ii) Letter to COO Handover Delays iii) WAST – Transfer of Care Brief
29. New 2023 EMS Demand and Capacity (roster) review	29. **To commence in order to ensure we continue to match capacity and demand to our best ability**
30. Connected Support Cymru – an innovative approach to supporting patients to remain at home with clinically appropriate support mechanisms, thus avoiding admission to hospital where appropriate.	30. **Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform and a Community Welfare Responder model to enhance community resilience.**
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system	1. Improvement in handover delays across Cardiff and Vale and more latterly across AB have led to improved handovers at Eds. This has now been sustained for some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in AB, commencing at 4hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards
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.	
8. During industrial action days, Health Boards demonstrated compliance with reducing handover delays in order to maximise WAST resources. Despite a reduced volume of conveyance as a result of the industrial action, there is however a demonstration that reduced handover delays are achievable, and this therefore warrants a triangulation of data.	
9. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 6 months there is a low confidence in attaining this.	
10. Outputs from the NHS System Reset – it is a closer collaboration to address some of the system blockages and reduce system pressures. This is the aspiration	
11.	
12. Handover Improvement Plans agreed between WAST and Health Boards	12. Handover Improvement Plans have been replaced by Integrated Commissioning Action Plans (ICAPS) and are subject to review with EASC; However, it is noted that previous plans did not demonstrate sufficient improvement in reducing handover delays
18. National Transfer & Discharge Model	18. National Transfer & Discharge model is yet to be determined. A task and finish has been established to progress this piece of work
21. Mental Health Practitioners	21. Mental Health Practitioners – not yet implemented but part of the Care Closer to Home workstream
Please note that the gaps listed are not WAST's and are therefore outside of the control of WAST	

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

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	08/08/2023	TREND	25 (5x5)
		Date of Next Review:	08/09/2023		

IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	5	5	25
			Target	2	5	10

1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.	Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)	ADLT Sub-Group	30.09.22 - Superseded	
3. EMS Demand & Capacity i.e. review and implementation of new EMS rosters	Assistant Director of Operations EMS	Complete	Majority of EMS rosters complete and implemented
4. Transition arrangements post pandemic	Executive Pandemic Team / Assistant Director of Strategic Planning (BCRT Chair)	Complete 30/08/22	Transition complete
5. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]	Director of Paramedicine / Director of People & Culture	**30.07.23 Checkpoint**	Offers to 22 in July 2023. 13.33 FTE uplift. Continue to seek opportunities for funding APPs to improve service delivery.
6. Maximise the opportunity from Consult and Close – stretch to 15% and beyond (I) [Source: Action Plan presented to Trust Board 28/07/22]	Assistant Director of Operations, Integrated Care	31.03.23 Complete	Work undertaken to map influences and progress towards each. Current % of Consult and Close increased from 12% to 15% at March 2023.
7. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required (I) [Source: Action Plan presented to Trust Board 28/07/22]	Assistant Director of Operations, National Operations & Support	Complete	System in place and ongoing.
8. Weekly REAP review by senior Operations Directorate team with assessment of action compliance (I) Source: Action Plan presented to Trust Board 28/07/22]	Director of Operations / Operations Senior Leadership Team	Complete	In place and ongoing - Weekly Performance Meetings occur every Tuesday lunchtime to review performance, etc. and determine REAP level.
9. Recruitment and deployment of new CFRs (I) [Source: Action Plan presented to Trust Board 28/07/22]	Assistant Director of Operations, National Operations & Support / National Volunteer Manager	Complete 21.03.23	Additional CFR Trainers and Operations Assistants appointed to support recruitment and training of new CFRs. Volunteer Management Team, supported by the Volunteer Steering Group, now embarking on volunteer recruitment programme and increasing public engagement to raise awareness about volunteering opportunities available within WAST. Volunteer team has recruited and trained 173 additional volunteers between November and March 2023.
10. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]		Superseded	
11. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]	Assistant Director of Quality & Governance / Head of Quality Improvement	Ended March 2023	The temporary extension of the SJAC contract for overnight provision was evaluated, demonstrating on available evidence a positive performance impact over the period of operation (Jan-April 2023). The evaluation report was presented to EMT on 5 April 2023. The contract extension (as a temporary arrangement) ceased on 5 April 2023. Falls service enhanced day and night provision remains in place and utilisation of resources is reviewed at weekly performance meetings by Operations SLT.

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:	03/08/2023	TREND	25 (5x5)
		Date of Next Review:	11/09/2023	➡	

IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	**THEN** there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	**RESULTING IN** patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

IMTP Deliverable Numbers: 7,9, 10, 11, 12, 13, 14, 15, 16, 23, 24, 25, 26, 33, 35

EXECUTIVE OWNER	Director of Quality & Nursing	**ASSURANCE COMMITTEE**	Quality, Safety and Patient Experience Committee

Risk Commentary Q1 2023/24

The risk score remains constant at 25 for quarter 1 2023/24 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm due to handover of care delays. There were over **1,440** +4 hour patient handover delays in **June 2023**; the target being 0 from September 2022 has now moved to the end of 2023/24. **In June 2023, over 18,000 hours were lost to hospital handover, equivalent to 21% of the Trust's conveying capacity.** The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, coronial enquires and redress / claims. **The Trust received two Prevention of Future Death Reports (Regulation 28) from HM Coroner in North Wales in June 2023, both citing concerns regarding system delays and one case related specifically to the patient being significantly delayed outside of the hospital on arrival.**

The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. WAST CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant forums and continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm. The Joint Investigation Framework in place to review incidents across the system is now approved and included in the recently published National Policy on Patient Safety Incident Reporting & Management (May 2023). **The Trust adopted the National Patient Safety Policy and supporting appendices at the Clinical Quality Governance Group in June 2023.**

Improvement actions led by Welsh Government and system partners include:

a) Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 'Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – (Welsh Government) ***by the end of April 2025***
b) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (LHB CEOs) ***revised to March 2023/24.***
c) Alternative capacity equivalent to 1,000 beds project (LHB CEOs) **– 678 additional beds delivered, a significant achievement, but short of the target of 1,000.**
d) Investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (Audit Wales)
e) Implement nationwide approach to emergency department 'Fit 2 Sit' (Welsh Government: Chief Medical Officer and Chief Nursing Officer)

CONTROLS	**ASSURANCES**
	Internal Management (1st Line of Assurance)
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which **was formalised in the National Patient Safety Policy in May 2023**. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.	1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.
2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.	2. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the 'Six Goals for Urgent and Emergency Care' work.
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016)	3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).	4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.

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:	03/08/2023	TREND	25 (5x5)
		Date of Next Review:	11/09/2023	➡	

IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

5. Workstreams put in place to meet requirements of *Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026.* Goal 4 incorporates the reduction of handover of care delays through collective system partnership. WAST membership at system workshops supported by Commissioners looking at handover of care delays which includes the implementation of the Fit2Sit programme and handover of care checklist pan NHS Wales. Learning from NWAS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.	5. Monthly Integrated Quality and Performance Report
6. Hospital Ambulance Liaison Officer (HALO) (Some Health Boards).	6.
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.	7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure.
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient's Fundamentals of Care as best they can in the circumstances.	8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process **and Putting Things Right Quarterly Reports to Clinical Quality Governance Group and QuEST**
9. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.	9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (SOT) and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.	10. Shift reports from ODU & ODU Dashboard received by EMT, SOT and On-Call Team at start/end.
11. Escalation forums to discuss reducing and mitigating system pressures.	11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.
12. WAST Education and training programmes include deteriorating patient (NEWs), tissue viability and pressure damage prevention, dementia awareness, mental health.	12. Monthly Integrated Quality and Performance Report (**June 2023 overall 77%** - Safeguarding and dementia over 90%.
13. Clinical audit programme in place.	13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report *Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover* (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.	14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government. Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating "The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service's statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets."	15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board including 'Actions to Mitigate Avoidable Patient Harm Report' (last presented to Trust Board July 2023 and Board sub-committee oversight and escalation through 'Alert, Advise and Assure' reports.

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:	03/08/2023	TREND	25 (5x5)
		Date of Next Review:	11/09/2023	➡	

IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	**THEN** there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	**RESULTING IN** patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

16. Implementation of Duty of Quality, Duty of Candour and new Quality Standards requirements in April 2023.	16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of July 2023 is 'Implementing and operationalising'. The Trust has representation on the All Wales Duty of Candour Implementation Group and is actively engaged in developing resources.
	External Sources of Assurance Management (1st Line of Assurance)
	1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC), the Emergency Ambulance Services Committee (EASC) including the Integrated Commissioning Action Plans (ICAPS) and Joint Executive Team (JET) meetings with Welsh Government (I&E).
	2. Healthcare Inspectorate Wales (HIW) 'Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover' Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC
	3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Lack of capacity in the Putting Things Right Team to deliver across the functions due to competing priorities resulting from sustained system pressures.	1.
2.	2. Implementation of the revised Joint Investigation process remains in pilot stage with good engagement seen by system partners. A number of overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has **25** overdue nationally reportable incident investigations. **Shared system learning from the Joint Investigation Framework is currently limited.**
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales*.	3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours. In **June 2023**, **18,000** hours were lost with **1,440 +4 hour** delayed patient handovers.
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients' NEWS*.	4. Strengthening of patient safety reports and audit processes as e PCR system embeds.
5.	5.
6. Variation pan Wales / England as position not implemented across all emergency departments*.	6.
7.	7.
8. Variation pan Wales / England as position not implemented across all emergency departments*.	8. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.
9. Variable response pan Wales / England. WAST have minimal control on this at patient level*.	9.
10.	10.
11. Variable response pan Wales / England. WAST have minimal control on this at patient level*.	11.
12.	12.
13. Transition to ePCR impacting on data temporarily	13.
14. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas*.	14. HIW approve and sign off WAST elements of recommendations.
15.	15.
	External Gaps in Assurance 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators

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:	03/08/2023	TREND	25 (5x5)
		Date of Next Review:	11/09/2023	➡	

IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project	WAST QI Team (QSPE)	• TBC - Paused	• Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF).
2. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.	Assistant Director of Quality & Nursing	• Q4 2023/24	• Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level. • Access to ePCR data (NEWS) now available. Work on-going with Health Informatics regarding patient safety and health board dashboards.
3. Continued Health Board interactions – my next patient (boarding), patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.	Executive Director of Quality & Nursing	• Monthly and as required.	• Monthly meetings continue to be held and networking through EDoNS.
4. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE	Director of Paramedicine	• Q4 2023/24	• Bid not successful. However, Trust decision to proceed with 18 MSC places. • **RAG status reframed around the new timelines /programme.** • **22 trainee APPs expected to complete training in Jun-23.** • **EMT has agreed to offer places to these 22 trainee APPs funded from a reduction in technician posts 1/2s i.e. internal movement.** • **The Trust submitted a national bid to support APP expansion as part of the £5million additional Welsh Government funding for AHP expansion in Primary & Community Care.** • **In June-23 the Trust were informed that the bid was not successful. The funding had been allocated to health boards based on the initial funding allocation specified by Welsh Government. WAST is involved with two health board bids in BCU and C&V which require the Trust to support for delivery.**
5. Overnight falls service extension	Executive Director of Quality & Nursing	• **June 2023**	• Night Car Scheme extension agreed to 31 March **2024** (2 regional resources) • **Nighttime falls assistance 64% Utilisation (Apr 2023 -Jun 2023)** • **Day resources progress continuing toward 60% utilisation target. April – June responded to 1,845 incidents an 18% increase on same period 2022.** • **Falls level 1 and 2 impact evaluation report completed - and presented to Clinical Quality Governance Group (CQGG) Jan 2023.** • **Optima modelling underway to examine optimal resourcing level. The has been delayed due to prioritisation of Executive requests.**
6. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 with development of a Quality Monitoring System supporting monitoring and oversight systems in place and embedded.	Executive Director of Quality & Nursing	• Q3 2023/24	• Monthly updates to progress against actions following the baseline assessment and readiness returns. • **RL Datix Dashboards and KPIs under development nationally.** • Key policies updated and approved. • **National Policy on Patient Safety Incident Reporting & Management adopted in June 2023.** • Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly. • Quality Management System workshop to be held 12 June 2023.
7. Virtual Ward now Connected Support Cymru	Executive Director of Quality & Nursing	• Q**3** 2023/24	• **Service live.** • **Currently identifying a 48% EA avoidance rate.** • **Staff absence and roster gaps in SJA (provider) an issue currently.** • **Funding also obtained to support the capacity to recruit volunteers (600 in total).**

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:	03/08/2023	TREND	25 (5x5)
		Date of Next Review:	11/09/2023	➡	

IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

8. Organisational change process of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.	Executive Director of Quality & Nursing	• Q3 2023/24	• Informal consultation phase commenced May 2023.
9. Connect with All Wales Tissue Viability Network to explore strengthening the current investigations into harm from pressure damage across the whole patient pathway.	Assistant Director Quality & Nursing	• Q2 2023/24	• Meeting planned August 2023 with the Chair of the TVN Network.
10. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	CEO	• Q4 2023/24	• Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance, and support) • WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. • Expected outcomes in 2023/24.
11. Internal Audit to undertake a review of Serious Adverse Incidents & Joint Investigation Framework	**Executive Director of Quality & Nursing**	• **Q3 2023/24**	• **Terms of reference drafted.**
Completed Actions	**Action Owner**	**When /Milestone**	**Progress Notes:**
1. HIW Improvement Plan / Workshop – WAST inputs / influencing improvements. 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	Completed	
2. Representation at the Right care, right place, first time Six Goals for Urgent and Emergency Care Delivery Boards and Clinical Advisory Board.	Chief Executive Officer	Completed	• Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales • WAST will be represented on the Clinical Reference Group by Andy Swinburn with first meeting now held. • The Trust recently reported to EASC that is has further updated how it maps into six goals programmes. The programme structure nationally is being embedded and the Trust now has presence on goals 2, 5 & 6 at delivery board level and on the clinical advisory board.
3. Participation in the CASC led workshop to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019.	Executive Director of Quality & Nursing	Completed	• Revised joint investigation approach agreed and now formalised.
4. Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation	Director of People & Culture	Completed	• Strong focus from Executives with detailed updates to EMT every two weeks. • Year-end position is +85 FTEs, with a vacancy factor of just 1%, rather than the often used 5%, which would produce a figure of -88 FTEs rather than the estimated - 15 FTEs. • Further non recurrent funding has been secured for 2023/24
5. Transition Plan	Chief Executive Officer	Completed	• Action complete, but the Trust will continue to undertake strategic and technical workforce planning in support of the Trust's ambition e.g. inverting the triangle etc.
6. Consideration of additional WAST schemes to support overall risk mitigation through winter	Director of Operations	Completed	• Winter ended. Focus now on forecasting and modelling for the summer, but Trust not aiming to produce specific Summer Plan (the Trust did during the pandemic linked to travel restrictions). • The Trust needs to determine whether there is value in producing a specific winter plan, particularly, within the context of the financial constraints NHS Wales is not operating in.
7. National 111 awareness campaign	Director of Partnerships and Engagement Director of Digital	Completed	• The national awareness campaign was undertaken as planned and ended in March 2023. An evaluation will be provided to the 111 Board.

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:	31/07/2023	TREND	16 (4x4)
		Date of Next Review:	31/08/2023		

IF the Trust does:	**THEN** there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	**RESULTING IN** potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage

- not achieve financial breakeven and/or
- does not meet the planning framework requirements and/or
- does not work within the EFL and/or
- fails to meet the 95% PSPP target and/or
- does not receive an agreement with commissioners on funding (linked to 458)

	Likelihood	Consequence	Score
Inherent	3	4	12
Current	4	4	16
Target	2	4	8

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

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

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

GAPS IN CONTROLS	**GAPS IN ASSURANCE**
• Lack of formalised service contracts between Commissioner and WAST as a commissioned body	None identified.

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

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:	31/07/2023	TREND	16 (4x4)
		Date of Next Review:	31/08/2023		

IF the Trust does:	**THEN** there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	**RESULTING IN** potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage
• not achieve financial breakeven and/or • does not meet the planning framework requirements and/or • does not work within the EFL and/or • fails to meet the 95% PSPP target and/or • does not receive an agreement with commissioners on funding (linked to 458)		

	Likelihood	Consequence	Score
Inherent	3	4	12
Current	4	4	16
Target	2	4	8

1. Continuing negotiations with Commissioners	Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance	31/03/24 – Checkpoint Date	22/23 Finances have been agreed as part of year end agreement of balances. Issue currently around the 100 WTE £6m funding and negotiations continue.
2. Embed a transformative savings plan and ensure organisational buy in	ADLT and Savings subgroup	31/03/24 – Checkpoint Date	The Financial Sustainability workstreams that were launched in May 2023 have now been rebranded as the Financial Sustainability Program (FSP) and the work of the program underpins the need of the organisation to deliver transformative savings via the Achieving Efficiencies and Income Generation subgroups.
3. Embed value-based healthcare working through the organisation	Executive Management Team and Value Based Healthcare Group	31/03/24 – Checkpoint Date	Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.
4. WIIN support for procurement, savings and efficiencies	WAST Improvement and Innovation Network group	31/03/24 – Checkpoint Date	WIIN ideas are regularly communicated across to the Achieving Efficiencies subgroup of the FSP.
5. Foundational economy, Decommissioning and procurement to mitigate social and economic wellbeing of Wales	Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership	31/03/24 – Checkpoint Date	The organisation utilises the NWSSP Shared Services Procurement framework to ensure contracts tendered provide best vfm while ensuring criteria within the tender docs ask bidders to highlight their ability to serve the aims of FE, Decommissioning, Decarbonisation and social as well as the economic wellbeing of Wales.

Risk ID 424	Resource availability (capital) to deliver the organisation's Integrated Medium-Term Plan (IMTP)	Date of Review:	11/08/2023	TREND	16 (4x4)
		Date of Next Review:	11/09/2023	➡	

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

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	4	4	16
Target	1	4	4

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

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

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Prioritisation of IMTP deliverables	1. Prioritisation detailed in IMTP and reviewed and agreed at Strategic Transformation Board
2. Financial policy and procedures	2.
3. Governance and reporting structures e.g. Strategic Transformation Board (STB)	3. IMTP sets out delivery structures and meeting minutes are available
4. Assurance meetings with Welsh Government and Commissioners	4. Agendas, minutes and slide decks available
5. Transformation Support Office (TSO) which supports the major delivery programmes	5. Paper on TSO to Strategic Transformation Board
6. Project and programme management framework	6. PowerPoint pack detailing PPM
7. Regular engagement with key stakeholders	7. Stakeholder Engagement Framework
8. Financial Sustainability Programme – savings and income work streams	8. FSP programme highlight reports
	Independent Assurance (3rd Line of Assurance) 2. Subject to Internal Audit

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

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Recruit a Head of Transformation	Assistant Director of Planning	30.09.22 complete	Recruited 02.08.22 in post on 01.11.22
2. Review the PPM	Head of Transformation	Extended from 31.03.23 – To 31.06.23 and then to 30.09.23 in line with milestone for delivery	Currently (January 2023) working through delivery structures for 2023-26 which will inform the PPM review – changed checkpoint date to 31.06.23. Workshop held in Q1 and Q2 to develop new Project Path Framework. Milestone for delivery in Q3. **Planning Framework approved by STB on 04.07.2023 which sets out the Project Path framework at a high level.**
3. Develop Benefits Realisation plans in line with Quality and Performance Management framework	Assistant Director of Planning/Assistant Director, Commissioning & Performance	Extended from 30.09.22 – to 31.03.23. Further extend to 31.06.23 and then to 30.09.23 in line with milestone for delivery	Reviewed action and extended checkpoint date further as approach being developed for next iteration of IMTP. Work ongoing. Workshop held in Q1 and Q2 to develop new Project Path Framework. Milestone for delivery in Q3 as part of Project Path Framework.
4. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)	Director of Finance	31.12.22 – checkpoint date 31.06.23 and then to 30.09.23	Extend checkpoint date to 31.03.2023 on basis of new financial allocations for 2023 to be worked through with Commissioner

Risk ID 458	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services	Date of Review:	08/08/2023	TREND	16 (4x4)
		Date of Next Review:	08/09/2023	➡	

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

	Likelihood	Consequence	Score
Inherent	3	4	12
Current	4	4	16
Target	2	4	8

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

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

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Financial governance and reporting structures in place	1. Risk is reviewed quarterly at F&P and a report is submitted bimonthly to Trust Board
2. Financial policies and procedures in place	2.
3. Setting and agreement of recurrent resources	3.
4. Budget management meetings	4. Diarised dates for budget management meetings. If an area is in financial deficit, the meeting would be at least once a month. If the area is in balance or surplus, the meeting would be quarterly.
5. Budget holder training	5. Diarised dates for budget holder training
6. Annual Financial Plan	6. Submission to Trust Board in March annually
7. Regular financial reporting to EFG & FPC in place	7. Diarised dates for EFG and FPC with full financial reports
8. Regular engagement with commissioners of Trust's services	**External** **Management (1st Line of Assurance)** 1. Accountability Officer letter to Welsh Government 3 and 8 EASC management meetings. Monthly meetings with EASC and DAG meetings for NEPTS. Meetings are diarised. 9. Monthly monitoring returns
9. Welsh Government reporting on a monthly basis	**Independent Assurance (3rd Line of Assurance)** 2. Internal Audit reviews of financial policies & procedures as part of their audit plan
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
• Lack of clarity regarding EASC/Welsh Government commitments with respect to recurrent funding	1. Dialogue with EASC and DAG does not always result in recurrent arrangements (outside of WAST control)

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. A formal approach to service change to be developed providing secure recurrent funding with commissioners.	Executive Management Team	31.12.23	Update: 22/23 Recurrent & non-recurrent Finances have been agreed as part of year end agreement of balances. Issue currently around the 100 WTE £6m funding and negotiations continue. **Recent letter from Commissioners indicates funding will be forthcoming however with conditions.**
5. Develop a Value Based Healthcare system approach with commissioners. This would mean that funding would flow more seamlessly between organisations and would go some way to mitigating the risk of not receiving recurrent funding.	Deputy Director of Finance	31.12.23	Update: Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	Date of Review:	04/08/2023	TREND	15 (3x5)
		Date of Next Review:	08/09/2023		

IF	THEN	RESULTING IN
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	there is a risk of a significant information security incident	a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

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

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

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Appropriate policy and procedures in place for Information/Cyber Security	1. Information Security Policy reviewed every 3 years (currently due for renewal). Incident Policy and Procedure put in place in February 2022 – renewed annually.
2. Trust Business Continuity Procedure and Incident Response Plan	2. Debrief from significant business continuity incidents captured within organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years - currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing
3. IT Disaster Recovery Plan	3. Organisation-wide tabletop exercise undertaken in March 2022 with all BC leads and Digital teams.
4. Relevant expertise in Trust with respect to information security	4. Staff undertake relevant training courses e.g. CISSP to increase knowledge and expertise
5. Data Protection Officer in post	5. In job description of Head of ICT
6. Cyber and information security training and awareness	6. Training statistics are available on ESR and from Phish threat module
7. Mandatory Information Governance training which includes GDPR	7. Training statistics reported on by Information Governance department
8. ICT tests and monitoring on networks & servers	8. Any issues would be identified and flagged and actioned
9. Information Governance framework	9. WAST self-assesses its Information Governance Framework against the Welsh Information Governance toolkit.
10. Internal and NHS Wales governance reporting structures in place	10. Internal WAST Information Governance Steering Group & All Wales Information Governance Management Advisory Group (IGMAG) meets quarterly, National Ambulance Information Governance Group (NIAG) meets every 2 weeks, Operational Security and Service Management Board (OSSMB) (national) – daily/weekly meetings and minuted meetings every 2 months. Minutes and actions logs available for meetings.
11. Checks undertaken on inactive user accounts	11. Software in place to run check on inactive accounts as and when
12. Business Continuity exercises	12. Annual schedule of testing
13. Operational ICT controls e.g. penetration testing, firewalls, patching	13. Monthly scans on infrastructure. Penetration testing has occurred for different systems. 2 physical firewalls on networks to monitor traffic. Monthly patching occurs or as and when. **04/08/23 – Exploring procurement of additional penetration tests with the aim of annual testing of all critical systems.**
14. Security alerts	14. Daily alerts are received. Anti-virus alerts received as and when threat discovered
	External Independent Assurance NHS Wales Cyber Response Unit independent view of Network and Information Systems (NIS) Directive compliance within last 4 – 5 months (covering controls 1 -,3 – 11, 13 – 14
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Not all information security procedures are documented	1. No regular Cyber/Info Security KPIs are reported to senior management committees. **04/08/23 – Monthly KPI reports now being generated routinely and fed into the Digital Leadership Group. Needs to transfer to assurance – no longer gap?**
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. **04/08/23 – Latest campaign commenced 01/08/23 to raise staff awareness. Needs to transfer to assurance – no longer gap?**
3. No organisational information security management system in place	

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:	04/08/2023	TREND	15 (3x5)
		Date of Next Review:	08/09/2023	➡	

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

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

4. IT Disaster Recovery Plan does not include a cyber response
5. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects and procurement and this has a cyber security, information governance and resource impact

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Establish Cyber and Information Security KPIs	Director of Digital Services	31.03.23 complete	KPI format agreed and will be produced from Q1 2023-24 with a retrospective annual report produced for 2022-23.
2. Discuss how cyber risk is reviewed and frequency of review	Director of Digital Services	28.10.22 Close – now Business as Usual	a. The ongoing cyber threat to the organisation is continually monitored using daily comms feeds and automated alerts from various external sources. b. The corporate cyber risk assessment will be reviewed monthly at the Digital Leadership Group informed by the threat and intelligence monitoring and national strategic trends.
3. Suite of business continuity exercises that departments can undertake to test their plans to be provided.	North Resilience Manager	28.10.22 Complete	The Trust has run two exercise Joshua & Joshua 2 to test departments readiness
4. Exercise template report which shows recommendations to be created	North Resilience Manager	31.12.22 - Ongoing	Exercise reports being drafted.
5. Formalise Cyber Incident Response Plan	Head of ICT	30.06.23 – complete Checkpoint Date 31.12.2023	Cyber Incident Response Plan adopted, and CRU Assessment conducted during May 2023 with report expected by end June 2023. Review of CRU Cyber assessment and development of action plan in response to any recommendations.
6. Implement Meta Compliance Policy Solution	Senior ICT Security Specialist	**30.06.23 – Checkpoint Date**	Additional learning modules purchased, and both will be rolled out from Q1 2023-24. **04/08/23 – Latest campaign commenced 01/08/23 to raise staff awareness.**

Risk ID 543	Major disruptive incident resulting in a loss of critical IT systems	Date of Review:	08/08/2023	TREND	15 (3x5)
		Date of Next Review:	08/09/2023		

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

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

IMTP Deliverable Numbers: TBC

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

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Trust Incident Response Plan and Department Business Continuity Plans	1. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. Annual schedule of testing of BCPs.
2. IT Disaster Recovery Plan	2. Recent ICT tabletop exercise undertaken
3. Recovery/contingency plans for critical systems	3. Reports from tabletop exercises
4. Service management processes in place	4. Documented and approved service management processes in place
5. Incident Management Policy, Procedure and Process	5. Incident Policy and Procedure put in place in February 2022. This would be required annually and if there is a system change, the review would be earlier
6. Regular data back ups	6. Daily report on status of backup and fully automated process. Log kept of where restores are undertaken
7. Resilient and high availability ICT infrastructure in place	7. **04/08/23 – New back up system ordered with the aim of implementation before the end of Nov23.**
8. Robust security architecture and protocols	8.
9. Diverse IT network (both data and voice) delivery at key operational sites	9.
10. Regular routine maintenance and patching	10. **04/08/23 – Ongoing continual update of servers and replacement of out-of-date equipment**
11. Environmental controls	11.
12. Intelligence gathered from suppliers with respect to future tool sets and enhancements	12. Via email and webinars
	External **Independent Assurance** • 2021_16 Internal Audit review of IM&T Control Assessment – baseline exercise • 2021_19 Internal Audit review of ICT Disaster Recovery – Limited Assurance • NIS Directive internal audit report 2022 – Reasonable Assurance (covering controls 1-12)
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
Non identified	Undertaking Cyber Essentials assessment

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Suite of business continuity exercises that departments can undertake to test their plans to be provided.	North Resilience Manager	31.12.22 extend to 30.06.23 now complete	Suite of exercise available via BC teams channel.
2. Exercise template report which shows recommendations to be created	North Resilience Manager	31.12.22 extend to 30.06.23 now complete	Joshua and Joshua 2 reports produced and circulated.
3. Cyber Essentials assessment to be completed	Head of ICT	30.06.23 **Extend to 31.12.23**	Evidence submitted to assessor – further works required to meet requirement. Review of CRU Cyber assessment and development of action plan in response to any recommendations

RISK ID 594	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	Date of Review:	11/07/2023	TREND	15 (3x5)
		Date of Next Review:	11/08/2023	NEW	

IF a major incident or mass casualty incident is declared	THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	RESULTING IN catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

IMTP Deliverable Numbers: TBC

EXECUTIVE OWNER	Director of Operations	ASSURANCE COMMITTEE	Finance & Performance Committee

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Immediate release protocol	1. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report provided weekly to the DG for Health & Social Services.
2. Resource Escalation Action Plan (REAP)	2. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.
3. Regional Escalation Protocol	3. Daily conference calls to agree RES levels in conjunction with Health Boards
4. Incident Response Plan	4. The Incident Response Plan has been ratified via EMT
5. Mutual Aid arrangement with NARU	5. AACE National Policy on mutual aid in place
6. Clinical Safety Plan	6. CSP adopted by EMT and operational; reviewed annually by SLT
7. Operational Delivery Unit 24/7 cover	7. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end of shift
8. In hours and Out of hours command cover	8. Civil Contingency requirement as set out in the Command Policy and Incident Response Plan
9. Notification and Escalation Procedure	9. Published procedure in operation, reviewed 3 yearly by SLT
10. Continued escalation of risk to partners and stakeholders	10. Referenced by the Executive Director of Operations in correspondence sent to health board Chief Operating Officers dated 30 March 2023. It was further emphasises at the face to face COO Peer Group meeting on 14 April 2023.
	External Independent Assurance N/A
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
Despite the controls listed, the single most limiting factor in providing a pre-determined response in line with the Incident Response Plan is the lost capacity due to hospital handover delays. In this area, WAST has no control. – link to CRR 223 on CRR.	The Trust is not assured that Hospital sites have plans in place that are trained and tested to release ambulances effectively and immediately in the event of an incident declaration.
	Following two incidents (Pembroke Dock Ferry fire on 11th February 2023 and the Swansea gas explosion on 13 March 2023), The Trust is not assured by the effectiveness of assurances given by Health Boards (responses provided following correspondence from WAST CEO – formal returns received from LHBs except BCU). Despite these two incidents being lower level incident declarations where the pre-determined attendance was met, the experience does not add confidence to the ability to release all resources from hospitals which would support assurance.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. CEO letter to Health Boards dated 3 Jan 2023, and DOO letter to Chief Operating Officers dated 30 March 2023 to seek assurance on plans	CEO/DOO	3 Jan 2023 Complete	Acknowledgement and acceptance of risk by HBs and balancing the risk across the whole system. Improvement in handovers in C&VHB and ABUHB. This has been sustained form some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in ABUHB commencing at 4 hour tolerance with a plan to reduce over time. In other HBs there remains little or no controls with variation in both handovers and risk levels across HBs.
2. Multi Agency Exercise to be arranged	4 x LRF	Dec 2023	
3. Review of Manchester Arena Inquiry	EPRR Team	Dec 2023	
4. Health boards are asked to provide assurance of existing and tested plans to immediately reduce emergency ambulances on incident declaration	DOO	Feb 2023 Complete	All Health Boards responded with assurance of plans except BCU and HDUHB.

Risk ID 100	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	Date of Review:	04/08/2023	TREND	12 (3x4)
		Date of Next Review:	03/11/2023		

IF	THEN	RESULTING IN
WAST fails to persuade EASC/Health Boards about WAST ambitions	there is a risk of a delay or failure to receive funding and support	a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	3	4	12
Target	2	4	8

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

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

CONTROLS	ASSURANCES
	Internal & External Management (1st Line of Assurance)
1. EASC/WAST Forward Plan for EMS and NEPTS in place and monitored at EASC meetings	1. Minutes of meetings and a standard agenda item
2. EASC and its 2 sub-committees established as a forum to discuss WAST's strategy	2. Minutes of meetings and a standard agenda item
3. Weekly catch up between CASC/CEO	3. Meetings are diarised every week
4. Collaboration between EASC and WAST on specific projects e.g. Amber Review, EMS Operational Transformation Programme, Ambulance Care Programme	4. Representatives are co-opted onto meetings and frequency is between 3–6 weeks. Set agendas with NCCU reps co-opted.
5. Monthly CASC Quality and Delivery Meeting established	5. Formal meeting with agendas, minutes and action logs available.
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced	6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholders fortnightly
7. Programme structure has been established for 'inverting the triangles' including EASC	7. It exists and has had its first meeting
	External Management (1st Line of Assurance) 1. Plans go to every bi-monthly meeting 2. Meet bi-monthly and agendas, minutes and action logs available
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. EASC meetings focus largely on EMS and cursory note of NEPTS	**1. NEPTS is covered in the WAST Provider Report to EASC.**
2. Governance coordination between NCCU and WAST to be improved.	2. Identified need for a governance meeting between NCCU and WAST to manage the overall commissioner/provider interface. Actioned but has lapsed due to capacity and resourcing in NCCU team. HB to reboot.
3. WAST's ability to influence hospital handover delays (this is outside of the Trust's control and a Health Board responsibility)	**3. Ministerial direction on handover reduction**
4. Funding does not flow in a manner to balance demand with capacity (outside of WAST's control)	**4. Strategic demand and capacity review being undertaken with output due to be reported to EASC in Jan-24.**

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Agree and influence EASC/Health Boards that sufficient funding to be provided to WAST	CEO WAST	02/08/23 Checkpoint Date	30.09.22 Additional £3m provided for +100 FTEs into Response by 23/01/23. 12/01/23 Recurrent funding for the +100 not secure. 02.05.23 Recurrent funding still not secure. **28.07.23 Funding secure for 23/24, but not recurring.**
2. Agree and influence EASC/Health Board of the need for significant reduction in hospital handover hours	CEO WAST	02/08/23 Checkpoint Date	30.09.22 4-hour handover backstop agreed and -25% reduction in handover from October 2021 baseline. 12/01/23 There has been a significant worsening picture. 02.05.23 Continued worsening picture with almost 29,000 lost in March 2023. **28.07.23 There has been some reduction, but levels remain extreme.**
3. Increased understanding of NEPTS by EASC	Director of Strategy Planning and Performance	02/08/23 Checkpoint Date	30.09.22 "Focus on" session at May 2022 EASC and NCCU represented on Ambulance Care Programme Board. 12/01/23 F&P Deep Dive made available to NCCU. 02.05.23 Continued attendance by NCCU at Ambulance Care Transformation Programme. **28.07.23 EASC want WAST to develop a LTS for NEPTS, which will increase the focus on it.**
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface	Assistant Director Commissioning & Performance	02/08/23 Checkpoint Date	30.09.22 Meeting in place and meeting regularly. 12/01/23 Meetings continue. 02.05.23 These have lapsed due to pressures and sickness absence in the NCCU. HB to reboot, subject to ability of NCCU to undertake. **28.07.23 Availability remains a challenge, but there is regular informal dialogue between WAST and NCCU.**
5. Utilising the engagement framework to engage with the stakeholders	Director of Partnerships & Engagement AD Planning & Transformation	02/08/23 Checkpoint Date	30.09.22 Significant engagement through roster review briefings. 12/01/23 Engagement on roster review largely concluded, with some political interest continuing in a few areas. 02.05.23 Continued interest from various stakeholders as the roster review concludes. **28.07.23 New engagement manager appointed linked to inverting the triangle work.**

Risk ID 283	Failure to implement the EMS Operational Transformation Programme	Date of Review:	03/08/2023	TREND	12 (3x4)
		Date of Next Review:	03/11/2023	➡	

IF	THEN	RESULTING IN
there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme	there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	potential patient harm, deterioration in staff wellbeing and reputational damage

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	3	4	12
Target	2	4	8

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

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

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Implementation Programme Board in place – meetings held every 3 weeks with the DASC and TU reps on the membership	1. Minutes and papers of Implementation Programme Board
2. Executive sponsor and Senior Responsible Owner (SRO) for programme in place	2. Project Initiation Document (PID) detailing structure and minutes of Implementation Programme Board
3. Programme Manager and Programme support office in place (for delivery of the programme)	3. Same as 2
4. Programme risk register	4. Highlight reports showing key risks reported to STB every 6 weeks
5. Assurance meetings held with Strategic Transformation Board (STB) every 6 weeks and with CEO every 3 weeks	5. Highlight reports presented to STB every 6 weeks
6. Programme budget in place (including additional £3m funding for 22/23)	6. Programme budget monitoring report is provided to the Implementation Programme Board – every 6 weeks and letter received from CASC on £3m funding for 22/23
7. Programme documentation and reporting is in place to Programme Board every 3 weeks and STB receives highlight report	7. PID and Programme Plan Summary kept up to date**.** PID is presented to the STB if there is a significant change in the programme deliverables. Programme Plan Summary reported to the Implementation Programme Board every 3 weeks.
8. Regular engagement with the Commissioner and Trade Unions and representation	8. Commissioner and TU participation at the Implementation Programme Board
9. Management of external stakeholder and political concerns	9. Communications and Engagement Plan sets out WAST's arrangements for engagement with stakeholders
10. Secured specialist consultancy to support decision making	10. Reports and contractual compliance
	External **Management (1st Line of Assurance)**
	a. Deputy Ambulance Services Commissioner sits on the Implementation Programme Board
	b. Emergency Ambulance Service Committee Management Group receives a highlight report every two months
	c. EASC receives an update every 2 months on the programme as part of the WAST Provider Report

GAPS IN CONTROLS	GAPS IN ASSURANCE
1. Current controls on workforce buy in are not sufficient due to changes in working practices	1. Project Initiation Document (PID) needs to be updated to reflect 22/23 budget position. The PID has been updated for 2023/24 and reflects the budget, commissioning intentions and IMTP.
2. System pressures – patient handover delays at hospitals (link to risks 223 & 224)	2. No prompts from STB for programme PID or risk register updates. The SRO continues to provide the HLR, but the PID needs to be signed off by the Executive Sponsors. This can be done outside of STB.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Increase in engagement on the specifics of change through facilitation mechanisms	Assistant Director – Commissioning & Performance	**02.08.23 Checkpoint Date**	30.09.22 Significant engagement through roster review project. 12/01/23 Largely complete. 02.05.23 There remains some minor engagement as the project concludes.
2. More capacity requested (transition plan)	Assistant Director of Planning & Transformation	**02.08.23 – Checkpoint Date**	30.09.22 Transition plan not funded, but +100 FTE agreed. 12/01/23 Recurrent funding not secure. 02.05.23 this has not been **forthcoming,** and handover lost hours are offsetting all of the gains that the Trust has made. **03.08.23 More capacity unlikely within current**

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:	03/08/2023	TREND	12 (3x4)
				Date of Next Review:	03/11/2023		

IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme	THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	3	4	12
Target	2	4	8

			financial pressures, but Trust has recently started the next iteration of the strategic EMS Demand & Capacity Review.
3. Engage with key stakeholders to reduce handover delays	CASC	**02.08.23 – Checkpoint Date**	30.09.22 Reduction commitments agreed, but trend is still upwards. 12/01/23 Extreme and upward trend. 02.05.23 handover hours remain extreme. **28.07.23 Increasing focus through ICAP meetings, with C&V showing notable progress and early signs of progress in some other health boards.**
4. Reduce abstractions in particular sickness absence	Deputy Director of Workforce & OD	**02.08.23 Checkpoint Date**	30.09.22 Sickness absence reducing, but abstractions high linked to sickness, but also training abstraction linked to the +100. 12/01/23 Abstractions have reduced, but still very high. Sickness is reducing and on trend to achieving the 10% Mar-23 target. High abstractions linked to internal movements caused by internal recruitment. 02.05.23 the Trust achieved 7.99% in Feb-23 but levels are higher in Operations. Continued focus into 2023/24 to reach 6% by 31/03/23. **28.07.23 Abstractions, which includes sickness now less than 35% with benchmark to 30%**
5. Engage with Assistant Director of Planning and Transformation on process for PID updates	Assistant Director – Commissioning & Performance	**02.08.23 Checkpoint Date**	30.09.22 HoT recruited and now started. Initial contact made with HoT. PID is up to date. 12/01/23 PID has been further updated but requires sign off by the SRO and STB. 02.05.23 PID has been updated but nees to be signed off by Executive Sponsors. **28.07.23 PID updated and programme aligned to new arrangements required by HoT.**

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

AUDIT TRACKER 2.0 – OCTOBER 2023

MEETING	Finance and Performance Committee
DATE	13 November 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This paper provides the Committee with the current position with respect to management actions for audits within the purview of the Committee.

2. The Audit Tracker has been fully revised in Quarter 2 with excellent engagement with Directorates. C.30% of audit recommendations are presented as closed in quarter in this report and there are actions with a change in date proposed (marked in blue), many of which are due to be closed in Quarter 3.

3. Discussions have also taken place on historical actions and those where management actions may need to be amended in view of the current operating context.

4. With respect to the Committee's responsibility to scrutinise the impact of actions, members will recall that this was related to opportunities to strengthen challenge raised by Audit Wales in the 2022 Structured Assessment. It is proposed that the most effective way to do this is by identifying actions within audits as audit reports are reviewed by the Committee.

5. The current version of the tracker is now open for Directorate review for actions due in October, November and December. This will then be reported in the January and February Committee cycles.

RECOMMENDATION

6. The Committee is requested to:

   (a) Monitor management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue); and
   (b) Note the proposal for closer scrutiny of the impact of actions in response to audit recommendations.

KEY ISSUES/IMPLICATIONS
As set out above.
REPORT APPROVAL ROUTE
Tracker presented to ADLT 9th October 2023 Tracker circulated to ELT 13th October 2023

REPORT APPENDICIES
Annex 1 – Tracker 2.0 July-September 2023

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		**Confirm that the issues below have been considered and addressed**	
EQIA (Inc. Welsh language)	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

SITUATION

1. This paper provides the Committee with the current position with respect to management actions for audits within the purview of the Committee.

BACKGROUND

2. In September 2023 the Audit Committee approved the Audit Process and Reporting Handbook. The Handbook has been further revised to include Audit Wales content.

3. The Handbook includes roles and responsibilities for the various stakeholders including:

    - The Assistant Directors Leadership Team (ADLT) as the forum to agree closure of actions, taking a check and challenge role on the Tracker.

    - Different reporting for the Audit Committee and Executive Leadership Team (ELT) to that provided to Committees, with the latter focused more on individual audits, progress and impact, and Audit Committee and ELT on the broader audit framework, progress and exposure. This will start when Tracker 3.0 is developed which will draw the agreed reporting from the tracker via Power BI.

    - The introduction of a point of contact in directorates for audits. This person(s) steers the audit with the Director and Assistant Directors/Deputies, ensuring internal audits feature on the directorate agenda monthly, they update the Tracker, and escalate issues as appropriate.

4. The Tracker has been fully revised in Quarter 2. Members will receive a copy of the Tracker by email and are invited to filter the excel sheet to their particular Committee to view the relevant audit actions. A copy of the Tracker is also reproduced at Annex 1.

ASSESSMENT

5. The Handbook notes that it is the responsibility of a Board Committee (other than Audit Committee) to:

    - Receive audits in their remit;
    - Monitor management actions to address recommendations; and
    - Scrutinise impact of actions in response to audit recommendations in terms of, for example, quality improvement, the provision of more efficient and effective patient care, improved governance, better use of resources etc.

6. There has been excellent engagement with Directorates on the revised Tracker 2.0, with the result that c.30% of audit recommendations are presented as closed in quarter in this report.

7. Some actions have had a change in date proposed (marked in blue), many of which are due to be closed in Quarter 3.

8. Discussions have also taken place on historical actions and those where management actions may need to be amended in view of the current operating context. There has been some traction with these and discussions will continue into Q3 with a view to closing down or revising as many as possible.

9. The Committee will note that the historical closed items which was a third and fourth tab on Annex 1 have been removed from Tracker 2.0. This is because there is a filter in place under the 'status' column to enable the viewer to see closed items. A copy of the historical closed tabs has been retained separately.

10. With respect to the Committee's responsibility to scrutinise the impact of actions, members will recall that this was related to opportunities to strengthen challenge raised by Audit Wales in the 2022 Structured Assessment. It is proposed that the most effective way to do this is by identifying actions within audits as the audit reports are reviewed by the Committee. For example, an internal audit or Audit Wales structured assessment/local review may include an action for roll out of training or for an evaluation. The Committee may wish to place closer attention to the impact of such actions by flagging them for follow-up on impact at a particular point in time.

11. The current version of the tracker is now open for Directorate review for actions due in October, November and December and will be reported in the January and February Committee cycles.

RECOMMENDATION

12. The Committee is requested to:

    (a) Monitor management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue); and
    (b) Note the proposal for closer scrutiny of the impact of actions in response to audit recommendations.

Trust Ref. No.	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Rec. No.in Audit	Recommendation	Response No.in Audit	Management Response	Agreed Deadline in Report	Status - met or not met agreed deadline in report	1st revised date	2nd revised date	3rd revised date	Closure Status	Where a management action has not met the agreed or revised date, Director must inlcude here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete. **Please add most recent update first**
382	20/21	FPC	Clinical Contact Centres - Performance Management	Reasonable	Deborah Armstrong	Liam Williams	Medium		5. Review coaching and training arrangements within NHSDW/111 to ensure mechanisms are in place for all staff to receive regular feedback, coaching and training going forward.		5b. Following recruitment, a review of other aspects of training will be undertaken; It should be noted however that without outsourcing aspects of training and delivery for the new system, an overlap with Salus roll out may delay 'regular' coaching and training until at least Autumn.	Jan-22	Not Met	Nov-23			Open	Last update 30/06/2023 SALUS is now planned for Go Live in November 2023. There has been an improvement in delivery of CPD to more staff but this remains a risk as will be put on hold when Salus needs to be trained to all. External Provider assistance may be required. A risk has been identified previously due to a number of unfunded posts in the training team that may not be made permanent however this risk has recently been reduced for someof the unfunded posts to be funded.
383	20/21	FPC	Clinical Contact Centres - Performance Management	Reasonable	Deborah Armstrong	Liam Williams	Medium		5. Review coaching and training arrangements within NHSDW/111 to ensure mechanisms are in place for all staff to receive regular feedback, coaching and training going forward.		5c. The risk relating to the lack of education, coaching and supervision is currently captured on the QSPE Directorate risk register. This risk will be reviewed and updated and if necessary escalated to the corporate risk register.	Apr-22	Not Met	May 23	Nov-23		Open	Last update 30/06/2023 CPD for 111 operational staff. New CPD year 2023/24 commenced April 2023 and is currently strong however important to note that indicative date for Salus training and implementation (Aug-Nov) will impact on ability to maintain other aspects of education and training.
420	21/22	FPC	Service Management	Reasonable	Aled Williams	Leanne Smith	Medium		WAST should develop their Service Management framework and once complete, the Service Catalogue should be published and communicated to all appropriate stakeholders.		Agreement has been reached to employ consultants to undertake a review of current position and to develop ITIL based procedures covering the whole service management disciplines. This work is expected to commence during September 2021. A deliverable of this work will be a refreshed service catalogue which can then be published and communicated.	Mar-22	Not Met	Dec22	Sep-23	Apr-24	Open	Last Updated: 10/10/23 - There is limited capability to support Service Catalogue in Service point and an attempt was made to develop one in Excel see attached draft. Whilst this could be completed and shared with stakeholders it would not be particularly user friendly. We are now close to procuring a replacement for Service Point where there will be a central service catalogue available to digital staff and the users within the system. Aim is to get new system operational by Mar-24.
470	21/22	FPC	Asset Management - RAM System	Reasonable	Jill Gill	Chris Turley	Medium		The Trust should consider the requirement to use the proposed RFID system to validate assets not included in its current processes (e.g. stretchers, defibrillators, suction units, emergency lifting cushions and oxygen delivery systems) against the RAM Asset Management system and review and update its procedures as appropriate.		The Trust has considered the potential of linking RAM and an RFID system, however this would not be practical as RAM is updated on a quarterly basis and the RFID system is a live system with constant streaming updates. These two products would not align in a manner that would deliver a safe and valued output. The proposed solution will be a quarterly download from the RFID system that will be reconciled into RAM and variances investigated. RFID is currently in development, however due to operational pressures the rollout is unlikely to be completed before December 2022.	Mar-23	Not Met	Mar-24			Open	Last updated 25.09.23 This work cannot be taken any further forward until the RFID system is fully implemented and quarterly reports become available to reconcile to RAM, this is as per the management response. The RFID system needs to be implemented at pace by the Trust, work is progressing with Fleet in the North and SE to tag items however currently a separate ICT resource is required in C&W to complete, following the previous update the ICT lead has now left the Trust, in addition ICT currently has circa 10 vacancies and is experiencing difficulties in recruiting to these posts, this is resulting in other schemes having to be prioritised over this scheme to ensure core systems function. The previous completion date of Mar 2023 shows as it is unclear due to the recruitment issues faced by ICT exactly when this action will be completed, Mar 2024 put as estimate by ICT dept.
484	21/22	FPC	Digital Governance	Reasonable	Leanne Smith	Leanne Smith	Medium		1.1 The Trust should be explicit and define the intended timescales for the delivery of the Digital Strategy phases.		1.1 WAST is producing a Digital Strategic Outline Case (SOC) for Digital Services that will make these timelines clear.	Sep-22	Not Met	Mar 2023	Jul-23	Sep-23	Closed in Quarter	Last updated: 02/10/23 - The FPC received a paper on 180923 setting out progress against the digital strategy, noting it has this as one of its 2023/24 priorities. The paper demonstrated progress where digital strategy elements were embedded in the IMTP and identified gaps which are being addressed by the new Digital Director, particularly given the fast changing landscape of digital. Digital KPIs have been agreed by FPC and will regularly report there. GIven that update and the FPC TOR that says it has oversight and monitoring of the implementation of the Digital Strategy which is embedded in the cycles of business, this is proposed for closure notwithstanding the strategic outline case has been delayed. A refresh of the digital plan will be developed by the new Digital Director.
485	21/22	FPC	Digital Governance	Reasonable	Leanne Smith	Leanne Smith	Medium		2.1 The process of developing a network of digital champions and expanding the role of these should be re-instated.		2.1 Fully support this recommendation. Both EPCR and OCP have user groups with nearly 150 members combined. This was required due to the Trust being at REAP 4, however, as this is de-escalated and capacity increases within the workforce, the role will be broadened and publicised more widely.	Mar-23	Not Met	Ongoing through 2023-24 - milestones tbc			Closed in Quarter	Last updated: 02/10/23 This work continues through 2023-26 and is called out in the IMTP. Focus will be on maximising use of O365 - product specialist secondments now in place, Automation investment case in development, and evolution of ePCR and ECNS continues using feedback gathered from users and existing champions. Additionally, Digital team members are supporting colleagues from across the Trust who are currently enrolled on the 'Digital Transformation for Health & Care Professions' MSc degree. Milestones & 2023-24 outcomes still tba. In view of this closure is proposed.
486	21/22	FPC	Digital Governance	Reasonable	Leanne Smith	Leanne Smith	Medium		3.1 A SOP should be developed that provides a roadmap to delivery of the Digital Strategy and defines the resources required together with a delivery and monitoring structure.		3.1 In progress. Third party support has been engaged and the SOP / SOC is planned in the IMTP for delivery at the end of September '22.	Sep-22	Not Met	Mar 2023	Jul-23	Sep-23	Closed in Quarter	Last updated: 02/10/23 - The FPC received a paper on 180923 setting out progress against the digital strategy, noting it has this as one of its 2023/24 priorities. The paper demonstrated progress where digital strategy elements were embedded in the IMTP and identified gaps which are being addressed by the new Digital Director, particularly given the fast changing landscape of digital. Digital KPIs have been agreed by FPC and will regularly report there. GIven that update and the FPC TOR that says it has oversight and monitoring of the implementation of the Digital Strategy which is embedded in the cycles of business, this is proposed for closure notwithstanding the strategic outline case has been delayed. A refresh of the digital plan will be developed by the new Digital Director.

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501	21/22	FPC	Waste Management	Limited	Richard Davies / Nicci Stephens	Chris Turley	High		1. The Waste Process document review should be concluded as scheduled, with consideration given to the Policy guidance set out in WHTM 07-01, and with enhanced detail regarding governance structure and training arrangements. The Trust should ensure the Waste Process document, following review and update, is approved at the relevant Board-level Committee as a formal policy, in accordance with WHTM 07-01 requirements.		1. Agreed as the key priority, recommendation and action for immediate further improvement from this review. From which the response and resolution for many of the other actions will naturally follow. To progress many of these, it has been jointly agreed at Exec level that a task and finish group (TFG) will be immediately created with representatives from the following	Sep-22	Not Met	Sep-23	Nov-23		Open	Updatd 180923: Waste management policy is drafted however discussions regarding Director level responsibility for clinical waste are being held. The SOPs that form part of the master list of waste in the policy have been implemented however it is the overarching policy that brings them together with roles, responsibilities and governance structures that is out for consultation. Given the clinical waste ownership discussions, it is proposed that this action be moved to November 2023 for the policy to be presented back to the Policy Group to enable those discussions to be held. The policy will thereafter be approved by the FPC. Last updated 13/07/23 Waste Management Policy out to consulation and due to be approved by FPC in September 2023
504	21/22	FPC	Waste Management	Limited	Richard Davies / Louise Colson	Chris Turley	Medium		4. Training compliance date will be compiled and reported to an appropriate forum. A formal training needs assessment is required to determine the training requirements across the Trust.		4. Agreed. A formal training needs assessment will be detailed under the TFG work and implemented by the National Training Department. Any remaining IT issues will be further escalated for resolution ASAP.	Nov-22	Not Met	Sep-23	Dec-23		Closed in Quarter	Update 210923: TNA received and agreed with Jo Kelso. Also shared with IA. Propose closure Update 180923: Discussions are ongoing on the development of a training needs analysis (TNA) as that was the action we agreed to. Any training packages will come from that TNA and are unlikely to be put in place now until after April 2024 as new legislation will be introduced then requiring a change in the training. IT issues raised in the audit arose because of the training on ESR was put together by BCUHB so everyone who did it were classed under ESR as a BCU member of staff and it proved impossible to segregate which staff member worked where. WAST has no control over this however the training packages that fall out of the TNA will be WAST training and WAST will be able to report on all levels of compliance. **Propose closure once TNA is completed** Last Updated: 13/07/23 The formal reporting route for waste management training compliance will transfer to the Director of People & Culture.
505	21/22	FPC	Waste Management	Limited	Nicci Stephens	Chris Turley	High		5.1 The Trust should review the arrangements in place for the transfer of clinical waste and seek to gain assurance that the current arrangements as detailed are in keeping with the requirements of WHTM-07-01.		5.1 – The WHTM 07-01 was amended from HTM 07-01 in 2013, this predates the separation of HCS from WAST. Under its current form WAST is not able to comply with this particular section of the document as WAST does not have a direct contract with the current clinical waste contractor. NWSSP FS, the documents authors, have been contacted regarding this point. The WHTM is due for review. However, those confirmed under the TFG as clinical waste lead will produce an annual hazardous waste transfer note for Denbigh Stores and Pontypool Ambulance Station for completion by HCS, therefore compliant with current hazardous waste legislation.	Jun-22	Not Met	Sep-23	Jan-24		Open	Update 180923: WAST does not have a contract with HCS regarding clinical waste. A hazardous waste transfer note was sent to HCS but they have not signed it, stating it was not required. Natural Resources Wales have also confirmed that we have an exemption for transferring clinical waste to HCS and that the only agreements that need to be in place are between HCS and Stericycle (which they are). The only body to whom WAST could have a contract that satisfied WHTM 07-01 is NWSSP (the authors of that WHTM) and they have declined to do so. Propose that this item is closed when a paper is taken to the Finance and Performance Committee setting out the ways in which the risk regarding the absence of a contract for clinical waste for WAST is mitigated. It is proposed that the timing for this is when the Waste Management Policy is taken to FPC (January 2024) so that director responsibilities for clinical risk are clear. Last Updated: 13/07/23 A paper to be prepared and shared at an appropriate forum detailing the current status and the proposals to manage the risk.
505(a0	21/22	FPC	Waste Management	Limited	Nicci Stephens	Chris Turley	High		6. WAST should contact the respective Health Boards on an annual basis to obtain a duty of care transfer note covering handover of clinical waste from Ambulances at Health Board sites, in keeping with the requirements as stipulated in WHTM 07-01.		6. The WHTM 07-01 was amended from HTM 07-01 in 2013. HTM 07-01 is the English management of waste in healthcare technical note. On amending the HTM to the WHTM this section should have been replaced. As a commissioned service to the health boards clinical waste sits with the patient and therefore the health board. NWSSP FS, the documents authors, have been contacted regarding this point. However, to further add to the assurance of this, it is also now requested that the TFG will propose the production of an annual hazardous waste transfer note for each Health board, therefore compliant with current hazardous waste legislation. This will be included in the national waste management policy.	Sep-22	Not Met	Jan-24			Open	Reopened September 23 followng 22/23 Follow Up Audit. Update: Only two HBs have not returned the duty of care transfer. CVUHB are awaiting the appointment of their waste manager to sign the document. BCUHB did not sign it based on improvements being required on WAST segregation methods. WAST has held fortnightly meetings with local mangers in the HB region, as well as BCUHB management and conducted waste management audits in the area. WAST has identified issues and put in place mitigations and have written to BCUHB indicating as much and seeking their agreement to the duty of care transfer note. It is proposed that this action is closed when the paper which encompasses matter arising 5 and the Waste Management Policy are presented to the FPC in January 2024 Update 02/09/22. WTN have been written and sent.
508	21/22	FPC	Waste Management	Limited	Richard Davies / Louise Colson / Nicci Stephens	Chris Turley	High		7. The Trust will conduct its own Clinical Waste Duty of Care audits and Clinical Waste Pre-Acceptance audits. Infection Prevention and Control Team audits will be reinstated. General waste and recycling compliance audits will be reinstated when safe to do so.		7. Audits will be resumed when safe to do so. This will be reviewed on a quarterly basis by the Clinical waste lead and Domestic Waste lead. Clinical waste audits will be completed as part of general IPC audits not as a specific waste stream audit. General waste audits are completed by Biffa as required under tendered contract. Further overseeing of this will be ensured.	Sep-22	Not Met	Sep-23			Closed in Quarter	Update 180923 - noted in the September 23 Follow Up Audit that this is considered fully implemented and therefore closed. Recognising clincial waste audits are being undertaken, with the intention to eventually incorporate them into the IPC site audits. Updated 12.04.23 Action now with health and safety department: will be picked up during annual site visits and health and safey checks . Also pre audit checks on clinical waste for 2023 have been tasked to operational leads - audit reports have been shared with internal audit.

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512	21/22	FPC	Service Reconfiguration	Reasonable	Mark Harris / Deborah Kingsbury	Rachel Marsh	Medium		1.1 We recommend that the service specification is finalised and reissued for the period beginning June 2022, reflecting any amendments to the model that post-implementation service reviews have indicated. This is particularly significant because of the contribution this project may make to an upcoming all-Wales model to cover similar service reconfigurations. Future service change SLAs must be signed before the renew date.		1.1 The timescale is dependent on commissioners agreeing the longer term commissioning agreement. Meetings with commissioners (ABUHB and NCCU leading) have commenced to take forward the recommendations of the GUH Evaluation and this should include the agreement on the next commissioning agreement. However this may need to be backdated.	Sep-22	Not Met	Apr-23			Open	**REVISED DATE REQUIRED** Update 101023: After initial exchange as noted on 030523 update, Pending receipt of something formally. Informal conversations indicate that based on activity review and remodelling work ABUHB will be looking to reduce peak capacity Currently 10 crews at 1400 hrs daily to 6 Crews. ABUHB will also be redefining the service purpose in the SLA refresh to take out what is believed to be mission creep example Step Across and Discharge activity. WAST will be undertaking its own modelling to corroborate Health Borad modelling and also to ensure there are no unintended consequences or at least the stakeholders are appraised of the risks if any. ABUHB has also indicated that they will be disinvesting from the Paramedic resource it commissioned under this contract and will be looking to increase the Transfer Practitioner resource (TP) instead. The single system project that is looking to move all ACA2 activity under the GUH inter site transfer service on to Cleric CAD system is being progressed with this assumption in agreement with ABUHB 03.05.23 Initial exchange on SLA undertaken, response from WAST considered by ABUHB who are preparing a report to their Execs, advised by NCCU that they will facilitate a further meeting to discuss, likely to be in June. Acknowledged that SLA will not be able to progress until requirements clear from ABUHB. 25.01.23 NCCU proposing a new SLA for April 23. Regular meetings led by the NCCU continue with supporting work to enable the new specification and SLA following the evaluation of the service. The remaining supporting actions are now being prioritised to enable. One key element is the work being undertaken by the health board to review its future clinical needs for transfers as part of the health boards model. Last updated: 02/11/22 Enabling pieces of work are scheduled to be completed for discussion with NCCU and AB in December, NCCU proposing a new SLA for April 23. Regular meetings led by the NCCU continue with supporting work to enable the new specification and SLA following the evaluation no the service. The remaining supporting actions are now being prioritised to enable. One key element is the work being undertaken by the health board to review its future clinical needs for transfers as part of the health boards model.
500	22/23	FPC	Immediate Release Directions	Reasonable	Kate Blackmore	Lee Brooks/Liam Williams	Medium		1.1 Allocators should be reminded of the requirement to complete the RES screen prior to making an immediate release directive.		The Trust accepts this recommendation and will ensure that communication to allocators on the importance of completing RES prior to making an IRD is actioned	Feb-23	Not Met	Apr 23	Jul-23		Closed in Quarter	Update: 16.08.26 - coaching bulletin drafted and issued 31.07.23 - bulletin supplied Update: 26.06.23 - Training team are drafting a coaching bulletin regarding this for issue in July 2023.
501	22/23	FPC	Immediate Release Directions	Reasonable	Kate Blackmore **-Gill Plemming as of 22/09/2023**	Lee Brooks	High		2.1 Red and Amber 1 declined immediate release directions should be escalated to the ODU to ensure that issues are escalated to the relevant health board site in a timely manner.		The Trust accepts this recommendation and will ensure that communication is issued to emphasise the importance of compliance with the procedure to escalate declined IRDs to the ODU.	Feb-23	Not Met	Apr 23	Jul-23		Closed in Quarter	22.09.2023 - SOP approved in EMSC Business Meeting, SOT and SLT, process is embedded with weekly scrutiny by EMSC Head of Service and Service Managers. Evidence of approval of Deployment SOP approval at SOT via AAA to SLT provided. Update: 16.08.23 - This action forms part of the ongoing changes to the resource deployment SOP. The current review of the resource deployment SOP will step out the additional quality assurance metrics completed by the DCM, Service Manager and Head of Service for EMS Coordination. These measure have been in place since Sept 2022. Ops Notice will go out w/c 21/08/23 to remind staff of the extant processes in place supported by the changes in the new Resource SOP. Closure proposed as acton was for communication - bulletin supplied Update: 26.06.23 - Resource deployment SOP has been reviewed and is expected to go through governance arrangements for approval and issue in July 23
502	22/23	FPC	Immediate Release Directions	Reasonable	Caroline Miftari	Liam Williams	High		3.1 Datix incidents should be reviewed and closed in a timely manner and any lessons learned should be shared with the relevant parties.		It remains challenging for the Trust to investigate and subsequently close Datix as refusal to comply with an Immediate Release Direction is a Health Board Decision and so any harm that subsequently occurs, requires the Health Board to lead on a joint investigation, with the same principle being expected by the Trust where harm has not explicitly been identified. A new Joint Investigation Process is being piloted under the leadership of the NHS Wales Delivery Unit, which commenced in November and that will run until March 2023. IRD requests that have been declined and where harm has been identified or is considered to have occurred, will form a part of this Pilot and a decision to recommend changes to the process will follow this pilot.Of note the Duty of Candour, that comes into place on 1 April 2023, further regulates the need for openness and transparency with families across the NHS.	Mar-23	Not Met	Apr-23	Dec-23		Open	121023: The SOP developed is a QSPE SOP which relates to the management of records through datix as opposed to the SOP in 504 which is the guidance from EMS Coordination in relation to live management of incidents. The review undertaken by the delivery unit in relation to the joint investigation process did not specifically pick up any additional learning regarding immediate release declines however there is now a 'standing agenda' item in the quarterly PTR report regarding serious incidents linked to declines so that we have a method to capture incidents and identify thematic activity. TBC at next review if this now closes this item. Update: 26.09.23 - Standard Operating Procedure for Datix drafted to step out expectations for managers. Review currently ongoing for how datix is used with proposals to be drafted to more easily identify those IRD records where harm has occurred. Proposed revised date of 31.12.23 to allow datix team to provide analysis and proposols for change. Reason for proposed revised date is due to capacity within team. Senior QUality Governance lead now in place, OCP completed for department but 1 vacancy still remains. Last update: 14.04.23 Delayed due to management capacity and impacts of industrial request for extensiont to end of April 23 - coaching bulletin drafted

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503	22/23	FPC	Immediate Release Directions	Reasonable	Caroline Miftari	Liam Williams	High		3.2 Noting the capacity issues above, the Trust should review the requirement to investigate all Amber 1 declined directions and consider introducing a streamlined mechanism of reporting. The Trust's SOP should then be updated accordingly to reflect the outcome of this review.		The Trust will agree a process to record all Amber 1 declined IRDs and report occurrence thematically based on UHB and clinical code sets. Where thematic analysis identifies additional areas of concern, these will be taken forward on a 'task and finish' basis by the Trust with the appropriate UHB and clinical representation.	Feb-23	Not Met	Apr-23	Dec-23		Open	Update 121023: Given that the action is to include the process to record all Amber 1 declined IRDs and report thematically, with TFGs being estabisherd where areas of concern identified, we will close this when the SOP (the SOP is different to that in item 504) has been approved as that will close off the action. The action was not to embed processes. Propose extending to Dec 23 on that basis. All Amber 1 declined IRDs are now recorded through datix. There may be further tweaks to the process as we continue to develop our quality management system. Update 26.09.23: Linked to Ref 502 review now ongoing for how datix is used which will include recommendations on how themeatic anaysis can be provided. Quality Management Group now commencing which will allow for review of thematic analysis to support quality improvement planning and subsequent T&F tasking. Proposed revised date of 31.03.24 to allow recommendations to be approved and QMG to embed processes, pre-requisite for Ref 502 to be completed before this action can be recommended for closure. Reason for delay is due to capacity within team. Senior Quality Governance lead now in place, OCP completed for department but 1 vacancy still remains. Last update: 14.04.23 Delayed due to management capacity and impacts of industrial request for extensiont to end of April 23 - coaching bulletin drafted
504	22/23	FPC	Immediate Release Directions	Reasonable	Kate Blackmore - **Gill Plemming as of 22/09/2023**	Lee Brooks	Medium		4.1 The SOP should be updated to reflect the revised approach to investigate 10% of Amber 1 declined directions, and mechanisms put in place to ensure this requirement is adhered to.		The Trust accepts this recommendation and will update the SOP to reflect the revised approach; Further a mechanism to ensure compliance with the revised approach will be determined	Apr-23	Not Met	Jun-23	Jul-23	Sep-23	Closed in Quarter	22.09.2023 - SOP approved in EMSC Business Meeting, SOT and SLT. Process is embedded with weekly scrutiny by EMSC Head of Service and Service Managers. Addtional measures in place that 10% of the calls are audited for compliance by EMSC staff undertaking the immediate release directions ensuring they are compliant with Standard Operating Procedure. There are weekly reports coming out of those audits, fed back into EMSC service managers for feedback and to improve practice. Proposing Closure for this action. Update: 16.08.23 - Further revised date provided to Sep 23. Resource SOP being finalised and will then be reviewed by SOT before publication. **Anticipated that it'll be reviewed at formal SOT at end of August 2023.** Update: 26.06.23 - Resource deployment SOP has been reviewed and is expected to go through governance arrangements for approval and issue in July 23
522	22/23	FPC	Data Analysis	Reasonable	Jon Hopkins	Leanne Smith	Medium		1.1 A report (template) catalogue should be created and maintained. It should list all reports available, their purpose, the data fields they contain, and the parameters that can control the actual report production e.g. period, location etc. This can be supported by the MI on report production; if it has not been produced for over 12 months is it still needed, should it be archived?		A report catalogue is already in development. We will also set up a small selection of report templates to help speed up development, make self-serve easier for consumers, and streamline this report cataloguing effort.	Apr-23	Not Met	Dec-23			Open	Last updated 28/06/23 Capacity in the analytics team means although progress has been made against this action, it is not yet complete. The report catalogue now exists, but cycles of review for the reports contained within it have not yet commenced.
523	22/23	FPC	Data Analysis	Reasonable	Jon Hopkins	Leanne Smith	Medium		1.2 The process of requesting a new or modified report should be formalised. It should include reference to the catalogue at 1.1 so that specialised analyst time is not wasted reproducing existing reports		The recommendation is welcomed, and we will look to expand on the existing request process with a formalised (potentially guided self-serve) check of existing functionality, and an ability to decline requests if the content already exists in other places, or if not aligned with organisational priorities.	May-23	Not Met	Dec-23			Open	Last updated: 28/06/23 The new report catalogue has been embedded within HI processes: when new requests for intelligence are received a check is made whether a report already exists which could allow the requestor to self-serve the information before the task is actioned. Due to capacity constraints within the team, the request mechanism is still to be amended to ensure alignement with WAST strategic priorities in 2023-24.
524	22/23	FPC	Data Analysis	Reasonable	Leanne Smith	Leanne Smith	Medium		1.3 Data on report production and usage should be maintained, and feedback from the requestor obtained. This should be used to maintain and limit the reports available to a manageable number of reports with their usage and priority recorded.		We do already obtain some feedback on service and products, but will look to formalise the collection of this and the embedding of findings within the development cycle process, as well as create management KPIs around these metrics to take through Digital governance routes. However, a dependency here is the management of the HI HelpDesk inbox, and work to converge this with the ICT ServiceDesk inbox.	Jun-23	Not Met	Dec-23			Open	Last updated: 02/10/23 Report usage data is routinely collected and used on an ad-hoc basis, but we don't currently obtain much feedback from requester/users. We are beginning to implement a report review cycle for all reports. Linked to 522.
525	22/23	FPC	Data Analysis	Reasonable	Jon Hopkins	Leanne Smith	Low		2.1 There should be a series of Entity Relationship Models available covering all of the tables in the data warehouse.		We will develop an ERD library, including meta-data, starting with **EMS CAD.** We will plan out a roadmap for this exercise to expand into the other systems supporting EMS, Ambulance Care, 111 and Corporate teams around the organisation, to build up a full WAST ERD library and meta-data source.	Mar-23	Not Met	Mar-24			Open	Last updated: 28/06/23 The EMS CAD Data diagram is now complete. Deadline for full ERD library is unrealistic, suggest this is reviewed against other priorities. This work will ultimately be used within Digital and not wider Trust stakeholders. There has been a Principal Data Engineer vacancy since Jun-23 and as part of the savings plan, there is no intention to backfil for this post in the short-term.

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526	22/23	FPC	Data Analysis	Reasonable	Jon Hopkins	Leanne Smith	Low		2.2 All tables should have a completed meta-data table describing their contents		We will develop an ERD library, including meta-data, starting with EMS CAD. We will plan out a **roadmap** for this exercise to expand into the other systems supporting EMS, Ambulance Care, 111 and Corporate teams around the organisation, to build up a full WAST ERD library and meta-data source.	Jul-23	Not Met	Dec 23			Open	Last Updated: 02/10/23: As per update of item 525. A sequence of design for the ERD library has been agreed within Digital, but timelines for completion are not yet available due vacancies in the team (recruitment is underway). The EMS CAD item is complete, with goal of achieving ePCR diagram by December 2023 (followed by CAS then NEPTS in Spring 2024).
527	22/23	FPC	Data Analysis	Reasonable	Aled Williams	Leanne	High		3.1 A programme to replace all of the Qlik reports with Power BI equivalents should be scoped and completed. Qlik should then be decommissioned and removed.		**A risk-assessment** will be conducted to understand the exposure to WAST of Qlik Sense being out of vendor support. This platform is not internet facing (i.e. for internal users only, not on a publicly accessible web url), and not believed to present an information security risk, but pending ICT assessment, we will devise a mitigation plan, or an options appraisal for maturity - **due March 23**. In the meantime, there is already a programme of work to migrate reports and dashboards to **PowerBI.** However, this is a lengthy and high-capacity activity, and is not prioritised highly at this current time - due March 24.	Mar-23	Not Met				Closed in Quarter	Last Updated: 02/10/23: Risk assessment completed and in Datix no. 609. A 12-month secondment has been created for a PowerBI specialist to start the work of migration from Qlik before decommissioning. March-24 is likely unrealistic, but a roadmap will be developed once the secondment begins (November-23). Previous update: 27/06/23 Qlik is considered a low IS risk. Work is already ongoing to move reports into powerBI but due to capacity constraints within the team will take most of 2023-24 to complete UPDATE REQUIRED AS TO WHETHER RISK ASSESSMENTS HAVE BEEN COMPLETED AND PROVIDE EVIDENCE
527	22/23	FPC	Data Analysis	Reasonable	Aled Williams	Leanne Smith	High		3.1 A programme to replace all of the Qlik reports with Power BI equivalents should be scoped and completed. Qlik should then be decommissioned and removed.		**A risk-assessment** will be conducted to understand the exposure to WAST of Qlik Sense being out of vendor support. This platform is not internet facing (i.e. for internal users only, not on a publicly accessible web url), and not believed to present an information security risk, but pending ICT assessment, we will devise a mitigation plan, or an options appraisal for maturity - **due March 23**. In the meantime, there is already a programme of work to migrate reports and dashboards to **PowerBI.** However, this is a lengthy and high-capacity activity, and is not prioritised highly at this current time - due March 24.	Mar 24	Not Yet Due				Open	Last Updated: 02/10/23: Risk assessment completed and in Datix. A 12-month secondment has been created for a PowerBI specialist to start the work of migration from Qlik before decommissioning. March-24 is likely unrealistic, but a roadmap will be developed once the secondment begins (November-23). Previous update: 27/06/23 - Qlik is considered a low IS risk. Work is already ongoing to move reports into powerBI but due to capacity constraints within the team will take most of 2023-24 to complete
531	22/23	FPC	Data Analysis	Reasonable	Leanne Smith	Leanne Smith	Low		5.1 A defined quality (accuracy) level should be established for all data fields, so that particular focus can be made on those determined as being key, e.g., patient identifiers have to be 100% accurate.		It should be noted that we have only 0.4 WTE capacity in this specialist function and so any activities around data quality management improvements will not be able to be completed quickly. However, we will commit to review our Data Quality Policy, adding in detail regarding the minimum level of acceptable accuracy and error rates for key fields where appropriate.	Aug-23	Not Met	Dec 23			Open	Last Updated: 02/10/23: Data Quality Policy review not yet started - this is agreed to be part of the 2024-25 policy workplan. (Digital are reviewing 3 other higher priority policies in 2023-24.). Date for approval of the Data Quality Policy aimed at November 2024 QUEST.
532	22/23	FPC	Data Analysis	Reasonable	Leanne Smith	Leanne Smith	Low		5.2 Acceptable error rate(s) should be agreed and processes put in place or improved, so that Trust data reaches the agreed accuracy levels.		It should be noted that we have only 0.4 WTE capacity in this specialist function and so any activities around data quality management improvements will not be able to be completed quickly. However, we will commit to review our Data Quality Policy, adding in detail regarding the minimum level of acceptable accuracy and error rates for key fields where appropriate.	Aug-23	Not Met	Dec 23			Open	Last Updated: 02/10/23: Data Quality Policy review not yet started - this is agreed to be part of the 2024-25 policy workplan. (Digital are reviewing 3 other higher priority policies in 2023-24.) Date for approval of the Data Quality Policy aimed at November 2024 QUEST

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533	22/23	FPC	Major Incidents	Reasonable	Clare Langshaw	Lee Brooks	High		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.		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.	Mar-23	Not Met	Mar-24			Closure Proposed (pending evidence)	Update 27.09.2023 Developed tracker, annual EPRR report to Welsh Government has been predominantly favourable in the number of excersises we have undertaken, this action has also be superseaded by the Manchester Arena recommendations therefore this action is recommended for closure. Last updated: 26.06.23 - The EPRR team has developed a tracker to record commanders who have undertaking exercising. An exercise plan has been put in place but is limited by available budget and capacity within the EPRR Team so this is currently only available via Teams. Further development is required to enable hybrid table top and live exercises across the Trust to deliver this the EPRR Team requries a dedicated exercise budget and increased capacity within the team.
534	22/23	FPC	Data Analysis	Reasonable	Leanne Smith	Leanne Smith	Low		6.1 The data sharing agreements register should be enhanced to capture more detail on each request		We have a very small Data Protection Compliance function, currently with vacancies. We commit to reviewing the data sharing register and including review dates, but note that this is a lower priority recommendation, and will be contingent on building resilience and capacity within this specialist function in the coming months. This action will therefore be managed by the Information Governance Steering Group (IGSG).	Sep-23	Met				Closed in Quarter	Last Updated: 02/10/23: The data sharing register is being systematically reviewed, and process / functionality improvements made to the register as each agreement reviewed. The register has been shared with the Information Governance Steering Group (IGSG) to bring visibility to the log, and so propose that this action is closed, and ongoing monitoring sits with IGSG. The more immediate risk re. resourcing in IG, is being developed through risk management process. Evidence provided.
536	22/23	FPC	Data Analysis	Reasonable	Leanne Smith	Leanne Smith	Low		6.2 The register should be reviewed regularly to ensure it is up to date.		We have a very small Data Protection Compliance function, currently with vacancies. We commit to reviewing the data sharing register and including review dates, but note that this is a lower priority recommendation, and will be contingent on building resilience and capacity within this specialist function in the coming months. This action will therefore be managed by the Information Governance Steering Group (IGSG).	Sep-23	Met				Closed in Quarter	Last Updated: 02/10/23 Propose that this action is closed as an IG highlight report is now provided monthly at the Information Governance Steering Group (IGSG) which includes update on the position of Data Sharing Agreements and Data Protection Impact Assessments, along with the registers. Evidence provided
544	22/23	FPC	Major Incidents	Reasonable	Clare Langshaw	Lee Brooks	Low		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.		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.	Nov-22	Not Met	Apr 23			Closed in Quarter	Update 01.08.23 - SOP updated to reflect escalation process - updated SOP provided Update: 11.04.2023 - This action relates to the Organisational Learning SOP, the flow chart for which needed to reflect escalation. CL arranging for updated flow chart outlining the escalation process to be submitted to Operations SLT then ADLT for assurance. This will be completed by end of Apr23.
554	22/23	FPC	Fleet Maintenance	Reasonable	Dave Holmes	Chris Turley	High		3.1 The Trust should review fleet maintenance expenditure and ensure that the procurement rules have been adhered to.		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. All expenditure with suppliers exceeding the financial threshold will be tendered for and/or framework agreements / contracts awarded.	Nov-22	Not Met	April 23	Jun-23	Aug-23	Open	**REVISED DATE REQUIRED** Last updated 29/06/23: Work continues with our partners in NWSSP. Suppliers/services have been identified as requiring a procurement exercise as follows. MOT services- Tender awarded. Gearbox specialist services awarded. Windscreen services Full tender being advertised and planned to be awarded August 23. Service maintenance repair North Wales is to re added to the next Pan Wales SMR tender as advised by IA at NWSSP.
558	22/23	FPC	IMTP Delivery	Reasonable	Heather Holden	Rachel Marsh	Medium		1.1 The PDDs of the sample programmes should be enhanced to include a Quality Management element to assure the quality of the programme and its deliverables.		This recommendation is accepted. We will define the quality standards to be implemented across all projects and programmes as part of the development of the project and programme management framework and will consider how we define quality measures for project deliverables for the delivery of the next iteration of the IMTP. This will commence with a framework workshop by the end of April to determine the actions required to put this in place.	Apr-23	Not Met	Jun-23	Nov-23		Open	20.09.2023 - Since the audit a review of the approach to IMTP delivery has been undertaken and a more agile approach to IMTP and transformation delivery is being developed recognising the complexity and interrelatedness of the programme structures that are currently running. A Project Path Framework is in development (due October/November 2023) to replace the current outdated Project and Programme Management framework along with a standard suite of templates. A first draft of the framework will be presented internally to the SPP team by the end of September and will then be presented to ISPG for feedback and approval. This will include a revised Programme Definition Document that includes a Quality Management section. Following approval, the current programmes will be transitioned to the new templates and the QM sections will be populated. Last Updated: 17.04.23 Workshop with transformation team on 3rd April, outcomes to be written up and next steps agreed.

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560	22/23	FPC	IMTP Delivery	Reasonable	Kelsey Rees-Dykes	Rachel Marsh	Medium		2.1 The G2C programme board should implement a programme level deliverables plan to assure the management of dependencies in the event of individual project / workstream slippage or other development; and that this is universally implemented across the transformation programmes of the Trust.		Currently programme level plans are included within the overarching reporting via STB. With specific plans developed at project level. We will therefore develop a detailed G2C Programme Action Plan (Milestone timeline aligned to IMTP deliverables) with project Gantt charts feeding into this timeline.	Mar-23	Not Met	Jun-23	Nov-23		Open	20.09.2023 - Since the audit a review of the approach to IMTP delivery has been undertaken and a more agile approach to IMTP and transformation delivery is being developed recognising the complexity and interrelatedness of the programme structures that are currently running. A Project Path Framework is in development (due October/November 2023) to replace the current outdated Project and Programme Management framework along with a standard suite of templates. A first draft of the framework will be presented internally to the SPP team by the end of September and will then be presented to ISPG for feedback and approval. RAID (Risk, Action, Issues, Decision) logs are part of the standard suite of documentation. Last updated: 17.04.23 Focus of March planning and transformation was landing the IMTP which required additional attention from the team to meet the challenging outlook for 2023/24. Following a review of the governance and reporting into STB we are now re-setting the programme plans in line with the 2023-26 IMTP so this will form part of that work.
562	22/23	FPC	IMTP Delivery	Reasonable	Heather Holden	Rachel Marsh	Medium		3.1 Programme documentation should incorporate a standard benefit realisation plan that includes the methods to assess the identified benefits, the timing of the benefit realisation work and the criteria that will be applied to measure success.		We would consider there to be a benefits plan in place for EMS Operational Transformation. For other programmes, this has been something that we have intended to do for some time, as we awaited the appointment of a new Head of Transformation. We recognise the need to clearly articulate and plan programme benefits and will review all programmes to determine whether current benefits plans meet the requirement of a benefits realisation plan and will identify dates to hold benefits planning workshops to finalise benefits realisation plans for each programme where this is required.	Apr-23	Not Met	Jun-23	Oct-23		Open	20.09.23 - A Benefits Realisation Plan template has been developed and will be rolled out across the existing programmes. Due October 2023. Will propose closure once action complete Last Update: 17.04.23 Workshop with transformation team on 3rd April, outcomes to be written up and next steps agreed.
566	22/23	FPC	Hazardous Area Response Team (HART)	Reasonable	Clare Langshaw/Judith Bryce	Lee Brooks	Medium		1.1 The Trust should engage with Welsh Government to update the content within the SLA to recognise that HART capabililites and include reference, where appropriate to National Standards		The Trust accepts this recommendation, recognising that the SLA is proivded to WAST by Welsh Government who procure the services from WAST. We will therefore seek to agree the content of the SLA	Mar-22	Not Met	Mar 23	Sep-23	Mar-24	Open	Update 27.09.2023 new SLA in draft and agreement with Welsh Governmanet that the new SLA will come into 2024/2025 financial year. Last Updated: 26.06.2023 - Agreement obtained that Welsh Government will review the SLA and the process has commenced. EPRR Team has commenced the review of SLA. Proposed completion date changed from Sep23 to Mar24 as an extensives amount of work needs to be undertaken.
567	22/23	FPC	Hazardous Area Response Team (HART)	Reasonable	Clare Langshaw/Judith Bryce	Lee Brooks	Medium		2.1 The Trust should undertake a self-assessment agains the NARU key lines of enquiry review document. This could support any future "critical friend" review undertaken		The Trust accepts this recommendation and is committed to undertaking a self-assessment aginst the NARU review document	May-23	Not Met	Mar-23	Mar-24		Open	Update 27.09.2023 NARU still unable to support due to capacity limitations. HART uplift currently rolled out in england which is NARU's current focus. To ensure this action is undertaken an internal review will now take place in line with this action. Last Updated: 26.06.2023 NARU has been approached, but they are not able to support this at the moment due to staff shortages. Although they are supportive of the Trust in this. Proposed completion date changed from Mar23 to Mar24.
568	22/23	FPC	Hazardous Area Response Team (HART)	Reasonable	Clare Langshaw/Judith Bryce	Lee Brooks	Medium		3.1 The Trust should establish a single process to collating and maintaining the HART service asset register. NARU guidance indicates this must include any regulatory requirements associated with the equipment		The Trust accepts this recommendation and will ensure that relevant fields are updated and included on Proclus. Regular updating on Proclus will also be maintained.	Apr-22	Not Met	Sep-23			Open	**POTENTIAL REVISED DATE REQUIRED** Update 27.09.2023 process in place to put the asset onto proclus however a waiver needs to be implemented to pay for the licence. Procurement to agree on the single tender waiver. Last Updated: 26.06.2023 - Meeting held with Proclus on 30.03.23 to discuss and agree a plan to progress this matter. This is a significant piece of work but on track for completion by end of Sept23.
569	22/23	FPC	Hazardous Area Response Team (HART)	Reasonable	Clare Langshaw/Judith Bryce	Lee Brooks	Medium		4.1 HART SOPs should be reviewed to ensure they reflect current practice		The Trust accepts this recommendation and will ensure that current SOPS are updated to reflect current practice. Further, we will create a mechanism to monitor the review period of SOPs to ensure consistency	Apr-23	Not Met	Apr 23	Aug-23		Closed in Quarter	Update 27.09.2023 - All SOPs complete, recommend to close this action. Evidence of SOT approval via Minutes and AAA to SLT provided. Last Updated: 26.06.2023 - All 34 SOPs will be complete by end of Aug23, currently 13 completed. Proposed completion date extended from Apr23 to Aug23.
570	22/23	FPC	Hazardous Area Response Team (HART)	Reasonable	Clare Langshaw/Judith Bryce	Lee Brooks	Medium		5.1 The Trust should consider undertaking a periodic review of the CAD codes assigned to prompt specialist response, or establishing a link between the group and HART for its input into ongoing reviews.		The Trust accepts this recommendation and will undertake a review of CAD codes to ensure they are applicable to HART capabilities and also maximise the use of HART deployments. Any changes will be subject to CPAS approval and we will engage with CPAS to reflect this work on their work programme.	Jun-23	Not Met	May-23	Oct-23		Open	Update 27.09.2023 - Specialist ops LM has approached EMSC for support, EMSC unable to support at this time due to thier capacity, unable to move this action forward without EMSC support. Last Updated: 26.06.2023 - EPRR Team linking with EMSC colleagues to progress this audit recommendation.

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572	22/23	FPC	Hazardous Area Response Team (HART)	Reasonable	Clare Langshaw/Judith Bryce	Lee Brooks	High		7.1 We would support the action taken to trial recording operative training on PROCLUS, and the Trust should review opportunities to incorporate any data extracts to support training performance and compliance monitoring which could be included in Training Manager update reports.		The Trust accepts this recommendation and will ensure there is a robust system in place to capture the training compliance for teams. Where there is potential for compliance to be compromised, an early escalation system will be activated to ensure remedial action and reporting.	Mar-23		Mar-23			Closed	Last Updated: 11.04.2023 All training records are now stored on Proclus and are manintained by the HART Training Operational Manager on a weekly basis. This process if supported by the HART Training Operational Manager producing an end of training rotation final sign off and updating the training records held on station. CLOSE
573	22/23	FPC	Hazardous Area Response Team (HART)	Reasonable	Clare Langshaw/Judith Bryce	Lee Brooks	Medium		8.1 The Trust should make arrangements to update and finalise the MOU with Fire and Rescue services		The Trust accepts this recommendation and will ensure that the MOU with Fire and Rescue Services is updated appropriately	May-23	Not Met	May-23	Dec-23		Open	29.09.2023 - following discussion at SLT, and in line with the update on the 1st August 2023, this recommendation is recommended for closure. The JESG document is in development with JESG and is unconnected with this action. CLOSURE PROPOSED. 27.09.2023 - The action will not be closed untill JESG doc approved 2nd revised date for December 2023. Update: 01.08.23 - SWFRS are unable to locate this document. A review of the need for this document, taking into account the content of the document now being outdated, as it was orginally intended to aid the start up of HART and the length of time this document has been pending with no serious untoward incidents. I recommend this action is closed as it is no longer relevant. On 8/8/23 the SLT approved document 'Requests for Assistance and/or Support MoU between WAST, Police Forces and Fire & Rescue Services'. This document is due to be approved by JESG and establishes support arrangements between services. Update: 11.04.2023 - SWFRS who own the MOU have confirmed that they have the document and are in the process of reviewing it. Response from SWFRS will be progressed during Apr23 in order to aim for completion of this recommendation by end of May23 as planned.
574	22/23	FPC	Hazardous Area Response Team (HART)	Reasonable	Clare Langshaw/Judith Bryce	Lee Brooks	Medium		9.1 A formal mechanism should be developed for the recording, monitoring and completion of actions related to debriefs and lessons learnt. Periodic reporting within the Directorate should be undertaken to provide assurance that these mechanisms, and the debrief process are operating as expected.		The Trust accepts this recommendation and will develop a formal mechanism to record, monitor and complete actions from debriefs and lessons learnt. This mechanism will include a reporting process to Senior Operations Team (SOT) with relevant assurance to Senior Leadership Team (SLT) where appropriate	May-23	Not Met	May-23			Closed in Quarter	Update 01.08.23 - this action is now complete. Dates have been set for CPD learning days. The HART Dashboard is part of the quarterly reporting into SOT and onto SLT (into which HART debrief are recorded) and Lessons Identified from HART debriefs can be fed into the OLSS through the Specialist Ops LM. - SOT SBAR EPRR and HART Dashboard reviewed Update: 11.04.2023 - CPD development days are being arranged where learning can be shared between watches. These dates will be set by 01.05.23. Debriefs are stored and shared between the Operational Managers via a shared drive and recorded on the Quality Dashboard. The quality Dashbaord is now subitted to SLT on a quartley basis along with the HART KPI. Any lessons identified that need wider Trust support to implement are escalated onto the OLSS. In progress and on track to complete by end of May23 as planned.
575	22/23	FPC	Hazardous Area Response Team (HART)	Reasonable	Clare Langshaw/Judith Bryce	Lee Brooks	Medium		9.2 In progressing the above there could be consideration to aligning the recording of actions and responses to NARU National Safety Notices		The recording of actions and responses to NARU National Safety Notices will be incorporated into the formal reporting mechanism in 9.1	May-23	Not Met	May-23			Closed in Quarter	Update: 01.08.23 - 01/08/23 - this action is now complete. This is incorporated into the HART quality dashboard and any learning is fed back to NARU trough the HART National Operations Group. Update: 11.04.2023 - This is to be incorporated into the HART Quality Dashboard. In train and on track for completion by end of May23 as planned.
595	22/23	FPC	Hazardous Area Response Team (HART)	Reasonable	Clare Langshaw/Judith Bryce	Lee Brooks	Medium		6.1 HART management should undertake periodic comparison of data extracted from the CAD system to compare against activity reported on PROCLUS to support ongoing efforts to improve data recording on that system		The Trust accepts this recommendation and will undertake a comparison of CAD data to Proclus, with a view to improving the accuracy and system of reporting on Proclus in the future.	May-23	Not Met	May-23	Oct-23		Open	Update 27.09.2023 - Specialist ops LM has approached EMSC for support, EMSC unable to support at this time due to thier capacity, unable to move this action forward without EMSC support. Last Updated: 26.06.2023 - EPRR Team linking with EMSC colleagues to progress this audit recommendation.

AGENDA ITEM No	**11**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**3**

Integrated Medium-Term Plan (IMTP) 2023 – 2026
Confirmed end of Q1/Q2 Delivery & Assurance Position & Q3 interim update

MEETING	Finance & Performance Committee
DATE	13th November 2023
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation
CONTACT	Alexander.crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this paper is to provide Finance & Performance Committee confirmation of the end of Q2 position, an interim update on Q3 by exception in delivery of the IMTP 2023/26. This is an interim position by exception due to the change in timing of reporting into Strategic Transformation Board (STB), and a more detailed update on Q3 will be available to the next Committee and Board meetings as an end of quarter position.

2. A full delivery and assurance report is included as an appendix to this paper, alongside a detailed assurance report in relation to the Inverting the Triangle Programme. These are the final, confirmed end of Q2 positions recently reported into STB.

3. The paper will also set out the requirements of the Welsh Government Accountability conditions accompanying IMTP approval and any progress updates against those conditions.

RECOMMENDED: That the Finance & Performance Committee:

1. **Notes the contents of Appendix 1 and the update against the ministerial priorities that are relevant to WAST;**
2. **Notes the overall delivery of the IMTP detailed in this paper and appendices 2&3; and**
3. **Advises of any further areas of assurance for the November Trust Board meeting.**

KEY ISSUES/IMPLICATIONS

1. Following Trust Board approval on 30 March 2023, WAST submitted its last IMTP (2023-26) to Welsh Government on 31st March 2023. Welsh Government recently approved WAST's IMTP on 12th September 2023. Following approval, the Director General issued accountability conditions on which our approval is based as follows:

   - Demonstrate delivery of a robust savings plan supported by an opportunities pipeline to maximise its improvement trajectory and develop robust mitigating actions to manage financial risks.
   - Demonstrate actions are being taken to mitigate expenditure in volume and inflationary growth pressures beyond funded levels, as far as possible, throughout the financial year to ensure you maintain financial balance.
   - Demonstrate actions are being taken to mitigate any residual costs in relation to the legacy of COVID.
   - Continue to make progress with the organisations' approach to allocative value and the population health resource agenda where possible.

2. WAST is also expected by Welsh Government to deliver its commitments in its IMTP, particularly against the ministerial priorities that are relevant to WAST. Appendix 1 sets out an assessment of our current position against Q1 and Q2 milestones presented to the Minister alongside the IMTP

3. Appendix 2 is a full delivery and assurance report which includes a written update from each of the IMTP Delivery Programmes:

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

4. These programmes will provide a written assurance report quarterly to STB, including progress against agreed milestones. Appendix 3 provides a further update on the work being undertaken to further develop our strategy and the transformation programme around EMS 'Inverting the Triangle' as this work enters an evolutionary phase to further progress the narrative on transformational change and widen the scope to be a more integrated mechanism for change.

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

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

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

Quarter 3 interim position – as at 31st October 2023

7. The position set out in these appendices is the confirmed end of quarter 2 position and little has changed in terms of RAG rating against the programmes reported on 18th September 2023 to the Committee (close to the end of quarter). It should also be noted that a key area of focus for the Trust moving from Q2 into Q3 was the change in the NHS Wales Financial position and the need to develop further savings proposals in August/September, along with Quality Impact Assessments to ascertain the risks associated with the proposed savings plans.

8. However, the following updates on our major programmes of work can be noted by exception:

- EMS Operations – remains Amber

The previously paused EMS Co-ordination Reconfiguration project has been restarted. The Rightsizing of EMS resources remains paused and is subject to further dialogue with trade union partners. An update will be given to next STB and Committee meetings.

- Ambulance Care – remains Amber

No significant changes. However, final ORH reports have been received on the Strategic Review of the Urgent Care Service, which is due to be presented to ELT in October / early November, and Transfer & Discharge resources, which now allow the project team to move to its next milestones and develop options to be engaged on with Health Boards.

- Clinical Transformation – remains Amber

No significant changes with regards to the project statuses in this programme, however those projects aligned to the Inverting the Triangle (EMS Transformation) workstreams are reported below.

- Gateway to Care (G2C) – remains Amber/Green

  - There will be a verbal update on SALUS / IIS.
  - There is also an intention to undertake an Integrated Care "What the Future Looks Like" collaborative event, but this cannot go ahead until the patient administration platform is Live.

9. To Note: The G2C progress report shows SALUS/IIS as Red but the milestones for Q2 as amber/green, this is because whilst the overall project is significantly off track, the milestones that were required for the IIS in this period were being delivered by WAST.

- Financial Sustainability – remains Amber

  - No major changes from the last Committee meeting to report.
  - Planning is underway for an ELT Commercial Planning Session in December, following a direction to focus on the income generation workstream in the latter part of 2023/34 and into the next IMTP.

- Strategic Development and EMS Transformation ('Inverting the Triangle') – remains Amber

  - Following discussion with Board and ELT on the next steps for this transformation programme and the updated narratives around the ambition and service models, further discussion sessions have been held with the Transformation Steering and Assurance (TSAG) & Board Development (end October 2023), with a wider workshop in November 2023 being planned.
  - A one month engagement campaign on transformation of our services has begun internally within WAST via our internal platforms (Yammer and Siren).
  - Further PDSA (number 3) was completed in October 2023 with the initial findings and evaluation now in train.

REPORT APPROVAL ROUTE
Strategic Transformation Board 16th October 2023

REPORT APPENDICES
Appendix 1 – Assessment of delivery against WG accountability conditions Appendix 2 – IMTP Delivery Assurance Report Appendix 3 – Strategy Development Highlight Report Oct_23

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		**Confirm that the issues below have been considered and addressed**	
EQIA (Inc. Welsh language)	ü	Financial Implications	ü
Environmental/Sustainability	ü	Legal Implications	N/A
Estate	ü	Patient Safety/Safeguarding	N/A
Ethical Matters	N/A	Risks (Inc. Reputational)	ü

Health Improvement	ü	Socio Economic Duty	N/A
Health and Safety	ü	TU Partner Consultation	ü

Appendix 1

Situation

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

Background

2. WAST submitted its last IMTP (2023-26) to WG on 31st March 2023 following Board approval. Welsh Government recently approved WAST's IMTP on 12th September 2023. Following approval the Director General issued accountability conditions on which our approval is based on 2nd October 2023 as follows:

    - Demonstrate delivery of a robust savings plan supported by an opportunities pipeline to maximise its improvement trajectory and develop robust mitigating actions to manage financial risks.
    - Demonstrate actions are being taken to mitigate expenditure in volume and inflationary growth pressures beyond funded levels, as far as possible, throughout the financial year to ensure you maintain financial balance.
    - Demonstrate actions are being taken to mitigate any residual costs in relation to the legacy of COVID.
    - Continue to make progress with the organisations' approach to allocative value and the population health resource agenda where possible.

    These four financial areas will be monitored by the NHS Executive, Financial Planning and Delivery Team on a quarterly basis, and assurance on our financial position is provided to the Committee and the Board through the finance reports on these agenda. There is also a paper regarding Value Based Health Care on the Committee agenda. This paper therefore will focus on delivery against ministerial priorities, as set out in paragraph 3.

3. Despite financial challenges for NHS Wales, WAST is expected by WG to deliver its commitments in its IMTP, particularly against the ministerial priorities that are relevant to WAST. Furthermore, it is expected that the Board scrutinises the IMTP and ensures that progress is monitored effectively over the forthcoming year, in particular against the Ministerial priority templates that were submitted (these are attached as appendices for the Committee).

4. WAST is also required to refresh its Minimum Data Set (MDS) on a quarterly basis as part of its internal review of plans. The requirements of paragraph 3 and 4 are monitored by the Health and Social Services Group Planning Team. Further risks are communicated to WG through

Assessment

5. The assessment against ministerial priorities is as follows:

Priority	Milestones/actions Q1 and Q2	Progress
Primary care access to services: Improved access to dental services	• Support the NHS Wales Dental Review, and with commissioners to plan for roll-out of the 111 service to patients with urgent dental care needs. • Development of urgent dental care	A dental pathway pilot has commenced with BCU and HD using a digital platform for referrals utilising a new referral criteria. A performance review using relevant data will be conducted prior to wider roll out across Wales. Further work is also required to standardise service approaches in various health boards.
Urgent & Emergency care: Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability (aligned to Goals 1, 2 &3)	• Reach and maintain call handling establishment. • Local integrated commissioning action plans (ICAPs) updated with clinical delivery plans that	111 Commissioners have indicated that 198 WTE call handlers and 102 WTE clinicians can be funded this financial year. In Sep-23, 173 WTEs were in post for call handlers, with a further 8 WTE capacity being provided by bank and overtime. Call handlers numbers are projected to increase to 185 WTEs by Mar-23. There were 101 WTE clinicians in post in Sep-23 with a further capacity being provided by bank and overtime. A 111 strategic workforce plan is an identified commissioning intention. WAST is currently developing a strategic workforce plan for the whole organisation, with clear progress being made, and formal engagement expected with commissioners in Jan-24. Further work is required to develop ICAPs as a tool for capturing 111 service

Priority	Milestones/actions Q1 and Q2	Progress
	include 111 service proposals.	proposals, as the ICAP process matures.
	• Undertake an advice line review to incorporate the Clinical Advice Line (CAL) and Hub Advice Line (HAL) to understand its outputs, value, and opportunities for improvement.	This work was commenced but currently paused pending further work to be completed around the continuity of the CAS system in 111.
	• Development of clinical leadership in 111	Despite funding challenges and the loss of two posts due to lack of recurring funding, the NHS 111 Clinical Leadership Team has developed well over the last 12-24 months. The introduction of their 'confident and competent' strategy for NHS 111 has seen the clinical leadership team design, develop and deliver tabletop scenario exercises, clinical supervision, clinical audit redesign, introduce advanced practice education to NHS 111 Wales and contribute significantly to the NHS 111 Wales quality agenda. Members of the Clinical Leadership Team are on MSC and PhD journeys, aligned to the HEIW career framework and spend much time supporting the workforce through their own journeys. They continue to be research-active and contribute to the academic literature. Elements of the 'confident and competent' strategy continue to be developed and

Priority	Milestones/actions Q1 and Q2	Progress
		implemented alongside other key priorities.
Urgent & Emergency care: Implementation of Same Day Emergency Care services that complies with the following:	• Determine goal 2/3 programme appetite to develop pathways for 111 into SDEC to link into later ICAP discussions. • Through the national SDEC action group discuss national approach to pathway development and implementation for WAST • Local implementation of the nationally agreed pathways – **agree trajectories** for increase in access from WAST clinicians on scene	Referrals to SDEC currently accounts for around 0.2% of WAST demand. Modelling at the outset of 2023 established that there is the potential for around 4% of our demand to be referred into SDEC services from EMS with a modelled gain of around 5% in red performance and 29 minutes improvement in the Amber 1 median. WAST continues to engage through the national SDEC group and locally through ICAPs on SDEC pathways. The current performance is not completely within WAST control.
Urgent & Emergency care: Health boards must honour commitments that have been made to reduce handover waits	• Evaluation of 'virtual ward' (now known as Community Support Cymru) pilots to inform business case development. • Direct access pathways available (number to be determined) • Review of 'Perfect Day' to inform handover delay improvement, reporting through ICAPs. • Evaluation of 'virtual ward' concept complete • Develop and implement a Midwife Advice line 24/7 as an alternative to ED/HB conveyance. • Working with health boards to optimise	CSC pilots have progressed well and a Business Case has been prepared to present to ELT during quarter 2. This has already been scrutinised by ADLT Business Case panel. This is based on a successful evaluation of the phase 1 pilots and accompanying technology projects being run with the Small Business Research Institute and seeks to establish more testing into phase 2 and the expansion of volunteer resources to support the initiative. Direct pathways continue to be discussed at a local level through ICAP meetings,

Priority	Milestones/actions Q1 and Q2	Progress
	conveyance through development of the clinical delivery plan and through ICAP meetings. • Move into next phase of 'virtual ward' concept depending on outcome of evaluation. • Develop implementation plan with commissioners for All Wales Transfer and Discharge • Scoping work on labour line Q2 and develop proposals to HBs and WG	however there is national work ongoing through the Six Goals Programme to develop 'continuous flow' to improve handover. However, handover is still extreme as set out in the MIQPR. The Optimising Care Group that reports into Clinical Transformation Programme Board continues to work on developing pathways that help to divert people away from EDs as the default. WAST has now employed a lead midwife to take forward key pieces of work to support expectant mothers and mothers in labour. Further updates will be made in future reports.
Cancer recovery: NEPTS oncology performance	• Revised oncology performance parameters • Working with health boards and providers of oncology services on our proposed establishment of an enhanced hub to improve the service for our oncology patients	A new oncology target went live from 01 April 2023 and is being regularly reported via the MIQPR. Local management teams are working closely with Health Board colleagues to develop local actions in response to the current level of Oncology performance. This should address the lack of cohesive planning that includes transport as we have in Renal services. The renal hub has begun the transformation from a renal only service into an enhanced

Priority	Milestones/actions Q1 and Q2	Progress
		service hub focused service. The first piece of work they will focus on will be the creation of a group of oncology focused volunteers and a buddy system for those patients that have regular transport patterns. This will improve patient experience and performance. A separate workstream has also been created focused on data management on ready and pick up times. The hypothesis is that this will improve overall performance and ensure a more robust data set.
Mental health and Child and Adolescent Mental Health Services (CAMHS)	• 111 Press 2 in place	111 Press 2 for mental health is now an established service. Whilst it was not included in the ministerial template, a further alternative pathway for mental health service users has been developed and funded in Aneurin Bevan where the Health Board and WAST will be piloting mental health response vehicles, which have been successfully deployed in other ambulance services.

6. This is the first assessment against the ministerial templates, the process to provide the templates was new in 2023. We aim to refine our approach to developing the templates this year to bring through with the IMTP when it is approved by the Board and further refine the actions and milestones that will be delivered in 2024 against the minister's priorities.

Recommendation: The Committee is asked to Note the contents of this paper and the update against the ministerial priorities that are relevant to WAST.

Welsh Ambulance Services NHS Trust

IMTP Delivery – Q2 Assurance and Highlight Report

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

IMTP Delivery – Q2/Q3 Assurance & Highlight Report
Version 1.0
Released: 11th October 2023

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

IMTP Delivery Programmes

- EMS Operations
- Ambulance Care
- Gateway to Care
- Clinical Transformation
- Financial Sustainability
- IMTP Enablers & Fundamentals

Use hyperlinked section headers to navigate to each section

Use the arrows to progress through the report

EMS Operations Programme

Hugh Bennett

EMS Operations Programme

Report Month:	Current RAG	Previous RAG	STB Action Required	SRO:	Hugh Bennett
Sep-23	Amber	Amber	To note the slippage across EMS Reconfiguration Project workstreams due to competing operational pressures.	Business Partner:	-
				Project Manager:	Richard Baxter

Objectives	Current Position End of Q2	RAG	Upcoming Key Milestones Q3
EMS Response Roster Review	**Complete part 1 evaluation:** Focus groups and collection of feedback via survey has taken place. Due to planning team capacity at present the completion of evaluation and project closure activities have moved into Q3.	R	1. Complete formal evaluation 2. Complete project closure report
	Rightsizing following roster changes: Following the report to Ops SLT on 08/08 and EMT 09/08 recommending 3.5 EA reductions. Push ack from Trade Unions in August. Currently paused.	P	Due to be taken back to WASTP in October
EMSC Reconfiguration Project	**EMSC Roster Review Workstream:** **SLIPPAGE:** Project was paused towards the end of Jun-23 due to talks / withdrawal of Trade Union's engagement. Anticipated that work will recommence towards late-Aug-23/early-Sep-23. ORH report has been received in September 23. The EMSC Management Team is currently reviewing the findings and looking at a ways foreword to take the actions and considering other aspects and opportunities like the currently structures with EMSC.	P	Currently Paused
	Broader Ways of Working Workstream: **SLIPPAGE:** Due to operational and service delivery pressures milestones due in Q1 have moved across to Q2. ORH report has been received in September 23. The EMSC Management Team is currently reviewing the findings and looking at a ways foreword to take the actions and considering other aspects and opportunities like the currently structures with EMSC.	P	Currently Paused
	Boundary Changes Workstream: **SLIPPAGE:** ORH report has been received in September 23. The EMSC Management Team is currently reviewing the findings and looking at a ways foreword to take the actions and considering other aspects and opportunities like the currently structures with EMSC.	P	Currently Paused
Cymru High Acuity Response Unit (CHARU) Workstream	Target of 153 – including 11.5 SP contribution. 97 currently with a gap of 44. Another round of internal recruitment has taken place with positive results.	A	Continue to recruitment to target.

Ambulance Care Programme

Mark Harris

Programme Summary Q2

Objectives	Milestone Status				Current Position
	Q1	Q2	Q3	Q4	
NEPTs Roster Project					
Implement the new roster pan Wales (NEPTS)	A	P			**ISSUE:** No funding identified to progress
NET Centre Project					
Seek funding for 12FTE planning and day control	A	P			**ISSUE:** No funding identified to progress
Re-roster NET Centre	G	A			**AT RISK:** Unable to progress further if pause on roster review remains, change request to move timeline
Urgent Care Transformation					
Complete the UCS demand and capacity review	G	C			
Review the recommendations from the D&C review	NS	G			
Develop a transformation plan for UCS	NS	NS			
Transfer & Discharge					
Understand commissioning appetite for the All Wales T&D model	G	A			Continued discussions with NCCU, lack of clarity
Review modelling and scope Business Case	A	A			Further iterations developed to consider potentially more affordable options, final draft being presented to T&D Group 12/10
Collaborative Business Case development with NCCU	NS	G			Initial discussions with regards Comms Plan to engage EASC Management & NEPTS DAG
Develop a plan for implementation	NS	NS			Subject to commissioning
Develop interim plans to support system/strategic service changes	NS	G			Progressing implementation of MTPS, engaging with change programmes to support changes
Transport Solutions					
Implement refreshed performance parameters	G	G			Implementation plan developed and actions underway
Revise and implementing the new eligibility criteria	G	R			Proposal developed for CQGG for final approval, rolling into Q3
NEPTS Plurality Model					
Continue to drive forward the Quality Assurance agenda	G	A			FInalising work with HI, to be signed off in Q3
Scope opportunities for expansion of ambulance car service	G	P			No opportunities identified /supported; not progressing at present.
CAD Business Case					
Establish cross-organisational group	A	A			**ISSUE:** Escalation of issue around CAD Business Case development and the need for a cross-organisational approach.
CAD Business Justification Case development	NS	NS			
NEPTS Operational Improvement					
Discharge Lounge trial	G	A			Initial trial in BCU failed to achieve aims, milestone moved to Q4 further HB to be identified for trial in Q3
Continue to roll out the refresh of the ambulance care fleet mix	G	G			

Ambulance Care Programme

Report Month:	Current RAG	Previous RAG	STB Action Required	SRO:	Mark Harris
Sep-23	Amber	Green	To note the issue/risk around NEPTS and NET Centre re-roster projects.	Business Partner:	Deborah Kingsbury
				Project Manager:	Richard Baxter

Objectives	Q2 Key Milestones	RAG	Current Position
NEPTS Roster Project	**Implement new NEPTS roster pan-Wales**	P	**ISSUE:** Lack of funding to support implementation. Paper to SLT outlining additional funding requirement; decision made by SLT to pause until funding available to support.
NET Centre Project	**Funding for Planning and Day Control (12FTE):** 1. Formal position from Commissioner re: funding	P	**ISSUE:** Commissioners indicated no funding available for 12 additional FTE.
	Re-roster NET Centre: 1. Relief capacity establishment to be completed by end of Q2	A	Working Groups to be set up as part of the Roster Review Core Principles. **AT RISK:** Unable to progress if pause on roster review remains.
Urgent Care Transformation	**UCS Demand & Capacity Review:** 1. Final version of report to be completed. 2. UCS Steering Group to consider the final report	C	Review complete and presented to UCS Steering Group. Senior TU reps have been engaged on the proposal and further staff comms and engagement will be undertaken in Q3
	Demand & Capacity Review recommendations: 1. Establish governance route for formal decision on future UCS model	G	SBAR to SLT on 08/08 with onward submission to EMT/STB. Proposal that ITPG will oversee delivery of the recommendations.
	UCS Transformation Plan development	NS	Due to commence Q3
Transfer & Discharge	**Commissioning appetite for all-Wales model**	A	Exec Deep Dive session presented to T&D Project Group, agreement of further modelling to develop options
	Business Case scoping: 1. Finalise the ORH modelling 2. Focus on/ Deep dive sessions to consider outcomes of the modelling and potential to develop a business case	A	Further scenario modelling completed by ORH and focus on/deep dive sessions facilitated with STB (04/07) and EMT (26/07). Follow Up meeting with key Execs 17/08, and further iterations of modelling proposed and requested from ORH. ORH Report to be finalised in Q3. Final draft received, being presented to T&D Project Group 12/10
	Collaborative Business Case development with NCCU: 1. Develop Comms & Engagement Plan 2. Finalise options to inform business case	G	Initial discussions regarding Comms Plan to engage EASC Management & NEPTS DAG and options to be developed in Q3.
	Develop Implementation Plan	NS	Some preparatory work is planned including finalisation of MTPS rollout and the submission of a GUH single system paper to Ops SLT (Aug-23).
	Develop interim plans to support strategic service changes: 1. Develop implementation plan for MTPS roll out 2. Engage in HB transport groups	G	A Process Mapping session was convened on 17/07 to review protocols to enable tailoring to requirements local system requirements. Engagement with HBs will continue to determine scope and requirements. MTPS protocol design presented to CPAS 06/09.

Ambulance Care Programme

Report Month:	Current RAG	Previous RAG	STB Action Required	SRO:	Mark Harris
Sep-23	Amber	Green	Escalation of issue around CAD Business Case development and the need for a cross-organisational approach.	Business Partner:	Deborah Kingsbury
				Project Manager:	Richard Baxter

Objectives	Q2 Key Milestones	RAG	Current Position
Transport Solutions	**Refresh Performance Parameters:** 1. Develop implementation plan against themes identified	G	Implementation plan developed and actions are in progress. Implementation plan to be completed in Q3
	New Eligibility Criteria Implementation: 1. Engage with Llais 2. Complete impact assessment 3. Formal agreement from EMT to progress 4. Active by end of Q2	R	Impact assessment completed. Proposal fully developed for CCQG for final approval. Formal engagement with patient reps yet to commence.
NEPTS Plurality Model	**Quality Assurance Agenda:** 1. Finalise and approve the 3rd Q Dashboard 2. Hold 3rd Q engagement sessions with providers * 3 quality domains (3Q's). Dashboard development is complete for the 1st and 2nd Q's.	A	Finalising work and accuracy checks with Health Informatics on refining data within Qlik reporting. Working with 365 for automation re: info to complete dashboard. New performance parameters will then be implemented aligned to WAST standards. New performance parameters and sign off final version of 3rd Q Dashboard in Q3
	Scope Opportunities for Expansion of Ambulance Car Service 1. Present to Ops SLT	P	No opportunities identified /supported; not progressing at present.
CAD Business Case	**Establish Cross-Organisational Group:** 1. Formalise the scope of the BJC 2. Establish a formal workstream and governance	A	**ISSUE:** NEPTS and EMS CAD system contracts come to an end at the same time, offering a unique opportunity to consider cross service systems for the organisation. Organisational alignment and ownership requires consideration before further progressing to a Business Case for NEPTS CAD.
	CAD Business Justification Case Development	NS	Due to commence Q3 subject to outcome of escalation.
	Continued Development of Existing Cleric System	G	Internal workshop held to create a prioritised list of additional functionality required from the cleric CAD. Met with Cleric to review deliverability and plans to move forward in Q2. Report is live and set up for supervisors Ambulance Care CAll centre access. **Non-IMTP**
NEPTS Operational Improvement	**Discharge Lounge Trial:** 1. Complete and review trial	A	Initial trial in BCU failed to achieve primary aims. Milestone moved to Q4. HBs to be identified for trial in Q3
	Ambulance Care Fleet Mix Refresh: 1. Embed B-class vehicles into operations and commence reviews 2. Review Customs feedback survey and feed into replacement schedule, vehicle amendments.	G	B-class vehicles delivered but some delays due to awaiting communications equipment fitting prior to commencing rollout. Training due to receive vehicle early September for training in Barry and Bassaleg. Ford Custom activity data being collated for review end of Q3. Evaluation report due end of Q4.

Gateway to Care Programme

Rachel Marsh

Gateway to Care Programme Summary

Objectivesv	Milestone Status				Current Position
	Q1	Q2	Q3	Q4	
Deliver a safe and high quality service, providing an excellent patient experience					
Re-roster call handlers and clinicians	G	G/A			Procurement scoring was complete – however funding is now on pause - Stephen James drafting paper for 6 goals to secure funding. Project group establishment is behind schedule due to procurement framework issues.
Develop clinically confident and competent workforce	G	G			Elements of project on hold due to SALUS
Access to high quality remote clinical assessment					
Identify opportunities to increase consult & close rates from the 999's	G	G			50% of consult and close action plan delivered
Develop a clinical specialty educational and career framework for Remote Clinical Decision-making (RCDM)	G	G			Funding agreed to support integrated care clinicians to undertake bridging modules to bring their education level up to the required level for stepping onto Masters level courses.
Develop with commissioners a remote clinical support strategy	G	G			SBAR Review complete and closure report accepted at G2C
Seamless transfer of callers to further specialists or face to face assessment					
Implement 999 Triage system Emergency Communication Nurse System (ECNS)	A	A			Text and email functionality outstanding; meeting w/c 03/07 to scope options for email functionality and share API with Supplier. Awaiting quote for configuration.
Implement the new 111 system; SALUS	A	A/R			Working group set up to look at potential systems to take us beyond CAS provider. Tender process on going. Project team looking at procurement requirements.
Develop and expand direct booking and pathway opportunities within CSD and 111	G	G			Benefits realisation to be commenced prior to delivery of text/email functionality in response to the recommendations from the recent NCCU review of the CSD. SC and HH to meet w/c 02/10 to discuss.
Increasing numbers using digital frontend to meet patient's routine and urgent care needs / More people accessing 111 as their preferred port of call to meet their healthcare needs					
Deliver an improved Directory of Services	A	G			Potential for funding through the Further Faster Programme for a National DOS WAST & DHCW speaking with 6 GOALS team.
Improve 111.Wales website, and enable better digital self-service	A	A			Ongoing resource envelope discussions with 111 commissioners.
Standardise information architecture and common approach to data and analytics					
Develop a data dashboard for G2C/Power Bi reporting to drive decision making through data and analytics	A	A			Digital team working through backlog of dashboard requests and interim solution may required using reports available through the MIQPR which is currently being developed.

Gateway to Care Programme

Report Month:	Current RAG	Previous RAG	STB Action Required	SRO:	Rachel Marsh
Aug-23	Green/Amber	New FY23/24 Reporting Cycle	For noting.	Business Partner:	Kelsey Rees-Dykes
				Project Manager:	Lydia Hutton

Objectives	Upcoming Key Milestones	RAG	Current Position
Deliver a safe and high quality service, providing an excellent patient experience	**Re-roster for 111:** 1. Update procurement framework	A	Procurement scoring was complete – however funding is now on pause - Stephen James drafting paper for 6 goals to secure funding.
	Clinically confident and competent workforce: 1. Redesign of the call review audit tool trial to be completed (Aug-23) 2. Clinical Supervision for staff policy to be signed off 3. Discussions to take place with CAPITA on SALUS quality dashboard for managing call quality indicators 4. 6-monthly shift model to commence (Sep-23)	G	Conduct multidisciplinary team (MDT) styled tabletop exercise, along with tabletop evaluations and dashboard reporting indicators has been delayed due to SALUS. 6 monthly shift model for clinicians observing clinical areas outside of their own speciality to start in Sept once SBAR and recommendations signed off.
Access to high quality remote clinical assessment	**Increase consult & close rates from the 9's:** 1. Explore more patient pathways to increase opportunities for patient flow following CSD telephone triage 2. Review success rate of 999 call types (MPDS codes) and propose codes for most successful conversion 3. Improve effectiveness of triages carried out in CSD through practice education support and learning	G/A	A 30-action draft plan is in development to support the 17% target. Action plan agreed and implemented - Operations leadership team review on a weekly basis. 50% delivered
	Develop a clinical specialty educational and career framework for Remote Clinical Decision-making (RCDM) 1. Collate survey results (Sep-23) 2. Circulate survey results for discussion and feedback (Sep-23)	G	Funding agreed to support integrated care clinicians to undertake bridging modules to bring their education level up to the required level for stepping onto Masters level courses.
	Develop with commissioners a remote clinical support strategy 1. Strategy document and Closure report to be approved	G	Strategy document and Closure report have been tabled for discussion at the next G2C Board in Sep-23. Agreed to close.

Gateway to Care Programme

Report Month:	Current RAG	Previous RAG	STB Action Required	SRO:	Rachel Marsh
Aug-23	Green/Amber	New FY23/24 Reporting Cycle	Note the risk around SALUS delivery; delays in completion of UAT presents further barriers to WAST training in preparation for go-live.	Business Partner:	Kelsey Rees-Dykes
				Project Manager:	Lydia Hutton

Objectives	Upcoming Key Milestones	RAG	Current Position
Seamless transfer of callers to further specialists or face to face assessment	**Implement 999 Triage system Emergency Communication Nurse System (ECNS):** 1. Quote from Supplier for text and email integration 2. Plan and timescales for implementation	G/A	Text/email functionality - potential solution identified for testing and WAST ICT are configuring a unique SMS presentation ID (Alpha Sender). Once complete, testing will be arranged with the Supplier.
	Implement the new 111 system; SALUS 1. Continued development of the core operating solution along with delivery of supporting Programme Workstreams	R	Working group set up to look at potential systems to take us beyond CAS provider. Tender process on going.
	Develop and expand direct booking and pathway opportunities within CSD and 111 1. SDEC PID to be finalised 2. Dental PID to be signed off 3. Palliative care evaluation to be finalised	G	SDEC to be potential offer in ICAPs;. Pan-Wales urgent Dental pathway being piloted in two health boards. Palliative Care patient trial of silent press 0 option implemented and evaluation underway.
Increasing numbers using digital frontend to meet patient's routine and urgent care needs & More people accessing 111 as their preferred port of call to meet their healthcare needs	**Deliver an improved Directory of Services:** 1. Funding options to be explored for National DOS	G	Potential for funding through the Further Faster Programme. WAST & DHCW are engaging with 6 Goals team.
	Improve 111.Wales website, and enable better digital self-service: 1. Funding to be secured for updating legacy content management system	A	Ongoing resource envelope discussions with 111 commissioners
Standardise information architecture and common approach to data and analytics	**Develop a data dashboard for G2C/Power Bi reporting which drives decision making through data and analytics** 1. Explore potential for G2C data dashboard	G	Digital team is currently working through backlog of dashboard requests so an interim solution may be required using reports available through the MIQPR which is currently being developed.

Clinical Transformation Programme

Brendan Lloyd

Programme Summary

IMTP Objectives	Milestone Status				Position
	Q1	Q2	Q3	Q4	
Optimising Care Group – Advanced Clinical Practice					
Evaluate the APP Navigator and if appropriate look to expand via a spread and scale	A	G			
Review the APP dispatch criteria to maximise skillset to patient need	G	G			
Develop WAST Principles of Advanced Practice document	G	R			No APP Clinical Supervision infrastructure
Evaluate the impact of the Independent Prescribing programme	R	R			Lack of supervisory support for TAPPs and APPs
Optimising Care Group – Optimising Conveyance					
Deliver the WAST clinical elements of the 6 Goals	C	A			BCU proposed revisions to the operational scope could render the model inviable for WAST
Digitalisation of current and future pathways and referrals	R	G			
Develop Pre-Dispatch Outcome Risk Stratification Tools linking CAD & ePCR data	R	G			
Clinical Intelligence Assurance Group					
Deliver Clinical Indicator Plan and design a suite of future Clinical Indicators	A	G			
Develop and deliver the existing Clinical Audit plan	A	G			
Deliver a comprehensive PowerBI Dashboard providing organisational clinical assurance	C	G			
Improve the integration and linkage of WAST clinical data (ePCR)	C	G			
Older Persons & Falls					
Evaluate Powys Care Home PDSA and consider opportunities for spread and scale	A	G			
Expand the Falls & Frailty Response (inc. Level 1 and 2) across Wales	R	A			Optima modelling delayed
Mental Health & Dementia					
Pilot use of Mental Health Response Vehicles	C	A			Funding to be agreed by HBs
Write Evaluation Report of the impact of Mental Health Practitioners in Clinical Support Desk	G	G			
Establishing optimal configuration for dementia friendly ambulance environments	C	G			
Connecting Support Cymru					
Collaborate with SJAC to deliver a 20-week community welfare response feasibility project	N/A	A			SJAC availability is inconsistent
Explore opportunities for further upscaling and investment	N/A	G			
Deliver ‘testing’ phase of the Small Business Research Initiative	N/A	A			Challenging timescales to evaluate applications

Clinical Transformation Programme

Report Month:	Current RAG	Previous RAG	STB Action Required	SRO:	Brendan Lloyd
Sep-23	Amber	Amber	To note the risk around Clinical Supervision capacity. Multifaceted barrier to upscaling of APP workforce and extension of APP scope of practice.	Business Partner:	Deborah Kingsbury
				Project Manager:	Richard Ashby

Objectives	Q2 Key Milestones	RAG	Current Position
Optimising Care Group – Advanced Clinical Practice	**Evaluate APP Navigator:** 1. Evaluate Phase 1 App Navigator pilot 2. Undertake Phase 2	G	Lessons learnt from SBUHB pilot considered and used to inform APP Navigator pilot. Phase 2 Pilot to commence in Swansea Bay and Hywel Dda on 1/10 – 3-month Pilot
	Review the APP dispatch criteria (APP Perfect Day PDSAs): 1. Complete PDSA1 Evaluation Report 2. Undertake PDSA2 and evaluate 3. Commence planning for PDSA3	G	PDSA1 evaluation complete and findings presented to EMT. PDSA2 planned for 22/08; findings to be presented at STB 'Focus On' session (18/09). Draft Logic Model identified -to be agreed with QSPE leads and intention to use as standard methods.
	Develop WAST Principles of Advanced Practice: 1. Approval for the Clinical Supervision Policy 2. Commence writing the Principles of Advanced Practice document	R	Clinical Supervision Policy is out for consultation with Policy Group, however the APP Clinical Supervision implementation proposal was rejected by SOT due to lack of leadership capacity. Policy to be drafted during Q3 and Q4 **AT RISK:** No implementation plan for Clinical Supervision Policy and lack of APP Clinical Supervision infrastructure
	Evaluate Independent Prescribing Programme: 1. OCG will identify a solution to Independent Prescribing training challenges	R	**ISSUE:** Lack of supervisory support for TAPPs and APPs to be able to operationalise and lack of Primary Care rotational training opportunities.
Optimising Care Group – Optimising Conveyance	**Deliver WAST clinical elements of 6 Goals:** 1. Engage with BCU on PTAS/SICAT	A	PID developed for BCU pathway pilot providing an ED alternative for Code 6 (Breathing) and Code 10 (Chest Pain). BCU proposed revisions to the operational scope are being considered but could present a barrier to the pilot. BCU discussions on hold.
	Digitalisation of current and future pathways and referrals: 1. Deliver automated non-injured falls pathway in ePCR 2. Work with primary care to implement resolved epilepsy and hypoglycemia pathways	G	Implementation plan for non injury falls was submitted to ePCR Group. WAST Exec MD has gained agreement for resolved hypoglycaemia and recovered epileptic seizure pathways and GPC Wales consultation has been completed.
	Develop Pre-Dispatch Outcome Risk Stratification Tools: 1. Set clinical criteria for Code 6 (Breathing), Code 10 (Chest Pain), and Code 28 (Stroke)	G	Criteria agreed in principle for Code 6 and Code 10; to be approved by CPAS. Face, Arms, Speech, Time (FAST) test data required to inform Code 28 is not currently captured in AMPDS.
CIAG	**Data & Analytics development:** 1. Appoint Principal Clinical Information Officer 2. Develop criteria for 3 clinical indicator deep dives	G	Principal Clinical Information Officer appointed and in post. 3 clinical indicators have been identified and are progressing. Older Fallers – Commenced. Paediatric Trauma/Pain Management – Scoping. APP Practice (Condition Specific) – Scoping.

Clinical Transformation Programme

Report Month:	Current RAG	Previous RAG	STB Action Required	SRO:	Brendan Lloyd
Sep-23	Amber	Amber	For noting.	Business Partner:	Deborah Kingsbury
				Project Manager:	Richard Ashby

Objectives	Q2 Key Milestones	RAG	Current Position
Older Persons & Falls	**Evaluate Powys Care Home PDSA and explore spread and scale:** 1. Complete Powys PDSA evaluation and present to OCG 2. Undertake Swansea Bay iStumble pilot and complete evaluation	G	Powys PDSA evaluation presented to OCG on 01/09 anc omplete. iStumble pilot went live on 17/07 and evaluation on track to complete by the end of Q2.
	Expand Falls and Frailty response across Wales: 1. Undertake forecast modelling for system-wide response 2. Engage with BCU re: L1 and L2 commissioned service 3. Complete Community Falls Pathway Referral Rate Audit	A	Forecast modelling Q1 Milestone missed due to Optima reprioritisation, due to be complete by July-23 instead, however further slippage into Aug-23, followed by Oct-23. BCU engagement on track regarding L1 and L2. Engagement continuing regarding direct commissioning for SJAC response and address L1 provision in Anglesey and Gwynedd. Ongoing discussions around Complete Community Falls Pathway
Mental Health & Dementia	**Pilot Mental Health Response Vehicles:** 1. Develop protocol for MHRV pilot 2. Gain HB commitment to deliver collaborative pilot(s)	A	T&F group to be established to develop MHRV protocol. Positive early initial meetings with BCUHB; funding needs to be agreed at Exec level to proceed. Ongoing discussions with ABUHB, and SBUHB to meet 25/09. Protocol has been developed and ready to go to next SOT.
	Evaluate impact of Mental Health Practitioners in CSD: 1. Build Mental Health dashboard with HI 2. Build and implement ECNS Mental Health assessment algorithm	G	Phase 2 dashboard parameters agreed and in development. Dashboard finalised. The MH algorithm for ECNS to be discussed at SOT and CQGG..
	Explore Dementia friendly ambulance environnements: 1. Complete Phase 1 Pilot: Reminiscence/Rehabilitation & Interactive Therapy Activities (RITA) and evaluate 2. Commence Phase 2: Ambulance Environment	G	RITA pilot is progressing well, with early positive outcomes. Full evaluation to be completed in Q3. Phase 2 pilot has commenced in Ceredigion using local imagery on windows, reminiscence booklets and music therapy for 2 NEPTS vehicles.
Connecting Support Cymru	**CSC Project scoping and development:** 1. Undertake a twenty-week feasibility project 2. Finalise PID 3. Business Case development and EMT approval	A	Workforce planning challenges due to gaps in SJAC rota. SJAC attempting to fill gaps in the volunteer structure with paid staff, and rota positions are now being shared daily. Early PID being revised to include expanded scope of CSC (SBRI and volunteer workstreams). WAST Revenue Business Case process to be followed and progressing.
	CSC volunteer scoping and development: 1. Readiness for Phase 1 of the Volunteer pilot 2. Develop and procure volunteer kit bags 3. Recruit to B4 training positions	G	Potential CFR teams for the pilot have been identified; role profile drafted and awaiting approval. Development of kit bags is underway, but procurement will be needed before further on-boarding (rate limiting). JD for the B4 training position is complete and is being reviewed by job evaluation.
	Deliver testing phase of SBRI (Health Tech) initiative: 1. Deliver 'testing' phase of the Small Business Research Initiative	A	10-week feasibility complete. Phase 2 evaluations received from both LUSCII and Fujifilm; evaluation and scoring underway.

Financial Sustainability Programme

Angie Lewis

Financial Sustainability Programme

Report Month:	Previous Milestone RAG	Current Milestone RAG	Current Financial RAG	FY23/24 Target	STB Action Required	SRO:	Angie Lewis
Oct-23	Green/ Amber	Amber	Green Exceeding Financial Forecast	Green Exceeding Financial Forecast	None.	Workstream Chair:	Navin Kalia
						Project Manager:	Gareth Taylor

Objectives	Upcoming Key Milestones	RAG	Current Position
Income Generation	**Commercial Structures and Long-term Planning –** *Scope potential dedicated structure for delivery and oversight of commercial opportunities* 1. Undertake deep dive into barriers and challenges to delivering income generating schemes 2. Collate justifications for scheme rejections 3. Present findings to STB (18th September) 4. Determine long-term plan for Income Generation	G	Findings presented to STB (18th September) and mandate given by Group to fully scope commercial subsidiary structure. Justifications and challenges recognized. Options paper to be presented by end of October, with full scoping report by end of November. Half-day session to be arranged in December where ELT and NEDs will consider the options.
	Income Generation Schemes 1. NEPTS Tenders – Complete options paper, draft service delivery model, and present paper back through Ambulance Care Informal for approval 2. Quality Exemplar – Assess viability of scheme and market demand. Determine alignment with work of JTR. 3. Apprenticeships – Assess impact of loss of funding stream 4. Other – Continue to monitor ongoing schemes, and scope new ideas	A	1) Complete 2) Incomplete – no progress 3) Complete – target amended, but further opportunities to offset loss may have been identified. Assessment ongoing 4) Complete – Continued monitoring. Interest exceeding forecast, and new schemes being scoped and assessed
	Commercial and Financial Mindsets - Training and Development: 1. Identify development opportunities 2. Draft plan for enhancing commercial and financial understanding 3. Identify metrics for measuring success	R	1) Incomplete 2) Incomplete 3) Incomplete

Additional Progress

- Market-dependent schemes currently forecast to deliver approximately £1m in generated income.
- Apprentices funding stream confirmed as lost following changes to workforce plans. £350,000 forecast, however work ongoing to offset loss with new training income stream via HEIW.
- Approximately twenty income generating schemes scoped in detail and deemed non-viable following evidence-based assessment. Justification for decisions presented to exceptional STB on the 18th September 2023.
- Mandate provided by Chair to pursue scoping of WAST Subsidiary. Contact made with organisations in Scotland and England for advice. Options paper to be presented, with full review to be provided by December 2023.
- Half-day session in December 2023 with ELT and NEDs to discuss content of review and approve/reject.

Forward View

- Income generation schemes continue to be scoped. Examples to be scoped over the next reporting period will include Driver and C1 Training and Examination opportunities.
- Schemes that have undergone scoping in the last reporting period and continue to be explored (NEPTS Tenders) have undergone the outlined approval route and were deemed not viable pending the change in structures.
- Themes and risks noted and are factored into ongoing scoping exercises.
- Alignment of FSW with ongoing programmes of work continues, with Fleet representation providing updates on the Merthyr Workshop Programme, and NEPTS Providers work; and data from Ops around the Intelligent Routing Platform being fed into the Income Generation meetings on a regular basis.
- Prepare options paper by end of October, and full review by end of November.
- FSP Delivery Framework to outline structures, scrutiny processes, governance arrangements and and responsibilities

Financial Sustainability Programme

Report Month:	Previous Milestone RAG	Current Milestone RAG	Current Financial RAG	FY23/24 Target	STB Action Required	SRO:	Angie Lewis
Oct-23	Green/ Amber	Green	Green Exceeding Financial Forecast	Green Exceeding Financial Forecast	None.	Workstream Chair:	Liz Rogers
						Project Manager:	Gareth Taylor

Objectives	Upcoming Key Milestones	RAG	Current Position
Achieving Efficiencies	**Reviews:** 1. Complete Administrative and Support Service Review and present findings and recommendations to ELT by Aug 1st 2. Identify Project lead, and commence Service Review	G	1. Review completed and presented to both ELT and ADLT. Feedback received which will impact structure of ongoing Service Review. ADLT to take ownership of recommendations 2. Lead identified, and progress, scope, and structure dependent on ELT decision following ADLT feedback
	Short Term Savings Opportunities (Cash Releasing / Spend Avoidance): 1. Initiate Fuel Efficiencies Task & Finish Group 2. Deep Dive into utilities expenditure 3. Commence pilot study into station-based consumables waste 4. Identify further non-pay savings opportunities and scope	G	1. Complete – group underway and opportunities identified. Communications plan in development. 2. Sustainability Lead has identified hotspots and work ongoing to assess opportunities 3. Pilot underway and due to be complete by end of October 2023. 4. Further non-pay opportunities identified and to be scoped.
	Long Term Savings Opportunities (Cash Releasing / Spend Avoidance): 1. Identify RPA Lead and develop plan for rollout 2. Identify training requirements and develop plan around fleet efficiencies and behaviours	G	1) Complete - ongoing. Assistant DoD compiling business case and proposal to follow recommendations from Support Service Review. 2) Complete 3) Complete as per 1)
	Other / Non-cash releasing Savings / Process Efficiencies 1. Identify and record non-financial efficiency benefits of FSP	G	1. Ongoing. Both reviews set to provide recommendations on amended services and process efficiencies. 2. Financial schemes also set to deliver process efficiencies (improved SOP for lease car process, and improved behaviours around vehicle use and re-fuelling). 3. RPA will also deliver a framework to determine process efficiencies prior to automation.

Additional Progress	Forward View
• Administrative Review recommendations to be adopted by ADLT. ADLT to provide representative on Achieving Efficiency Group going forward. • Representative to ensure continuity between Achieving Efficiency and increase operational engagement. • New opportunities currently being explored include Fuel Efficiencies Task and Finish Group, Consumables Spend and Waste, Lease Car spend, and other identified non-pay expenditure. • Fleet warranty scheme integrated into BAU from 2026/27. • Service Review Lead presenting options document to ELT end of October 2023. Structure and depth of review to be determined by ELT. • Continued scoping around proposed ideas / schemes that come via WiiN or other avenues.	• Alignment with the Operational Savings Group critical to delivery of balanced financial plan for 23/24. • Continue development of recently presented opportunities. These include Fuel Efficiencies T&F Group, monitoring of consumables spend and waste, and other non-pay expenses. • Digital currently reporting into the Achieving Efficiency Group on Robotics. Following proposal and ELT discussion, FSP to support project with the development of a delivery and evaluation framework for process automation. • The FSP is aware of the ongoing work to identify further savings following the Welsh Government's request and will work to align and support. • Draft FSP Delivery Framework aims to outline structures, scrutiny processes, governance arrangements and roles and responsibilities.

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Savings Progress – Month 5

- Below forecast target and off-track
- Below or meeting forecast target but on-track
- Exceeding forecast target
- Not yet commenced

	Annual	In Month			Cumulative			Forecast			RAG
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Accident Repair	20	0	0	0	0	0	0	20	20	0	
Acting Up Allowances	11	0	0	0	0	0	0	11	10	-1	
Apprentice Income	350	29	1	-28	147	41	-106	350	41	-309	
Asset Disposal (Defib)	225	25	25	0	50	50	0	225	225	0	
Balance Sheet support	200	20	20	0	60	60	0	200	200	0	
CSD - ECNS Non Pay	20	2	2	0	8	8	0	20	20	0	
Decarb	2	0	0	0	0	0	0	2	2	0	
End of Shift Overrun	30	3	43	40	11	116	105	30	135	105	
Fuel (forecourt price saving against budget)	306	30	76	46	176	327	151	306	737	431	
Fuel (swip, chip & pin and reduction in misfuelling etc)	33	2	2	0	4	4	0	33	33	0	
FYE of 22/23 VERS	66	7	7	0	17	17	0	66	66	0	
Intelligence Routine Platform	100	0	2	2	0	9	9	100	9	-91	
Interest Receivable	500	31	58	27	287	402	115	500	747	247	
MS Office VAT Rebate	250	0	0	0	0	0	0	250	0	-250	
Net - Vacancy Management (111 EASC-funded and non frontline)	27	0	0	0	27	27	0	27	27	0	
Net - Vacancy Management (CSD and non frontline)	120	0	0	0	120	118	-2	120	118	-2	
Non Pay Local Schemes	530	50	27	-23	266	266	0	530	453	-77	
Other local schemes - Non Pay (Travel etc)	26	2	0	-2	9	0	-9	26	0	-26	
Overtime	254	28	56	27	56	111	55	254	309	55	
Private Providers	250	21	21	0	105	105	0	250	250	0	
Reduction in variable pay	38	3	3	0	14	14	0	38	38	0	
Stock Control (MSE etc)	50	3	3	0	8	5	-3	50	48	-3	
Taxi Review	50	4	4	0	16	12	-4	50	46	-4	
Vacancy Management	2,275	168	201	33	1,171	1,250	79	2,275	2,161	-114	
Vacancy Management (non frontline)	51	0	0	0	51	55	4	51	55	4	
Vacancy Management (non frontline) Additional	151	30	31	1	74	75	1	151	159	8	
Volunteer Car Drivers	66	5	5	0	16	44	28	66	93	28	
Totals	**6,000**	**463**	**586**	**123**	**2,693**	**3,114**	**422**	**6,000**	**6,000**	**0**	

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IMTP Enablers & Fundamentals

- People & Culture – Angie Lewis
- Digital – Leanne Smith
- Fundamentals – Trish Mills and Liam Williams

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

Use hyperlinked section headers to navigate to each section

Use the arrows to return to the Navigation Page

People & Culture

Report Month:	STB Action Required	Executive Lead:	Angie Lewis
Aug-23	N.B. The People & Culture portfolio is monitored through a local Directorate Plan, with actions aligned to IMTP Objectives. The Directorate Plan has been reviewed and updates provided by exception.	Business Partner:	Sarah Davies

Objectives	Q1	Q2	Q3	Q4	Current Position
Culture – *Create an environment where colleagues have autonomy in their work, feel a sense of belonging, and are confident to make decisions, put forward ideas and raise concerns*					
Develop and articulate our target culture	G	G/A	G		On track overall, however there is an Amber status against rollout of EQIA training due to limited training capacity; online video tutorials and Share Point information created as interim solution. Revised Q3 target for training rollout
Sustain our focus on improving wellbeing	G	G	G		On track and on target overall. Learning Launch Pad not yet in use and will remain paused.
Increase levels of psychological safety	G	G	G		On track and on target
Improve disciplinary and resolution processes	G	G	G		On Track and on target
Refresh TU partnership working arrangements	A	A	A		See below:
On track overall, and ACAS action plan has now been developed and agreed in partnership with TUPs. Implementation of the plan is underway, but timelines have been updated in the context of IA with work due to commence in Sep-23. Plan shared with TU lead for feedback and will be shared at WASPT (Aug-23). Activity includes development of relationships through joint sessions with managers and TU reps to promote a mutual understanding of each other's challenges balancing TU duties against operational delivery. Actions identified in the TU audit will progress at pace from Sep-23. **AT RISK:** STB are asked to note the ongoing challenges with relationships which may interrupt or stall progress.					
Amplify employee voices	G	G	G		On track and on target
Capacity – *Ensure we have the right people in the right roles, at the right time, with the right skills, to enable WAST to realise its ambitious service redesign plans*					
Develop our employee offer	G	G	G		On track and on target
Improve organisational onboarding processes	NS	NS	G		On Track and on target regarding developing onboarding process. Evaluation of new processes yet to commence
Improve people related policies and processes	G	G	G		On Track and on target
Develop Strategic Workforce Plan	G	G	G		On Track and on target
Deliver Managing Attendance Programme	G	G	G		On Track. Further work to be undertaken via Deep Dive and streamlining.
Capability – *Ensure our people are suitably skilled and qualified, can work at the highest level of their scope of practise and are comfortable to make decisions within their control.*					
Build on our learning and development offer	G	G	G		On Track and on target
Promote personal responsibility	G	G/A	A		On track overall, however there is a Red status against increasing Apprenticeship provision, due to inability to draw down previously secured funding (income), the financial implications of which have been highlighted.
Improve talent management approach	NS	NS	N/S		Not yet started
Enhance change capacity and expertise	G	G	G		On Track and on target
Respond to legislative changes	G	G	G		On Track and on target

Digital

Report Month:	STB Action Required		
Sep-23	N.B. Digital (including HI) is a critical enabler for many FY23/24 IMTP actions and is reported through relevant programme boards. An update has been provided against the digitally-led IMTP objectives.	**Executive Lead:**	Leanne Smith
		Business Partner:	Rhonwen Jones

Objectives	Upcoming Key Milestones	RAG	Current Position
National Data Resource Programme	**National Data Resource (NDR) Programme Support:** 1. Confirm FY23/24 funding to progress longer-term NDR activities	G/A	**AT RISK:** All planned activities are complete, however longer-term funding has not been agreed
Operations Communications Programme	**Mobile Data Vehicle Solution (MDVS):** 1. Integration CRS/MDVS 2. Testing due to complete/pending outcome. 3. Finalise application testing and pilot for NEPTS fleet 4. Commence Mass Deployment	G	Initial Testing complete - MDVS live pilot continues, extended in South (EA's). NEPTs phase implementation to follow post completion of testing.
999 Platform Upgrade	**Upgrade 999 Telephony Platform:** 1. Supplier readiness (level of confidence) to test 999 platform solution during Q2 2. Q2 - testing Jul/Aug 999 platform solution	A	Supplier on site (Q3) SAT Testing. Delivery planned October/November 2023. User interface remains relatively the same.
Digital Experience of our Staff	**Digital Single Sign on** 1. Nadex Integration **User Experience Assessment** 1. Supplier Microsoft (Android) 2. Supplier Apple (iPAD)	G/A	**AT RISK:** High Level Market engagement ongoing. Current risks around Cost/Funding to be agreed. Security risks to be mitigated against.

Fundamentals

Report Month:	STB Action Required		
Oct-23	N.B. These portfolios are monitored through local Directorate Plans, with actions aligned to IMTP Objectives. Directorate Plans have been reviewed and updates provided by exception	Executive Lead(s):	Trish Mills/Liam Williams
		Business Partner(s):	Deborah Kingsbury/Rhonwen Jones

Objectives	Milestone Status				Position
	Q1	Q2	Q3	Q4	
Risk Management					
Develop and deliver a risk management framework including policy and procedures	G	G			Policy in draft – approval due at Audit Committee March 2024
Transition to a strategic BAF reflecting strategic objectives and risks	NS	NS			Work due to commence Q3
Develop and deliver programme of training and education for the Trust	NS	NS			Work due to commence Q3/Q4
Deliver Board education on risk management	NS	NS			Work due to commence Q3/Q4
Welsh Language					
Centralised translation service	G	G			New Translator started in post on 30/08/23
More than just words 2022-27 action plan	G	G			More than just words year 1 report submitted to WG
Welsh Language Policy	A	G/A			Policy in draft – this policy will focus on the positive steps the Trust can take to develop our use of Cymraeg - approval due 2024
Delivery of the Welsh Language Standards	G	G			Annual Report completed and approved at Trust Board on 28/09/23
Quality, Safety, & Patient Experience					
Working Safely Plan	G	C	N/A	N/A	Working Safely Programme to be formally closed and transitioned to BAU; closed to STB pending receipt of closure report with local monitoring through Directorate Plan and Senior Quality Team. Programme closure report complete and to be circulated to STB members.
Quality Management System (QMS) Implementation	A	A			Progress impacted by capacity; however, Senior Quality Governance Lead (SQGL) has now been appointed (commencing Sep-23). SQGL will lead the new Quality Management Group that will be instrumental in driving forward the QMS agenda. A Quality Hub is in development to support the outputs of the QMS and ensure that robust evidence is available as part of annual reporting. Performance and Quality Management Steering Group TOR have been reviewed, with strategic oversight of the QMS as part of the Trust Quality and Performance Framework.

Welsh Ambulance Services NHS Trust

Strategy Highlight Report

Report period up to Oct-23

(1) Organisational Strategy Development
(2) NEPTS Strategy Development
(3) EMS Transformation Programme 'Inverting the Triangle'

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

Organisational Strategy Development

Report Month:	Current RAG	Previous RAG	STB Action Required	SRO:	Rachel Marsh
Oct-23	On Track	Off Track	Note and discuss work streams reporting (amber)	Head of Strategy:	James Houston
				Project Manager:	Sarah Parry / Lauren Price

Description	Status	Current Position	Forward View
Review of WAST Organisational Strategy	**On Track**	• Consensus the strategy is still fit for purpose (Board Development & SLT review July/August) • 'Bold refresh' required of clinical model and digital ambition • Handling Plan to be developed	• Initial discussions to review clinical model TSAG (20th Oct) & Board Development (26th Oct). Workshops to be planned in Nov
Internal Audit – Strategy Development	**Paused**	• Fieldwork and data collation completed (August) • Internal Audit due to complete assessment in Oct. Delay due to short notice sickness within IA team. On pause until end of Oct.	• Data collation (Aug) Complete • IA Fieldwork & Assessment (Oct/Nov) • De-brief (Sept) • Audit Committee (Nov)
Purpose Statement	**On Track**	• Communications video launched in October (Yammer & Siren)	

Ambulance Care (NEPTs): Future Vision Development

Report Month:	Current RAG	Previous RAG	STB Action Required
Oct-23	**On Track**	**Off Track**	Note update and current position

Description	Status	Key Progress / Items for Highlighting	Forward View
Future Vision Development	**On Track**	▪ NCCU A paper outlining the requirement to develop a Long-Term Strategy for NEPTS was endorsed by NEPTS DAG, EASC Mgt Group & EASC Committee in June & July. ▪ NCCU planning to hold a collaborative workshop with WAST, Commissioners and wider stakeholders (Jan/Feb – date tbc).	• WAST internal workshop to be arranged with key leads in Q3 to consider future vision / opportunities. (Nov/Dec) • Collaborative event being considered for (Q4 Jan/Feb)

Transforming Care: Inverting the Triangle (Key Highlights)

Report Month:	Current RAG	Previous RAG	STB Action Required	SRO:	Rachel Marsh / Andy Swinburn
Oct-23	Off Track	Off Track	Note and discuss work streams reporting (amber)	Head of Strategy:	James Houston
				Project Manager:	Sarah Parry / Lauren Price

Description	Status	Key Progress / Items for Highlighting	Forward View
Inverting the Triangle	On Track	▪ **Service Model**: Board & ELT provided feedback on next steps to further develop clinical service model; ▪ **Internal Communications**: Filming and preparatory work underway to support the 1 month comms campaign; ▪ **Wider Engagement**: presentations to ALF conference & WASPT (Oct) ▪ **Test of Change**: o APP Flooding PDSA 2 & 3 completed, evaluations being finalised o Preparatory work for PDSA 4 o APP Nav Phase 2 underway in HDda. o CSC Business Case being developed & engagement with AB & BCU service leads to explore opportunities for LUSCII. o **Evaluation Framework:** Discussions with Swansea University reviewing evaluation frameworks. Opportunity to adopt Logic Model approach	**Service Model:** Initial discussion sessions planned with TSAG & Board Development (end Oct), wider workshop in Nov being planned. **Internal Communications:** 1 month campaign & development of longer communications plan. **Engagement:** Strategy session with EASC Nov. Reviewed timescales and approach within Engagement Delivery Plan. **Test of Change:** PDSA 4 to be undertaken in Q3. CSC Business case to be completed.
	Issues	• **Case for Change**: Additional support provided to PWC to enhance quality of products. Detailed review and feedback captured nd shared with PWC. Seeking procurement advice regarding quality and contract completion	**Case for Change:** Decision to be made with PWC regarding continuation of work / final product. Decision regarding Plan B option if required.

Programme Progress (July)

ITT Programme – Progress Report (October)

Domain	Project / Workstream		Progress	Next Steps
Setting Aim & Vision	**Case for Change (PWC)**	R	• Additional support provided to PWC to strengthen case for change and economic modelling	• Awaiting PWC response (Oct) • Explore Plan B (if required) (Oct/Nov)
	Aims and ambitions (future model)	G	• Initial discussions with Board & ELT to review strategy & clinical service model. Opportunity to refine and refresh future ambitions and clinical service model.	• Initial discussion sessions planned with TSAG & Board Development (end Oct), • Wider workshop in Nov being planned.
Preparation for Change	**Establish Programme Team**	C	• Strategy & Transformation Engagement Manager in post • Recruitment completed (5 out of 5 funded posts in place)	
	Change Management Training	G	• 4 x cohorts completed • Change Management Network established	• Board session • Further cohort being planned
	Programme Documentation	G	• Requirement to review key programme documentation to align to any changes across the service model (inc. PDD / EQIA / Project Plans)	• Refreshed programme documentation to be presented to TSAG & Prog Boards
	Programme Delivery Arrangements	G	• Initial discussions as part of IMTP planning and delivery to explore opportunities to enhance programme delivery arrangements	• Discussions with ELT & Programme SROs to explore opportunities
Engagement & Communication	**Communication Plan**	G	• Initial 1 month communications campaign being prepared leading up to CEO roadshows • Engagement with WASPT	• Communications plan (setting out next 12 months of internal communication to be developed
	External Engagement	G	• Presentations at ALF conference (Oct)	• Engagement Delivery plan to be reviewed and timescales to be refreshed from mid Q4 onwards
Enabling Change	**Advanced Clinical Practice Development**	G	• Advanced Clinical Practice Development Group established • PID and Improvement Plan developed reporting into OCG / CTPB	• Delivery of key work streams within the improvement plan
	Strategic Workforce Planning	G	• Strategic workforce planning workshops planned for end of Oct	• Support development of strategic workforce plan by March-24.
Setting Outcomes & Measures	**Evaluation Framework & Benefits**	G	• Work has commenced to develop a consistent evaluation framework • Discussions with Swansea University reviewing evaluation frameworks. Opportunity to adopt Logic Model approach	• Finalise WAST version of the Logic Model for approval and adoption.

Programme Progress (July)

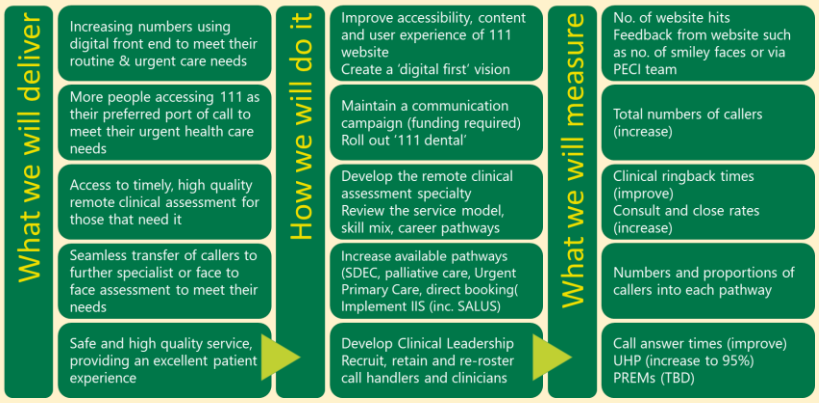
ITT Programme – Progress Report (October)

Domain	Project / Workstream	RAG	Progress	Next Steps
Tests of Change	**'Perfect Day Project' PDSA 1**	**C**	• PDSA1 Event complete. Initial evaluation data shared with OCG, SOT, TSAG, EMT (12th July) • Qualitative data being collated to append to final evaluation report by Sep-23	• Complete
	'Perfect Day Project' PDSA 2	**C**	• PDSA 2 Event scheduled for 22nd August • Operational Event Plan approved by the Optimising Care Group and SOT sighted 15th August	• Complete
	'Perfect Day Project' PDSA 3	**G**	• PDSA 3 took place on 5th Oct, • Initial findings and evaluation being undertaken.	• Finalise Evaluation and key findings
	'Perfect Day Project' PDSA 4		• Initial discussions to determine scope and focus of PDSA 4	• Initial planning for PDSA 4 to take place by the end of Q3.
	Connected Support Cymru	**G**	• CWR: Issues raised at PB regarding SJAC Rota • SBRI Phase 1 Evaluation completed • Business Case development commenced	• Business case completion.
	SBRI (Phase 1)	**C**	• Supported Stakeholder process mapping with suppliers undertaken • SBRI led evaluation process undertaken and embedded as part of	• SBRI LUSCII Phase 2 incorporated into CSC programme
Commissioning, Funding & Business Case		**NS**	• No active investment / business cases in development	
Designing the Model	**Developing the Service Model**	**G**	• High level discussions continuing as part of the review of the aims / ambitions of the programme. Including expanding the scope of the future model to better demonstrate digital and NHS 111 ambitions.	• Internal discussions to further develop the ambitions / high level service model.
Implementing the Model		**NS**	• Implementation not started (focus on Tests of Change in advance of engagement activities)	
Evaluation & Benefits Realisation		**NS**	• Formal evaluation to commence following design and clinical model sign off	

	Primary care access to services
Key focus should be on delivering	**Improved access to dental services** We will support the NHS Wales Dental Review, bringing forward change cases and plans into WAST and develop proposals to improve dental performance. We will initiate work on '111 dental', so that people can more easily access urgent dental treatment across Wales.
Baseline	*Current discussion to review the possibility of developing a dental line in the 111 service.*
Quarter 1:	
• **Milestones**	
• **Actions**	Support the NHS Wales Dental Review, and with commissioners to plan for roll-out of the 111 service to patients with urgent dental care needs
Quarter 2:	
• **Milestones**	
• **Actions**	Development of urgent dental care in 111
Quarter 3:	
• **Milestones**	Roll-out of the 111 service to patients with urgent dental care needs across Wales – likely to be phased rollout and timescales to be determined with 111 Board (therefore Q3 as a place marker at this stage)
• **Actions**	
Quarter4:	
• **Milestones**	
• **Actions**	

Risks	• Capacity to deliver on priorities within the plan
	  ○ Time available to devote to priorities, as we are unable to increase staff to undertake key programme and project roles without further investment or an increase in savings.
	  ○ With resources (revenue / capital) curtailed our ability to target investment at our strategic plans becomes increasingly difficult
	• Ongoing disruption through Industrial Action – significant resource, time and focus is required at a senior level in the organisation to respond to industrial action.
	• Ongoing wider system pressures - the focus on the here and now requires significant management time which cannot be focussed on the transformation agenda.
	• Commissioning landscape may change – the review of commissioning in Wales may change the governance and commissioning arrangements on behalf of Health Boards.
	• These new arrangements may refocus the priorities for ambulance services, so we must work closely with our

	Primary care access to services
	commissioners and partners to grasp the corresponding opportunities that may come through the review.
Outcomes	Enable patients to more easily access urgent dental treatment.
Alignment with workforce plans	The '111 dental' programme will require additional resource and/or potential TUPE of existing staff - tbd.
Alignment with Financial plans	The '111 dental' programme will require additional resource to be funded - tbd.
OPTIONAL	
Digital / Technology Opportunities	• Developing a number of dashboards across the organisation to support initiatives, performance and ongoing benefits analysis and assurance • We will Increase accessibility, content and user experience of the 111 Digital front end to empower the public and avoid unnecessary demand on UEC services • Implement **111 IIS** (aka SALUS) • Develop a national integrated system-facing **DOS** (in partnership with DHCW & 6 Goals)

	Urgent & Emergency care
Key focus should be on delivering	**Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability (aligned to Goals 1, 2 &3)** **NHS 111 Wales** Our IMTP deliverables are set out in section 4.1 of our IMTP main document. The actions contained within that section at a high level set out what we need to do to promote the service and improve access digitally and by telephone to the 111 service. The actions and milestones detailed then in this template are taken from a detailed action plan to respond to the recent 111 peer review which will provide the stability and foundations for our transformational plans going forward. 
Baseline	No. Of website hits annually and no. Of callers to 111 annually – 4,545,514 hits – 12months to end of February 2023. 995,875 callers – 12 months to end of February 2023. No. of symptom checkers - TBD Baseline for outcomes below (no onward referral, fewer handoffs and patient experience) - to be agreed. **Patient safety areas for improvement in IMTP** Call answering – fallen to 28.7% of calls answered within 60 seconds in February 2023 Clinical triage and ring back performance - The performance of 111 calls receiving a timely response to start their definitive clinical assessment saw an increase across the priorities. The highest priority calls, P1CT, continues to achieve the 90% target (which it has done for the past 2 years), with the figure for February 2023 increasing to 99.1%. For lower category calls (P2CT & P3CT) the figures were just shy of the 90% target, with P2CT achieving 89.5%. Following unprecedented levels of demand in December 2022 (138,782), call volumes have since reduced, with the February 2023 figure being 68,284

	Urgent & Emergency care
Quarter 1:	
• **Milestones**	Reach and maintain call handling establishment
• **Actions**	• Improved 111 website and digital self service Function allowing patients to navigate easily across the website. • Support the development of NHS 111 Wales specific existing and new pathways into services, by incorporating referral pathways into the DoS • Initiate discussions through the ICAP process, with focus on direct referral opportunities from 111 • Focus on the development of the 111 dental care and palliative pathways • Identify direct pathways into Urgent Primary Care and social care • Develop a medicines pharmacy permanent management pathway • Undertake a rostering review and ensure effective rostering practices are implemented to ensure shift fills, rota management and rostering to levels of demand.
Quarter 2:	
• **Milestones**	• ICAPs updated with clinical delivery plans that include 111 service proposals • New approaches implemented which add value to the advice lines in 111 service
• **Actions**	• Undertake an advice line review to incorporate the Clinical Advice Line (CAL) and Hub Advice Line (HAL) to understand its outputs, value, and opportunities for improvement. • Develop Clinical Leadership
Quarter 3:	
• **Milestones**	• Increase the capacity and capability of the clinical teams • Voluntary fixed rosters, improved recruitment of new call handlers
• **Actions**	• Developing a remote clinical assessment specialty • Reviewing the service model and skill mix • Continue to implement fixed rosters on a voluntary basis for those staff who want them, including recruiting new call handlers into fixed rosters.
Quarter4:	*Milestones and actions to be determined for Q4 on basis of seasonal planning – Q4 prioritisation in 2022/23 saw only those IMTP actions that contributed towards seasonal demand developed at pace.*
• **Milestones**	• New Integrated Information Solution (IIS) which will change in capability for our 111 teams and GP Out of Hours (GPOOH) across NHS Wales. The new system will enhance our ability to employ remote staff allowing seamless access to a single patient record, enable prescribing, as well as provide a seamless link from symptom checkers on the internet to the telephony service.

	Urgent & Emergency care
	• Explored opportunities through shared practise following implementation of the IIS
• **Actions**	• Implement the ISS known as SALUS. • Review NHS24 model and operating arrangements to identify learning, good practice and the feasibility of a 'one and done model'.

Risks	• Capacity to deliver on priorities within the plan
	  ○ Time available to devote to priorities, as we are unable to increase staff to undertake key programme and project roles without further investment or an increase in savings.
	  ○ With resources (revenue / capital) curtailed our ability to target investment at our strategic plans becomes increasingly difficult
	• Ongoing disruption through Industrial Action – significant resource, time and focus is required at a senior level in the organisation to respond to industrial action.
	• Ongoing wider system pressures - the focus on the here and now requires significant management time which cannot be focussed on the transformation agenda.
	• Stakeholders buy in to plans
	• Commissioning landscape may change – the review of commissioning in Wales may change the governance and commissioning arrangements on behalf of Health Boards. These new arrangements may refocus the priorities for ambulance services, so we must work closely with our commissioners and partners to grasp the corresponding opportunities that may come through the review.

Outcomes	**NHS 111 Wales** • Patients get the right service with fewer handoffs • More patients' needs are met without need for onward referral • Improved patient experience
Alignment with workforce plans	**NHS 111 Wales** Re-rostering and workforce plans falling out of the 111 peer review
Alignment with Financial plans	The commissioned level of funding for the 111 service is currently still under discussion between the Trust and the 111 commissioners with both parties aiming to resolve by May 111 Board and Trust Board
OPTIONAL	
Digital / Technology Opportunities	• Developing a number of dashboards across the organisation to support initiatives, performance and ongoing benefits analysis and assurance • We will Increase accessibility, content and user experience of the 111 Digital front end to empower the public and avoid unnecessary demand on UEC services

	Urgent & Emergency care
	• Implement **111 IIS** (aka SALUS) • Scale up Robotic Process Automation (alignment with Financial Sustainability Programme efficiency objective) • Develop a national integrated system-facing **DOS** (in partnership with DHCW & 6 Goals)

	Urgent & Emergency care
Key focus should be on delivering	**Implementation of Same Day Emergency Care services that complies with the following:** • Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2 • Is accessible at key times evidenced by the emergency care demand profile in of each hospital site • Is direct access and bypasses Emergency depts • Delivers a service for at least medical and surgical same day care • Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook. • Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme **SDEC - EMS** There will be an emphasis within our plan for EMS specifically on referrals into SDEC. We are fully engaged through the 6 goals programme and structures in place for goal 3 such as the SDEC action group. There is a significant opportunity to improve performance, patient outcomes and experience by working towards the modelled potential for ambulance referrals into SDEC. **SDEC - NHS 111 Wales** We will seek to establish pathways into Urgent Primary care services and Same Day Emergency Care (SDEC) to streamline patient health care needs whilst reducing demand and conveyances into secondary care services and emergency departments.
Baseline	No baseline for SDEC from 111 There is the potential for around 4% of our demand to be referred into SDEC services from EMS with a modelled gain of around 5% in red performance and 29 minutes improvement in the Amber 1 median. At present, less than quarter a percent (<0.25%) are referred.
Quarter 1:	
• **Milestones**	•
• **Actions**	• Using the **ICAP** process to discuss the local opportunities to maximise the opportunity to access SDEC pathways • Determine goal 2/3 programme appetite to develop **pathways for 111 into SDEC** to link into later ICAP discussions • Through the **national SDEC action group** discuss national approach to pathway development and implementation for WAST

	Urgent & Emergency care
Quarter 2:	
• **Milestones**	Local implementation of the nationally agreed pathways – **agree trajectories** for increase in access from WAST clinicians on scene
• **Actions**	• Using the **ICAP process** to discuss the local opportunities to maximise the opportunity to access SDEC pathways • Working with health boards to **optimise conveyance** through development of the clinical delivery plan and through ICAP meetings.
Quarter 3:	
• **Milestones**	Growth in SDEC referrals locally
• **Actions**	• ICAP discussions focus on SDEC Direct referral from 111
Quarter4:	
• **Milestones**	**Increased SDEC referrals** to match the Goal 3 priority milestone for 2023/24 Opportunities for 111 developed and tested or implemented
• **Actions**	• Consider milestones and actions for 2024/25 in respect of the April 2025 milestone in six goals policy handbook

Risks	• Capacity to deliver on priorities within the plan
	  ○ Time available to devote to priorities, as we are unable to increase staff to undertake key programme and project roles without further investment or an increase in savings.
	  ○ With resources (revenue / capital) curtailed our ability to target investment at our strategic plans becomes increasingly difficult
	• Ongoing disruption through Industrial Action – significant resource, time and focus is required at a senior level in the organisation to respond to industrial action.
	• Ongoing wider system pressures - the focus on the here and now requires significant management time which cannot be focussed on the transformation agenda.
	• Stakeholders buy in to plans
	• Commissioning landscape may change – the review of commissioning in Wales may change the governance and commissioning arrangements on behalf of Health Boards. These new arrangements may refocus the priorities for ambulance services, so we must work closely with our commissioners and partners to grasp the corresponding opportunities that may come through the review.

Outcomes	**EMS** • Reduced response times for all categories of patients • Increase in the number of people who are conveyed to an alternative to ED **NHS 111 Wales** • Patients get the right service with fewer handoffs • Improved patient experience

	Urgent & Emergency care
Alignment with workforce plans	We will assess the impact of pathways on workforce plans through our Strategic Workforce planning work falling out of the Case for Change development.
Alignment with Financial plans	Any additional resourcing to improve the use of SDEC will need to be considered. Our case for change set out in our IMTP will focus on the system benefits both financial and non-financial of utilising pathways, including SDEC
OPTIONAL	
Digital / Technology Opportunities	• Developing a number of dashboards across the organisation to support initiatives, performance and ongoing benefits analysis and assurance • Small Business Research Institute (SBRI) tests of change set out in our IMTP that will focus on equipping our clinicians on scene with the tools to make the right decisions, which may include portable diagnostics and wearable technology solutions

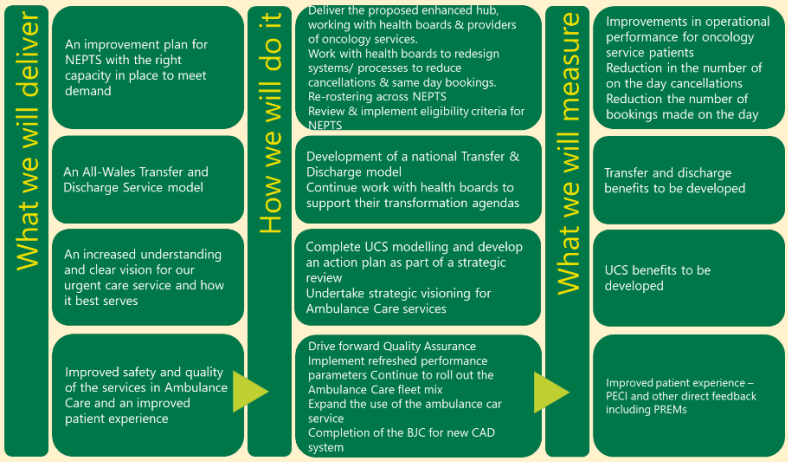
	Urgent & Emergency care
Key focus should be on delivering	**Health boards must honour commitments that have been made to reduce handover waits** Whilst this sets out health board commitments, Welsh Ambulance Services have a significant role to play, and we have significant opportunities through our strategic objectives, particularly the concepts that help us to 'invert the triangle' and we will work collaboratively with Health Boards through the Integrated Commissioning Action Plan (ICAP) process to develop local, joint actions and initiatives which support both reduction in handover and the ability to 'invert the triangles'. **EMS** We believe we have the opportunity to influence the system through reduction in conveyances to EDs or to alternatives to an ED, a lot of which is directly within our control, and other work which we can do jointly with health boards. As part of our range of actions in our 'inverting the triangles' programme to undertake a number of tests of change as well as developing our case for scaled up change at a national level which will see less people needing a conveyance and resources protected to ensure those most in need get a timely response. We will be using clinically rich ePCR data to better stratify patients according to their needs, allowing us to modify and tailor our response. We will maximise the impact and benefit of the Clinical Support Desk (CSD), increasing consult and close rates to 17% (or beyond with additional resources), introducing hot clinical review of a proportion of red calls to confirm appropriate type of response. We will pilot, evaluate and grow the new 'Virtual Ward' concept (to be renamed in 2023/24), delivered initially in partnership with St John Cymru. This new service and way of working will move us away from our traditional core service. CSD clinicians will retain clinical oversight of patients, with on the ground St John resource available to undertake face to face observations and provide elements of care which will allow patients to remain in their homes until the right service for them is available. We can work in collaboration with each Health Board to improve handover at ED – utilising a 'Perfect day' review to understand challenges at all HB ED sites then will then be progressed in a work plan which will feature in ICAPs. We are also working to develop a 24/7 labour line to reduce unnecessary conveyances into hospital. We will also be working with commissioners develop and implement with partners an All-Wales Transfer and Discharge Service, where we are currently seeing delays resulting from

	Urgent & Emergency care
	handover. This will improve system flow for all patients, but with a key focus on the most critically ill. We see opportunities at a local level to work with Health Boards on pathways for specific groups of patients such as fallers, chest pain, breathing problems and those with mental health needs and will develop a 'menu of options' for consideration in each health board, based on evidence of what is working well elsewhere. These can be incorporated into integrated commissioning action plans in each health board (see below) or scaled up nationally. A key area in north Wales is the potential to test mental health response options. But we also have a range of opportunities across the country including our Advanced Paramedic Practitioner (APP) offers, end of life care, falls response, Physician review of the stack (PTAS), diagnostics, among other opportunities. We will individually agree Integrated Commissioning Action Plans (ICAPs) with the seven Health Boards. ICAPs will set out the local commissioning arrangements jointly with Health Boards, mainly for EMS, based on six goals actions, actions to reduce handover delays and the ambition of 'inverting the triangle'. The intended benefits of this new arrangement are to enable clarity on local service models, improve Trust and LHB relationships, and utilise improved relationships to facilitate co-production and agreement on ways to tackle system wide challenges. **NHS 111 Wales** We will seek to establish pathways into Urgent Primary care services and Same Day Emergency Care (SDEC), as well as other pathways including the dental health offer, mental health offer to streamline patient health care needs whilst reducing demand and conveyances into secondary care services and emergency departments.
Baseline	No baseline for UPCC or SDEC from 111 Baseline for meeting the needs of patients whose needs are met by 111 without onward referral to be determined. Current conveyance rate for EMS is 64.1%. APP average conveyance rate is 38.5%. We would aim to move more towards the APP conveyance rate. Evaluation of 'Virtual Ward' concept pilot to provide baseline to move into next phase. Consult and close rate c15% baseline with plans to move to (and potentially beyond) 17% in 2023/24
Quarter 1:	

	Urgent & Emergency care
• **Milestones**	• Evaluation of 'virtual ward' pilots to inform business case development • Direct access pathways available (number to be determined)
• **Actions**	• Developing our Advanced Practice model to reduce the proportion of 999 calls conveyed to Emergency Departments through tests of change and running a Perfect Day • Bid into AHP fund for additional APPs • Develop and evaluate a Welfare and Sitting ('virtual ward') service • Identify opportunities to expand the use of the ambulance car service as an alternative to conveyances at emergency departments in Health Boards • We will develop the concept and model with partners for an All-Wales Transfer and Discharge Service • Working in collaboration with SBRI, seeking innovative solutions from industry to provide care closer to home • Determine goal 2/3 programme appetite to develop pathways for 111 into SDEC to link into later ICAP discussions • Scoping work on labour line Q1
Quarter 2:	
• **Milestones**	Review of Perfect Day to inform handover delay improvement, reporting through ICAPs Evaluation of 'virtual ward' concept complete
• **Actions**	• Develop and implement a Midwife Advice line 24/7 as an alternative to ED/HB conveyance. • Working with health boards to optimise conveyance through development of the clinical delivery plan and through ICAP meetings. • Move into next phase of 'virtual ward' concept depending on outcome of evaluation • Develop implementation plan with commissioners for All Wales Transfer and Discharge • Scoping work on labour line Q2 and develop proposals to HBs and WG
Quarter 3:	Proposal re labour line to HBs and WG
• **Milestones**	ICAPs updated with clinical delivery plans
• **Actions**	• Expand the Falls and Frailty response (subject to funding)
Quarter4:	*Milestones and actions to be determined for Q4 on basis of seasonal planning – Q4 prioritisation in 2022/23 saw only those IMTP actions that contributed towards seasonal pressure developed at pace.*
• **Milestones**	Implementation of labour line (subject to agreement and funding)
• **Actions**	
Risks	• Capacity to deliver on priorities within the plan ○ Time available to devote to priorities, as we are unable to increase staff to undertake key programme

	Urgent & Emergency care
	and project roles without further investment or an increase in savings. ○ With resources (revenue / capital) curtailed our ability to target investment at our strategic plans becomes increasingly difficult • Ongoing disruption through Industrial Action – significant resource, time and focus is required at a senior level in the organisation to respond to industrial action. • Ongoing wider system pressures - the focus on the here and now requires significant management time which cannot be focussed on the transformation agenda. • Stakeholders buy in to plans • Commissioning landscape may change – the review of commissioning in Wales may change the governance and commissioning arrangements on behalf of Health Boards. These new arrangements may refocus the priorities for ambulance services, so we must work closely with our commissioners and partners to grasp the corresponding opportunities that may come through the review.
Outcomes	**EMS** • Reduced response times for all categories of patients • Reduction in handover delays in line with EASC IMTP • Increased proportion whose needs are met without the need for a face to face assessment (Consult and Close) • Increase in the proportion of people assessed on scene that are treated on scene • Increase in the number of people who are conveyed to an alternative to ED **NHS 111 Wales** • Patients get the right service with fewer handoffs • Improved patient experience
Alignment with workforce plans	**EMS** Assumption that 100FTE recruited in 2022/23 are funded recurrently As part of its strategic direction the Trust is planning to open the EMT3 grade (this is a band 5 technician grade, with enhanced skills and scope of practice), this will enable the Trust to double crew an EMT3 with an EMT and release Paramedics for transformational work set out in the Trust's IMTP. The Trust estimates that it will also need the following clinicians the transformation plans in EMS: • 19 Paramedics for clinical screen of higher acuity calls; • 101 Paramedics for the CHARU roll out; • 21 Paramedics for moving the consult and close rate beyond 17%, pushing for 20%; and

	Urgent & Emergency care
	• 6 Paramedics for delivery of the Night Sitting Service. The Trust also has the option of further expanding its APP workforce as a university cohort (17 FTEs) will be available to the Trust during 2023/24. We could also expand the training, recruitment and deployment of APPs if successful through the AHP funding bid. The Trust also has an identified relief gap in its CCC for call handlers (39 FTEs), which could also be closed.
Alignment with Financial plans	Our plan has been costed to include the recurrent 100FTE but all other posts would only be secured if funding identified. Other plans are delivered within the agreed EASC and 111 financial envelopes.
OPTIONAL	
Digital / Technology Opportunities	• Developing a number of dashboards across the organisation to support initiatives, performance and ongoing benefits analysis and assurance • Scale up Robotic Process Automation (alignment with Financial Sustainability Programme efficiency objective) • Implement a new Control Room Solution (CRS) as part of ESMCP (rolled over from 2022/23) • Deliver a new Mobile Data Vehicle Solution (MDVS) to replace the current MDT as part of ESMCP • ePCR automated referrals • Centralised & establish a business partnering approach for the analytics functions. To Simplify the number of **reporting tools** and improve access and availability. • Completion of a Business Justification Case for the new CAD system for ambulance care, including the exploration of increased integration with other service ICT systems to support the service delivery to our patients

	Planned Care, Recovery, Diagnostics and Pathways of Care
Key focus should be on delivering	We do not directly influence the planned care and diagnostics pathways, but are a key partner in delivery of local and regional solutions through both our Emergency Medical, Urgent Care and NEPT services. We will continue to work with and support Health Boards on service change programmes of work that are targeted to reduce planned care backlog. Additionally we will improve our own NEPTs service following the review of our demand and capacity providing a better quality service for our patients. Our IMTP plan for NEPTS and Ambulance Care services is as follows and is very much aligned to supporting system recovery and improving the quality of services for patients: 
Baseline	NEPTS performance broadly stable Renal 71.4% (Feb 23) Transfer &Discharge journeys c80% collected within 60mins of ready time Oncology pending revised performance parameters
Quarter 1:	
• **Milestones**	
• **Actions**	• Implementation of the recommendations from the NEPTS Demand and Capacity Review
Quarter 2:	
• **Milestones**	
• **Actions**	• Support and work with health boards on Regional solutions to elective planned procedures being explored, including the Llandudno Hub development in North Wales which will seek to reduced planned care backlog, the orthopaedic hub is specifically for non-complex arthroplasty at stage 4. • Engage and support the South East Regional Portfolio; providing support for implementation of regional

	Planned Care, Recovery, Diagnostics and Pathways of Care
	programmes for ophthalmology, orthopaedics, oncology and diagnostics as required
Quarter 3:	
• **Milestones**	
• **Actions**	
Quarter4:	
• **Milestones**	
• **Actions**	

Risks	• Capacity to deliver on priorities within the plan
	  ○ Time available to devote to priorities, as we are unable to increase staff to undertake key programme and project roles without further investment or an increase in savings.
	  ○ With resources (revenue / capital) curtailed our ability to target investment at our strategic plans becomes increasingly difficult
	• Ongoing disruption through Industrial Action – significant resource, time and focus is required at a senior level in the organisation to respond to industrial action.
	• Ongoing wider system pressures - the focus on the here and now requires significant management time which cannot be focussed on the transformation agenda.
	• Stakeholders buy in to plans
	• Commissioning landscape may change – the review of commissioning in Wales may change the governance and commissioning arrangements on behalf of Health Boards. These new arrangements may refocus the priorities for ambulance services, so we must work closely with our commissioners and partners to grasp the corresponding opportunities that may come through the review.

Outcomes	Realise benefits from the demand and capacity review that will meet forecasted demand whilst also providing a more efficient and better quality service to our patients. Timely transport of patients
Alignment with workforce plans	Further work to understand the outputs of demand and capacity review. There are some recognised gaps in our NET centre. Efficiency gains potentially through re-rostering across NEPTS.
Alignment with Financial plans	NEPTS service to look at efficiencies, and the cost of providing transport to patients who do not meet eligibility for NEPTS
OPTIONAL	
Digital / Technology Opportunities	• Completion of a Business Justification Case for the new CAD system for ambulance care, including the exploration of increased integration with other service ICT systems to support the service delivery to our patients

	Planned Care, Recovery, Diagnostics and Pathways of Care
	• SBRI challenge fund opportunity to test portable diagnostics in the community

	Cancer recovery
Key focus should be on delivering	• NEPTS Engagement with Velindre Cancer Centre which will provide non surgical cancer services for south east Wales and regional oncology programme • Implementing refreshed performance parameters that focus on improving patient and customer experience for our Non Emergency Transport Service; e.g. working in partnership with oncology services and health board commissioners on our oncology transport performance • Engage in the planning process for the Radiotherapy Satellite Centre proposed for 2023, proposed for Nevill Hall Hospital Milestones, actions, risks, workforce and finance will be developed as the model of care in Health Boards develops
Baseline	
Quarter 1:	
• **Milestones**	Revised oncology performance parameters
• **Actions**	Working with health boards and providers of oncology services on our proposed establishment of an enhanced hub to improve the service for our oncology patients
Quarter 2:	
• **Milestones**	
• **Actions**	Working with health boards and providers of oncology services on our proposed establishment of an enhanced hub to improve the service for our oncology patients
Quarter 3:	
• **Milestones**	
• **Actions**	Working with health boards and providers of oncology services on our proposed establishment of an enhanced hub to improve the service for our oncology patients
Quarter4:	
• **Milestones**	Delivery of an enhanced hub working with health boards and providers of oncology services
• **Actions**	

Risks	• Capacity to deliver on priorities within the plan
	  ○ Time available to devote to priorities, as we are unable to increase staff to undertake key programme and project roles without further investment or an increase in savings.
	  ○ With resources (revenue / capital) curtailed our ability to target investment at our strategic plans becomes increasingly difficult
	• Ongoing disruption through Industrial Action – significant resource, time and focus is required at a senior level in the organisation to respond to industrial action.

	Cancer recovery
	• Ongoing wider system pressures - the focus on the here and now requires significant management time which cannot be focussed on the transformation agenda. • Stakeholders buy in to plans • Commissioning landscape may change – the review of commissioning in Wales may change the governance and commissioning arrangements on behalf of Health Boards. These new arrangements may refocus the priorities for ambulance services, so we must work closely with our commissioners and partners to grasp the corresponding opportunities that may come through the review.
Outcomes	Improved performance for oncology patient journeys
Alignment with workforce plans	Further work to understand the outputs of demand and capacity review. There are some recognised gaps in our NET centre. Efficiency gains potentially through re-rostering across NEPTS.
Alignment with Financial plans	NEPTS service to look at efficiencies, and the cost of providing transport to patients who do not meet eligibility for NEPTS
OPTIONAL	
Digital / Technology Opportunities	• Completion of a Business Justification Case for the new CAD system for ambulance care, including the exploration of increased integration with other service ICT systems to support the service delivery to our patients • Ambulance Care fleet mix using innovative solutions

	Mental health and CAMHS
Key focus should be on delivering	**Implement 111 press 2 on a 24/7 basis for urgent mental health issues** Through delivering out Mental health and dementia plan, we will continue to develop and implement alternative pathways to support mental health services. We will also equip our staff with the skills and knowledge to be able to provide the best possible care. Future initiatives such as the Mental Health Response vehicle
Baseline	Baseline activity data sits with Health Boards, NHS 111 Wales offers the front end of the system
Quarter 1:	
• **Milestones**	111 Press 2 in place across Wales
• **Actions**	• Continue to develop optimal environments for people affected by dementia • Evaluate the impact of Mental Health Practitioners in the Clinical Support Desk • Review the impact of 111 Press 2 teams for Mental Health patients on WAST. • As part of delivering the Mental Health & dementia plan we will continue to roll out training including the suicide first aid training to all front line staff to improve skills and response to patient needs. • Commence a pilot scheme of the use of Mental Health Practitioners in Response Vehicles to attend patients out in the community • Determine Milestones and Actions for remainder of the year
Quarter 2:	
• **Milestones**	
• **Actions**	
Quarter 3:	
• **Milestones**	
• **Actions**	
Quarter4:	
• **Milestones**	
• **Actions**	

Risks	• Capacity to deliver on priorities within the plan
	  ○ Time available to devote to priorities, as we are unable to increase staff to undertake key programme and project roles without further investment or an increase in savings.
	  ○ With resources (revenue / capital) curtailed our ability to target investment at our strategic plans becomes increasingly difficult

	Mental health and CAMHS
	• Ongoing disruption through Industrial Action – significant resource, time and focus is required at a senior level in the organisation to respond to industrial action. • Ongoing wider system pressures - the focus on the here and now requires significant management time which cannot be focussed on the transformation agenda. • Stakeholders buy in to plans • Commissioning landscape may change – the review of commissioning in Wales may change the governance and commissioning arrangements on behalf of Health Boards. These new arrangements may refocus the priorities for ambulance services, so we must work closely with our commissioners and partners to grasp the corresponding opportunities that may come through the review.
Outcomes	• Patients get the right service with fewer handoffs • Improved patient experience
Alignment with workforce plans	Aligned to NHS 111 workforce plans set out in MDS
Alignment with Financial plans	Financial plan has been costed on the basis of NHS 111 Wales establishment agreed with commissioners

AGENDA ITEM No	**12**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**1**

Integrated Medium-Term Plan (IMTP) 2024 – 2027
Progress in developing the plan

MEETING	Finance & Performance Committee
DATE	13th November 2023
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation
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EXECUTIVE SUMMARY

The purpose of this paper is to provide Finance & Performance Committee with an update on the progress and actions required to develop the next iteration of WAST's Integrated Medium Term Plan for 2024-27.

RECOMMENDED: That the Finance & Performance Committee:

1. **Notes the overall progress in developing the IMTP;**
2. **Notes the approach and timelines set out in the report; and**
3. **Advises of any further assurance required during the planning cycle.**

KEY ISSUES/IMPLICATIONS

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

2. WAST's IMTP planning cycle runs from June to March 2023, when we understand that submission will be required in Welsh Government. Planning happens alongside delivery, making the plan dynamic and a live document. The key to good planning is not in the

final written plan but in the processes, conversations and engagement that go into developing the plan.

3. During the pandemic our plans were (necessarily) very top down. And whilst last year, as we emerged from the pandemic, we heard a lot from staff, particularly during industrial action, we want to do more to incorporate the views from frontline services, our programme teams delivering our priorities and directorate teams about how we shape the priorities in our plan next year. We will also engage with key stakeholders, dovetailing with the ongoing programme of work to shape our models of care as part of the strategic transformation journey WAST is on.

4. Planning is going well, with lots of work being undertaken in the 'gathering intelligence' and 'engagement' workstreams which will lead to discussions over the coming months on our key priorities, and the scope and pace of change that is possible in an ever changing context in which the NHS is working.

REPORT APPROVAL ROUTE

REPORT APPENDICES
Appendix 1 – SBAR

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

Appendix 1

Approach to Developing the 2024-27 WAST IMTP

Situation

1. The purpose of this paper is to provide Finance & Performance Committee with an update on the progress and actions required to develop the next iteration of WAST's Integrated Medium Term Plan for 2024-27.

Background

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

3. WAST submitted its last IMTP (2023-26) to Welsh Government on 31st March 2023 following Board approval. Welsh Government recently approved WAST's IMTP on 12th September 2023. Following approval, the Director General issued accountability conditions on which our approval is based as follows:

    - Demonstrate delivery of a robust savings plan supported by an opportunities pipeline to maximise its improvement trajectory and develop robust mitigating actions to manage financial risks.
    - Demonstrate actions are being taken to mitigate expenditure in volume and inflationary growth pressures beyond funded levels, as far as possible, throughout the financial year to ensure you maintain financial balance.
    - Demonstrate actions are being taken to mitigate any residual costs in relation to the legacy of COVID.

4. WAST is also expected by Welsh Government to deliver its commitments in its IMTP, particularly ministerial templates and the focus for the next planning round will need to consider a more robust approach to these templates, as these are the means by which the minister seeks assurance against her priorities.

5. WAST's IMTP planning cycle runs from June 2023 to March 2024, when we understand that submission will be required in Welsh Government. The planning process happens alongside delivery, making the plan dynamic and a live document. The key to good planning is not in the final written plan itself, although it is very important, but in the processes, conversations and engagement that go into developing the plan.

6. During the pandemic our plans were (necessarily) very top down. And whilst last year, as we emerged from the pandemic, we heard a lot from staff, particularly during industrial action, we want to do more to incorporate the views from frontline services, our programme teams delivering our priorities and directorate teams about how we shape the priorities in our plan

next year. We will also engage with key stakeholders, dovetailing with the ongoing programme of work to shape our models of care as part of the strategic transformation journey WAST is on.

7. WAST developed a Planning Framework in 2023 which was approved by Strategic Transformation Board to complement the Board approved Quality and Performance Management Framework. This sets out that planning needs to be both collaborative and integrated.

8. Integrated planning is undertaken both internally and externally. It takes account of the workforce, fleet, estate, digital and financial resources required to deliver an IMTP. At the same time it takes account of the system wide developments which impact on WAST's ability to deliver services to the quality and performance standards we hope to achieve through our own plan.

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

10. Collaborative planning takes a step further from integrated planning. Integrated planning ensures our plans are in line with each other (internally and externally). Collaborative planning takes account of feedback from, as well as direct engagement with, various stakeholders, ideally in a 360-degree way. This approach takes full account of plans developed through our IMTP delivery programmes to ensure a 'matrix working' approach is maintained, and at a local level through active engagement with our people and the public to inform medium term and strategic planning.

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

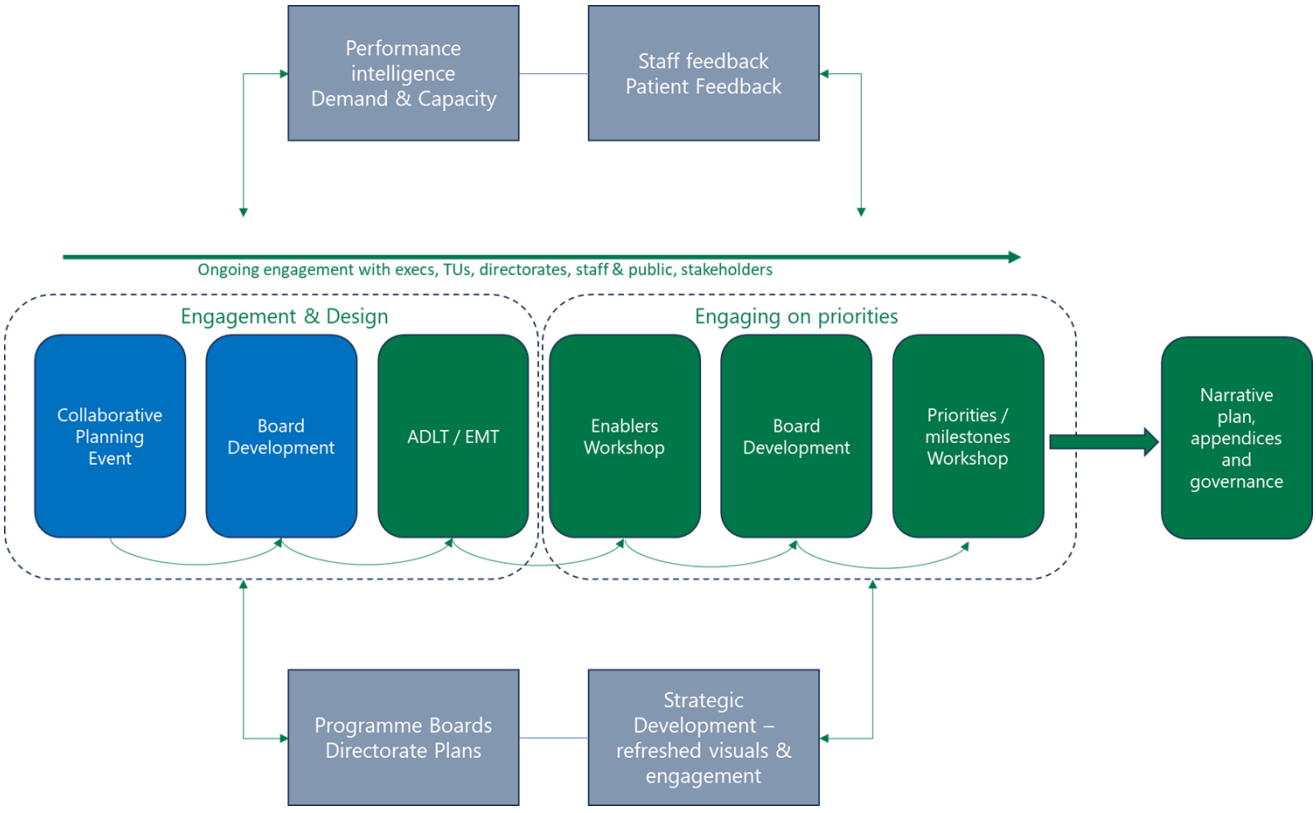
    - Refresh of the current 3-year IMTP with a focus on how we are working towards our strategy, whilst also maintaining control of our spend in the challenging financial environment;

- To be clearer about our milestones across the whole period in years 1,2 and 3 – this is the direction set by the Board and WG;
- Ensure the IMTP meets the needs of patients, colleagues and the wider public and our people;
- That it showcases our commitment to delivering our statutory obligations and commissioning intent.

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

- **Engagement** – with our people, public and patients, trade unions, commissioners and key partners;
- **Gathering intelligence** – through our performance data, NHS Wales data and information, risks, understanding the strategic and socio-economic context we are working in
- **Developing and agreeing priorities**, using a business case approval process as required
- **Integrated technical planning**, which considers fleet, estate, digital, workforce and financial consequences of our IMTP
- **Writing the plan**
- **Governance, assurance and approval**

The high level approach can be seen in the following diagram.



Assessment

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

Engagement

14. We will undertake engagement in two phases and with two methodologies. The first phase is progressing (as seen above) alongside the gathering intelligence workstream, and seeks feedback from across the organisation and from our stakeholders to inform our priorities. The second phase will be to engage further on what we interpret from phase one as our priorities to check we have understood correctly and refine our IMTP. The methodologies we will adopt will be 'active' engagement, whereby we will actively seek the views of others, and 'passive' engagement where we will listen in to events, workshops, other public engagement etc. and note the key themes being discussed to provide a rich picture to inform our plans.

15. We have set out a plan for **engaging our people** which involved three steps but is aligned to and complements work being undertaken by i) the Strategy team to gather views on wider transformation and strategic development of WAST services and ii) People & Culture 'Hive' pulse surveys which serve as a temperature check of the organisation. The three steps are:

    a. A **survey on MS Forms** which specifically asks our people to tell what they think are the priorities we should focus on to improve services over the next three years. This will be available on Siren, Yammer and through a QR code which can be publicised in many locations across the Trust;
    b. We will use the **CEO Roadshows** actively and passively to inform the IMTP. Firstly we will have a stand to directly invite staff to provide feedback our planning process, either on the day or via the QR code to the MS Form survey (active). Secondly we will listen to the key issues staff raise through the discussions at each event (passive).; and
    c. The Planning Team (as well as teams from other directorates) will be **'Getting out and about'** to meet frontline staff who do not always see Siren, Yammer or are unable to attend roadshow events. We learnt a lot from our engagement with staff during industrial action and we would like to meet with staff again. We will try to reach administrative buildings, contact centres, stations and potentially hospital sites to talk to as many people as possible.

16. We are developing the plan for **engaging with patients and the public** with our PECI team. Again this can be actively or passively.

    a. We have a lot of data and information from patient engagement QUEST reports, as well as data from Putting Things Right, serious incident reporting and National Reportable Incidents. We will use this to inform the IMTP as we have done in previous years;
    b. Patient Stories will also give us valuable and personalised information to help us develop our priorities;

c. Passive engagement at events such as the Bevan Commission Big Conversation, which asks the public for feedback about the future of the NHS in Wales;
d. Continuous PECI engagement will give us data and information on what is important to the public; and
e. We will develop targeted engagement questions, dovetailing with strategic work nationally (Bevan Commission) and in WAST (through the strategic development engagement framework).

17. At a strategic level we are holding engagement sessions through an initial **collaborative planning** event on 5th October 2023, at which our commissioners have been present. At this event we undertook SWOT (strengths, weaknesses, opportunities, threats) and PESTLE (political, economic, social, technological, legal and environmental) analyses to consider the context in which we are setting our plan for the next three years and any gaps in our current plans. We then undertook a similar PESTLE exercise with the Board in a **Board Development** session on 26th October 2023. As can be seen in the diagram above we intend to hold further Board Development and ADLT/EMT sessions as well as workshops on our key enablers and formalising our priorities. This will take place throughout November to January.

18. We regularly engage with our **Commissioners** through the usual 111 and EASC commissioning meetings. We also intend to set up regular touch point meetings with the NCCU, as well as collaborative discussions on areas such as workforce planning, to complement the plans set out by commissioners in their commissioning intentions. We also engage directly with Health Boards through ICAP meetings and through the Directors of Planning and Assistant Directors of Planning networks.

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

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

<u>Gathering Intelligence</u>

21. In last year's IMTP we produced a data pack as Appendix 1 setting out the challenges and opportunities which shaped our plan for 2023-26. We intend to do this again. In order to do this we are gathering intelligence from our programmes and directorate plans on their current and future priorities, the key performance and modelling drivers, our key risks and EMS, NEPTS and 111 commissioning intentions.

22. In order to support a bottom up approach to planning we will also prepare a compendium of feedback on current and future priorities from each of the transformation and enabling programmes, as well as from directorate planning (which takes place in line with the

Planning Framework). These will inform the next stage and workstream 'Developing Priorities'.

23. We will produce a comprehensive performance pack based on the MIQPR, setting out the key metrics which we need to affect through our plan. Alongside this we will bring in data from recent demand and capacity reviews by ORH, as well as the emerging modelling from the next iteration of the EMS demand and capacity review. These data packs will need to be kept under review during the entire planning cycle and will both inform our priorities but also our workforce, fleet, estates and digital plans as well as providing the data for the Minimum Data Set (MDS) which is required as part of the IMTP by WG.

24. We will use the Board Assurance Framework to inform the highest risks that we are dealing with as an organisation and ensure the IMTP is consistent with the controls, but also any new plans within the IMTP will need to feedback into the Corporate Risk Register and Board Assurance Framework.

25. We have, to date, received slight amendments to last year's 111 commissioning Intentions, these are more transactional in nature and we will continue to work with commissioners and WG on the strategic vision for the commissioning and delivery of 111 services. EASC commissioning intentions will be available in due course, as the new commissioning landscape is being developed and the Planning Team will set up regular touch point meetings with commissioners over the next four months.

<u>Developing and agreeing priorities</u>

26. We will use feedback from the gathering intelligence and engagement (phase 1) to inform our priorities. These will be developed during November and December as we continue to engage with stakeholder. We are then planning a 'prioritisation' workshop in early January, with the aim of confirming priorities and setting achievable and meaningful milestones as we move to technical planning and writing the plan. To assist this, the Board has been asked to provide direction on scope and pace over the next three years taking into account the 'PESTLE' context that we discussed in October but also in line with our strategic ambitions and our commissioners' intentions for ambulance services and 111 going forward.

27. In addition this year, we have now tested the ADLT Business Case Scrutiny panel and process with the Community Support Cymru business case and the intention is to use this process to scope requirements for investment and develop robust business cases to inform our prioritisation of actions and milestones within the IMTP and this will also inform the integrated technical planning workstream.

28. It will be important to combine this workstream with the plan to engage with stakeholders on the emerging priorities so that we are able to finalise and confirm priorities by mid-January. This approach can be seen in the diagram above.

<u>Integrated Technical Planning</u>

29. The Integrated Technical Planning Group which reports into ISPG (which is responsible for overseeing IMTP development) meets regularly throughout the year and will provide the

technical planning which considers our priorities in the context of fleet, estates and digital requirements. It also informs our workforce and financial planning (both revenue and capital). Ideally we would want emerging priorities to be initially made available to finance and workforce by the end of December 2023, by which time we usually know the financial allocations for Health Boards, with more detail and confirmation by mid-January.

Writing the plan

30. The framework of the narrative IMTP document can be commenced at any time, but the content needs to be informed by the previous workstreams, so a first draft is intended to be available at the end of January, and should be available in draft form to the Board at its meeting in January. We will be able to develop presentations on emerging themes and emerging priorities throughout the next two months, for engagement with stakeholders including committees (internally and externally).

31. Areas such as People & Culture, Quality, Research & Innovation etc. may take specific development of their aspects of the IMTP into their relevant committees (i.e. People and Culture committee, QUEST, Academic Partnerships committee).

32. During this workstream we will develop the detailed appendices which will include our MDS, detailed finance plan, Decarbonisation Action Plan and Ministerial Templates.

Governance, assurance and approval

33. As set out in paragraph 30, certain aspects of the plan go through relevant committees for guidance and endorsement. However, the key governance routes are as follows:

- **Strategic Transformation Board (STB)** (or Executive Leadership Team (ELT) depending on timing) in January 2024 - update on progress and presentation on key priorities informing the first draft of the IMTP.
- **Finance & Performance Committee** January 2024 – update on progress and presentation on key priorities informing the first draft of the IMTP.
- **Trust Board** January 2024 - update on progress and presentation of first draft of the IMTP.
- **Emergency Ambulance Services Committee (EASC) Management** sessions tbc – presentation of priorities and draft plans.
- **111 Commissioning Board** sessions tbc – presentation of priorities and draft plans, and endorsement in March 2024.
- **EASC/ Welsh Health Specialised Services Committee (WHSSC) joint committee** tbc – requirement at full committee tbc.
- **STB** February 2024 – updated draft.
- **ELT** March 2023 – final draft for comment, amendment and endorsement.
- **EASC/WHSCC joint committee** March 2024 – final draft for endorsement.
- **Finance & Performance Committee** March 2024 – scrutiny and assurance of final draft and endorsement for approval at
- **Welsh Ambulance Service Partnership Team (WASPT)** tbc – engagement on the final draft plan

- **Trust Board March 2024** – final version of the IMTP for sign off prior to submission to Welsh Government (WG).
- **WG Submission** expected 31st March 2024

34. These timings are not subject to change but any change or addition, or update on the requirements from commissioners, will be provided in the next update to Committee.

Recommendation: Finance & Performance Committee is asked to:

(1) Note the overall progress in developing the IMTP;

(2) Note the approach and timelines set out in the report; and

(3) Advise of any further assurance required during the planning cycle.

AGENDA ITEM No	13
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – September/October 2023

MEETING	Finance & Performance Committee (FPC)
DATE	13th November 2023
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning & Performance Mark Thomas – Commissioning & Performance Manager Melanie O'Connor - Commissioning & Performance Officer
CONTACT	Hugh.bennett2@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Melanie.O'Connor@wales.nhs.uk

EXECUTIVE SUMMARY

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

2. The indicators used at this high-level show an increase of system pressure (and warning signs for winter), in particular, with increasing handover lost hours and therefore worsening quality and performance for the Emergency Medical Service (EMS). 111 is showing continuous improvement throughout 2023 with abandonment rates and call answer times achieving the best performance since February 2022.

3. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, but with demand increasing to pre-Covid levels, performance has dipped slightly over the past two months. Overall, the picture remains one in which the Trust can demonstrate clear improvement over things it controls, but a more mixed picture where there are system dependencies e.g., handover lost hours.

RECOMMENDATION: The Committee is asked to: Consider the September/October 2023 Integrated Quality and Performance Report and actions being taken and determine whether:

a) The report provides sufficient assurance.

	b) Whether further information, scrutiny or assurance is required, or **c) Further remedial actions are to be undertaken through Executives.**

REPORT APPROVAL ROUTE	
Date	**Meeting**
13 November-23	**FPC**

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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

SITUATION

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

BACKGROUND

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

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

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

4. As previously agreed, the metrics which form part of this committee/Board report will be updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust's plans (Integrated Medium-Term Plan - IMTP) and strategies. A revised set were recently agreed, which are now being built into the report on an iterative basis.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

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

6. **999** call answering times, having been challenging at the end of last year, improved significantly, achieving the 6 second answering target, however, in the second half of the calendar year the 95th percentile has begun to worsen; in August 2023 it was 31 seconds with a small improvement to 28 seconds in September 2023.

7. **111 call answering is improving,** with the call abandonment target of 5% being achieved again in October 2023 (2.9%), which is the lowest figure recorded and 67.6% of calls being answered within 60 seconds, although this still remains significantly below target (95%). Negotiations with commissioners have indicated that funding is available for 198 call handlers and recruitment has been underway to secure this number, but there remain a number of vacancies. It has

recently been agreed to recruit another cohort in November, with the aim of getting closer to the 198 level. Further work is required to reduce capacity lost through sickness absence (particular improvement now being seen in call handlers), aligning capacity with demand and improving the efficient use of resource. A priority is now re-rostering 111, which is dependent on commissioners funding a third party (the third party has been identified via procurement process).

8. **111 Clinical response:** the Trust continues to see achievement of the clinical call back time target for the highest priority 111 calls (P1CT – 99%) , and pleasingly, other priorities of calls (P2 and P3) are also achieving the 90% performance target in October 2023, with the respective figures being 90.6% and 90.1%. This improvement has been driven by more efficient working practices and the alignment of capacity to demand. The numbers of clinicians are now broadly at agreed establishment levels (recently agreed as 102 Whole Time Equivalents (WTE)).

9. **Ambulance Response** (safety / patient experience): the Red 8-minute response performance for October 2023 was 47.2%, a slight drop when compared to September 2023, below the 65% target and the fourth consecutive month to record a decrease. However, there was another monthly increase in the number of Red incidents that were actually attended within 8-minutes, rising to 2,277 in October 2023. The actual number of Red incidents attended within 8-minutes has seen a general increase over the past two years with the monthly average in 2023 being 2,024 compared to 1,921 in 2022 and 1,813 in 2021. The Amber 1 median was 1 hour 23 minutes (ideal 18 minutes) and the Amber 1 95th percentile was 6 hours 6 minutes. These long response times have a direct impact on outcomes for many patients. Actions within the Trust's control include:

   Capacity:

   - Recruitment: Confirmation has been received of further non recurrent funding in 2023/24 to support the 100 WTE staff recruited in 2022/23. Work will continue through the year to ensure that establishment remains at commissioned levels.
   - Some additional funding has also been made available to pilot the new Connected Support Cymru service in partnership with St John Cymru.

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

   - The Managing Attendance Programme continues, which includes seven work-streams. This did see a reduction in overall sickness levels during the early part of 2023, and although increases have been seen over the past two months, further work is still on-going to reduce to 6% during 2023/24. There remain risks associated with delivery of this level of improvement.

Demand Management

- The increase in Clinical Support Desk capacity has meant that the Trust has been able to increase its consult and close rate, however, it has declined in recent months, achieving 12.6% in September 2023, with an increased ambition of 17% in 2023/24 (quarter 4). Action plans are in place within the service, but there are some risks emerging in terms of delivery. October 2023 did see a reversal of the downward trend and an increase to 13.8%.

Red Improvement Actions

- The full roll out of the Cymru High Acuity Response Units (CHARUs). Recruitment and training is being undertaken at pace with the aim to fully populate the CHARU rosters keys (153 full time equivalents), with the current estimated staff in post (including those in training) of 127 FTEs.
- Red review. This is being undertaken within additional resource, when possible, but ideally, as previously modelled, would require additional FTEs.
- A more efficient response logic, which went live on 19 June 2023, is reducing the number of multiple attendances to certain categories of red call, releasing resource to respond to other calls.

10. One of the key factors in relation to response times is the capacity lost to **handover outside Emergency Departments**. 23,232 hours were lost during October 2023, an significant increase compared to the already extreme 19,610 hours lost in September 2023 and the fourth monthly increase in a row. Although remaining lower than during the same period last year, these levels remain so extreme that all the actions within the Trust's control cannot mitigate or offset this level of loss. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus, with other health boards reporting that they are seeking to learn lessons. Reduced hours lost to handover and a reduction of pressure within the system, has particularly manifested itself in improvement in both Amber 1 and 2 performance, where a strong correlation exists with reduced handover hours. Wales Immediate Release figures for October 2023 were: Red 173 accepted and 11 declined; and Amber 1, 199 accepted and 311 declined. There has been some challenge from health boards on the accuracy of requests, with the Trust engaging in a workshop organised by the NCCU. An extraordinary incident was declared on 22 October 2023. Ambulance production was good and there was no demand spike. The NCCU and Welsh Government reviewed the Trust's decision.

11. A separate report is available on this agenda regarding forecasting and modelling for winter, including the impact of various changes (delivered or planned) e.g. CHARU roll out etc.

12. **Ambulance Care (formally NEPTS) (Patient Experience)**: Oncology performance remained below the 70% target in October 2023 (65.4%). Renal performance also decreased to 72.7%, as did discharge journey performance declining slightly to 76% (target 90%). Overall demand for NEPTS continues to increase, but remains below pre-pandemic levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of efficiencies and improvements, for example: improved procurement through the plurality model, aligning clinic patient ready times to ambulance availability, re-rostering (NET Centre and NEPTS transport) and addressing oncology performance.

13. **National Reportable Incidents (NRIs) / Concerns Response**: the Trust reported four NRIs to the NHS Executive in September 2023, an increase of two from the two reported in August 2023; and 7 serious patient safety incidents were referred to health boards under the Joint Investigation Framework, which has now been adopted NHS Wales wide. In September 2023 complaint response times have increased to 55%, but remain below the 75% target with cases remaining complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken. The Trust has put more capacity into the Putting Things Right (PTR) team, which has had a positive impact for the Legal Team until periods of long-term sickness absence. The Concerns Administrators responding to patients and families continue to have lengthy and repeated calls due to protracted response times in the community, compounded by an inability to always respond in a timely manner to their concerns and questions. The Trust is concerned for the welfare of the team, given the nature and volume of the PTR work across all functions and a number of supportive actions are progressing/planned for both the corporate team and EMS Coordination & Resourcing.

14. **Clinical outcomes**: The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 75.7% in September 2023, a slight increase from the 74.6% seen in August 2023, but remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the Electronic Patient Clinical Record (ePCR) system. The return to spontaneous circulation (ROSC) rate dropped to 22.1% in September 2023 compared to 23.8% in August 2023.

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

15. **Hours Produced**: The Trust produced 122,050 Ambulance Response unit hours in October 2023, an increase from the 113,421 produced in September 2023. Emergency ambulance unit hours production (UHP) was 93% in October 2023, thus improving but still failing to achieve the 95% target. CHARU UHP increased to 136% (note this is of the commissioned level, not full roll out). Key to the

number of hours produced are roster abstractions, which remain above benchmark, but are reducing i.e. improving.

16. **Response Abstractions:** EMS abstraction levels decreased to 33.59% in September 2023, but remains above the 30% benchmark. EMS Response sickness abstractions stood at 9.5% (benchmark 5.99%).

17. **Trust sickness absence:** the Trust's overall sickness percentage was 8.78% in September 2023, a deterioration from the 9.22% recorded in August 2023. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level.

18. **Staff training and Personal Appraisal Development Review (PADR)s:** PADR rates did not achieve the 85% target in September 2023 (70%), while compliance for Statutory and Mandatory training increased slightly to 76.21%.

19. **People & Culture Plan**: The Trust launched its People & Culture Plan in September 2023 and continues to undertake work around behaviours, in particular, sexual safety. Executive Leadership Team are undertaking a pan-Wales round of CEO Roadshows in November 2023.

Finance and Value

20. **Financial Balance**: The reported outturn performance at Month 6 is a surplus of £77k, with a forecast to the year-end of breakeven.

Partnerships/ System Contribution

21. **Shift left:** much of Trust's work relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **consult and close** rates after 999 calls; and the Trust achieved 13.8% in October 2023, an increase from the 12.6% seen in September 2023 but below the Trust's 2023/24 IMTP ambition of 17%.

22. In October 2023, 9,586 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 200 callers. A formal programme to take forward "inverting the triangle" has been established. The Trust has proceeded with growing the numbers of APPs in training. The current focus is on developing a "strategic case for change" and a stakeholder engagement process.

Summary

23. The indicators used at this high-level highlight an increase of system pressure, in particular, handover lost hours, and therefore worsening quality and

performance for the Emergency Medical Service (EMS). 111 is continuing to show improvement with abandonment rates continuing to achieve better than target levels. Ambulance Care, in particular, NEPTS performance has been relatively stable, but with performance deteriorating over the past two months. Overall, the picture remains one in which the Trust can demonstrate clear improvement over some things it controls, but a more mixed picture where there are system dependencies e.g. handover lost hours, and these pressures are beginning to increase as we head into winter.

RECOMMENDATION: The Committee is asked to Consider the September/October 2023 Integrated Quality and Performance Report and actions being taken and determine whether:

a) The report provides sufficient assurance.
b) Whether further information, scrutiny or assurance is required, or
c) Further remedial actions are to be undertaken through Executives.

Welsh Ambulance Services NHS Trust

Monthly Integrated Quality & Performance Report

September/October 2023

Annex 1 – Top Indicator Dashboard

GIG CYMRU NHS WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

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

by Commissioning & Performance Department

Section 1: Monthly Indicators / Top Indicator Dashboard

Top Monthly Indicators	Target 2023/24	2 Year Average	Sep-23	Oct-23	RAG
Our Patients					
Timeliness Indicators					
NHS111 Call Handling Abandonment Rates	< 5%	15.0%	3.4%	2.9%	G
111 Clinical Triage Call Back Time (P1)	90%	96.7%	99.0%	99.0%	G
999 Call Answer Times 95th Percentile	00:06	00:45	00:28	N/A	R
999 Red Response within 8 minutes	65%	50.9%	48.6%	47.2%	R
999 Amber 1 Median	00:18	01:23	01:17	01:23	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	74.7%	65.8%	65.4%	A
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	85.9%	78.0%	N/A	R
Clinical Outcomes / Quality Indicators					
Return of Spontaneous Circulation (ROSC)	Increasing Trend	16.8%	22.1%	N/A	A
Stroke Patients with Appropriate Care	95%	79.5%	75.7%	N/A	R
Acute Coronary Syndrome Patients with Appropriate Care	95%	46.8%	46.0%	N/A	R
National Reportable Incidents reports (NRI)	Reduction Trend	6	4	N/A	A
Can't Send & Cancelled by Patient Volumes	Reduction Trend	11211	10895	10535	A
Concerns Response within 30 Days	75%	40%	55%	N/A	R
Our People					
Capacity					
Hours Produced for Emergency Ambulances	95-100%	95%	89%	93%	A

Top Monthly Indicators	Target 2023/24	2 Year Average	Sep-23	Oct-23	RAG
Health & Well-being					
Sickness Absence *(all staff)*	6.0%	9.67%	8.78%	N/A	A
Mental Health Absence Rates	Reduction Trend	2.33%	2.71%	N/A	A
Staff Turnover Rate	Reduction Trend	10.45%	9.28%	9.10%	G
Statutory & Mandatory Training	>85%	80.60%	76.21%	N/A	R
PADR/Medical Appraisal	>85%	67.99%	70.0%	N/A	R
Number of Shift Overruns	Reduction Trend	3750	3961	N/A	A
Inclusion & Engagement / Culture					
NHS111 % of Total Calls Answered in Welsh	Increasing Trend	0.44%	0.88%	1.15%	G
NEPTS % of Total Calls Answered in Welsh	Increasing Trend	1.1%	1.4%	N/A	G
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	N/A	G
EMS Utilisation Metric (All Vehicles)	Increasing Trend	60%	57.5%	N/A	A
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.44	2.41	N/A	A
NEPTS on the Day Cancellations	Reduction Trend	19.3%	20.2%	N/A	A
Partnerships / System Contribution					
Inverting the Traingle					
Successful Consult & Close Outcome	17.0%	13.0%	12.6%	13.8%	R
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	11.3%	10.79%	N/A	A
Number of Handover Lost Hours	15,000	22,807	19,610	23,232	R
NHS111					
NHS111 Dental Calls	TBD	5,877	6,750	N/A	TBD
Consult & Close Volumes by NHS111	Increasing Trend	1,135	994	952	A

In-Month RAG Indicates =

Green: Performance is at or has exceeded the target *(Indicates no action is required)*

Amber: Performance is at or within 10% of target *(Indicates some issues/risks to performance (monitoring is required))*

Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)

TBD: Status cannot be calculated (To Be Determined)

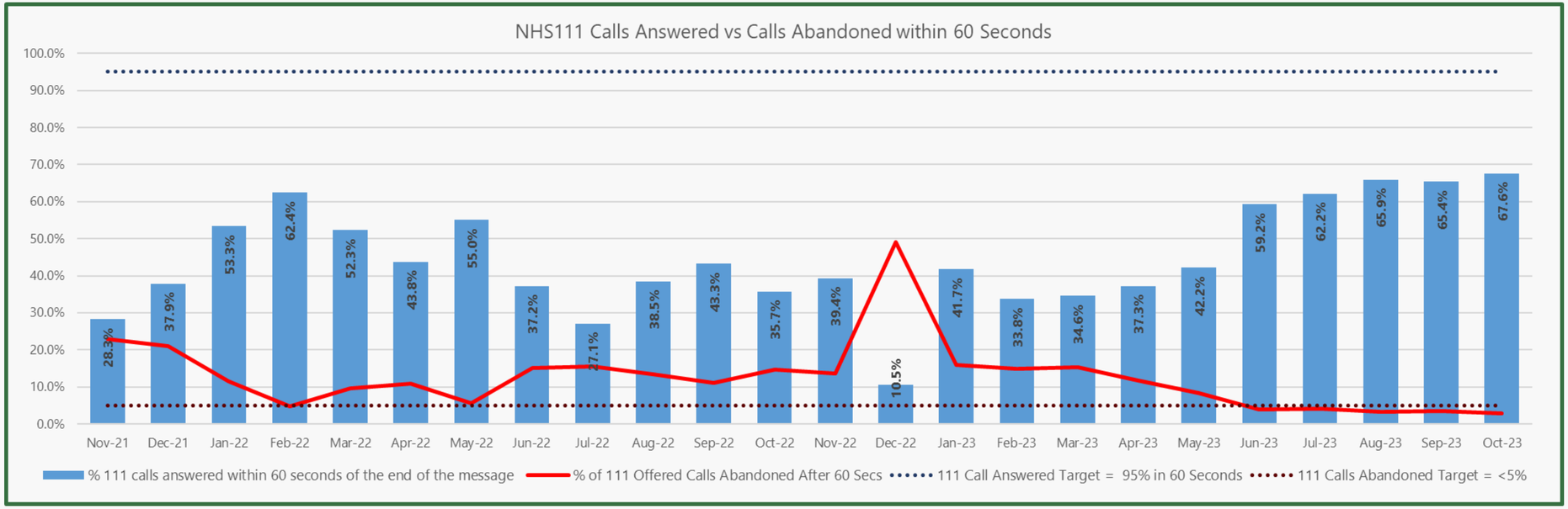
Our Patients: Quality, Patient Safety & Experience
111 Call Answering/Abandoned Performance Indicators

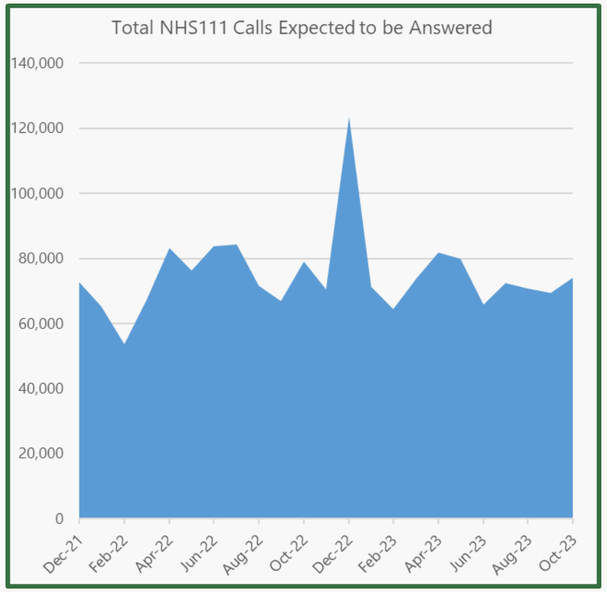
(Responsible Officer: Lee Brooks)

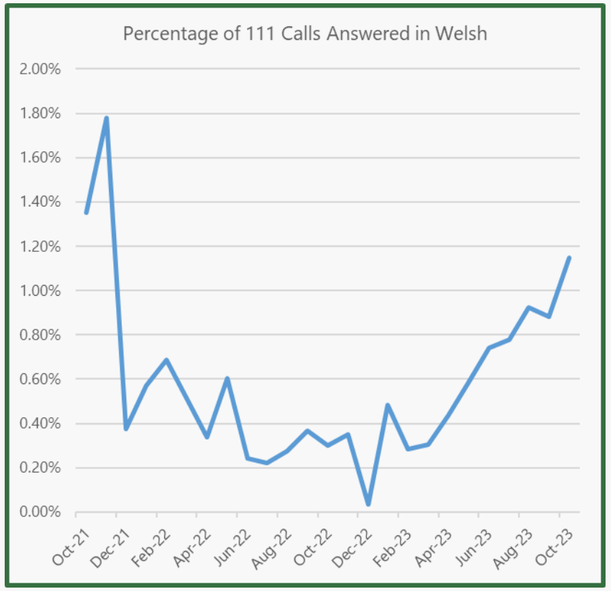
Abandonment Rate G

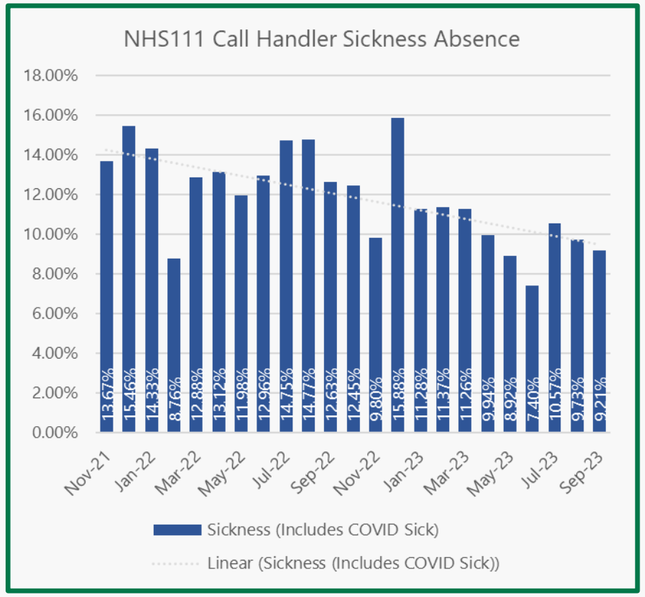
FPC

Influencing Factors – Demand and Call Handling Hours Produced









Analysis

111 call abandonment is a key patient safety indicator for the service. October 2023 saw an **abandonment rate of 2.9%,** remaining below the 5% target. It is also the lowest monthly figure recorded during the 2-year recording period.

The percentage of 111 calls answered within 60 seconds of the end of the message in October 2023 also improved to 67.6%, which although remaining below the 95% target, is the highest rate achieved in the past two years.

The percentage of 111 calls answered in Welsh increased from 0.88% in September 2023 to 1.15% in October 2023.

Abstractions due to sickness absence reduced, continuing a longer-term trend in this direction.

Remedial Plans and Actions

The key to improving call answering times is having the right number of call handlers, rostered at the right time to meet demand, and to maximise efficiency.

- Agreement has been reached with commissioners that 198 WTE call handlers will be funded in 2023/24. The Trust is currently 21.25 FTE short of establishment. The Trust is aiming to address this in quarter three.
- Work continues on sickness absence in line with the Trust's managing absence work programme with an IMTP aim to get organisational sickness down to 6%
- A roster review in three parts is due to start, in collaboration with the 111 commissioners to review rosters and ensure that capacity is aligned to demand, and to try and even out performance through the week. Funding now an issue.
- Work also continues in reviewing the use of the Clinical Advice Line which is available to call handlers who want some clinical advice whilst on call with the patient. The call handler has to wait for a clinician to answer the call and therefore call times are related to clinician availability.

Expected Performance Trajectory

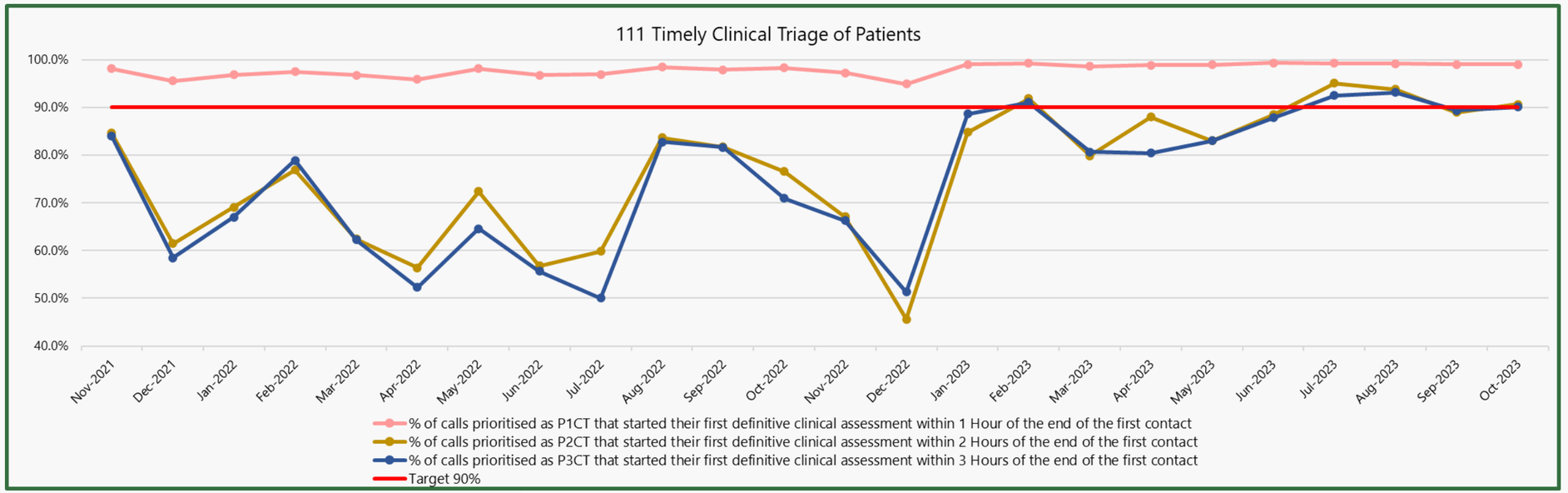
The Trust is now moving into the winter period. The Trust has improved ICT, compared to last winter, and improved processes and is recruiting up towards the commissioned FTE totals. In December 2022 there was a very severe spike in demand, not seen the previous winter.

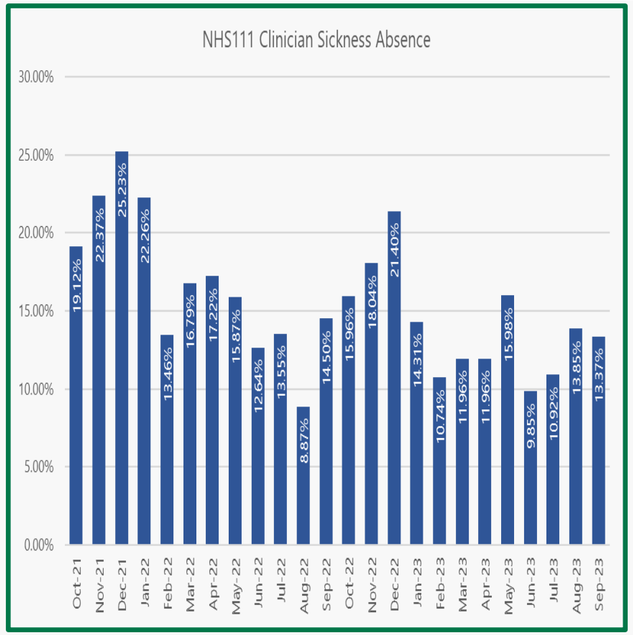
Our Patients: Quality, Safety & Patient Experience
111 Clinical Assessment Start Time Performance Indicators

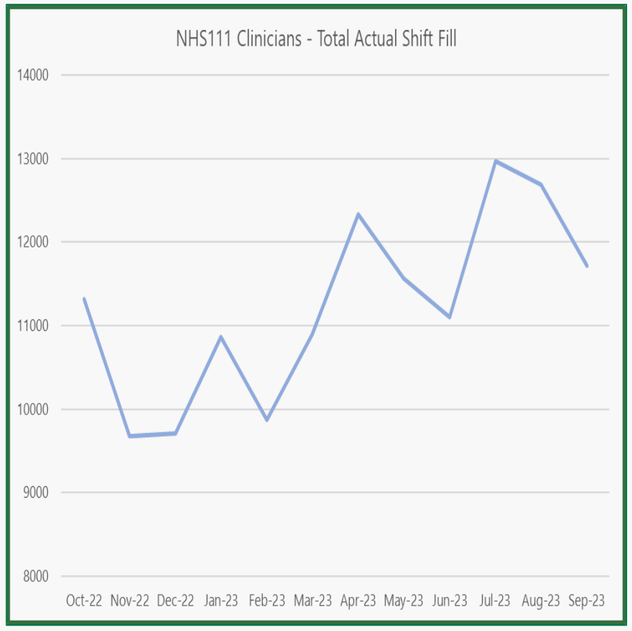
(Responsible Officer: Lee Brooks)

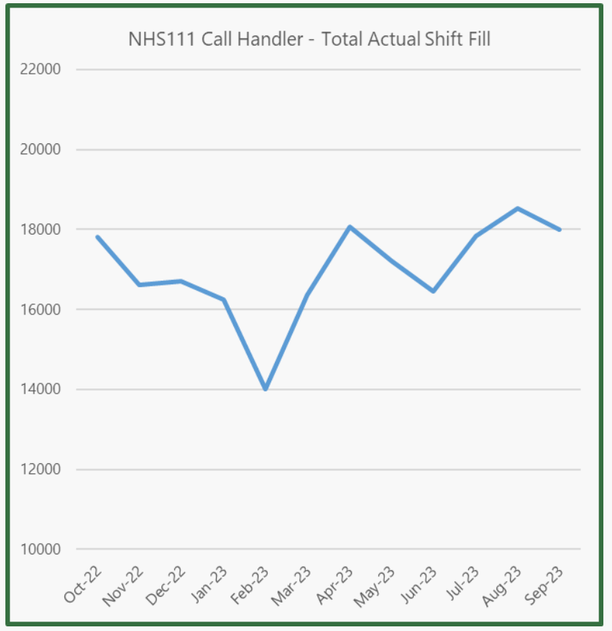
P1CT G FPC

Influencing Factors – Demand and Clinical Hours Produced









Analysis

The highest priority calls, P1CT, continues to achieve the 90% target (99%).

For lower category calls P2CT increased to 90.6% in October 2023 compared to 89% in September 2023, while P3CT also increased to 90.1% in October 2023 compared to 89.2% in September 2023.

Clinical staff capacity decreased to 12,687 hours during September 2023, a drop of 969 hours when compared to August 2023. Clinician sickness absence decreased to 13.37% in September 2023 from the 13.85% reported in August 2023.

Total capacity measured through call handler shift fill decreased in September to 17,993 hours, which remains above the 12-month average.

Remedial Plans and Actions

The main driver for improved performance will be the correct number of clinicians in post to manage current and expected demand. At present 100.71 FTE (Sep-23) nurses and paramedics are in post, and commissioners have indicated that they have funding available for 102 WTE.

Expected Performance Trajectory

The Trust is now moving into the winter period. The Trust has improved ICT, compared to last winter, and improved processes and is recruiting up towards the commissioned FTE totals. In December 2022 there was a very severe spike in demand, not seen the previous winter. The lack of capacity to develop and maintain the 111 website, in particular, the symptom checkers is an identified risk, with Executives in discussions with 111 commissioners currently.

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

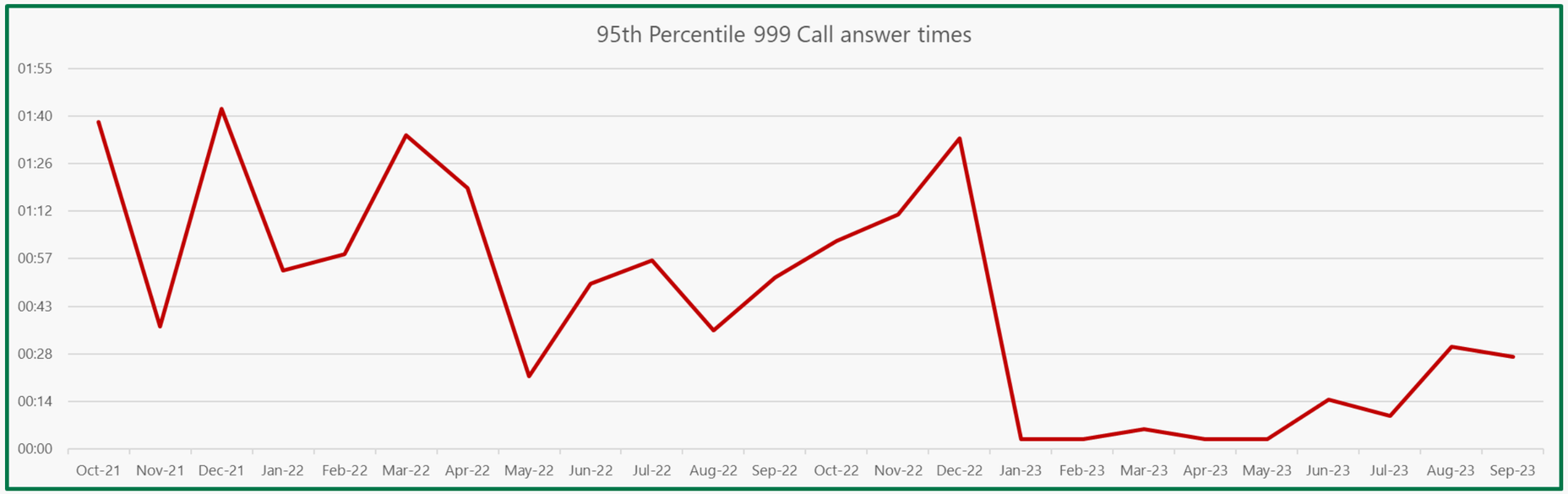
(Responsible Officer: Lee Brooks)

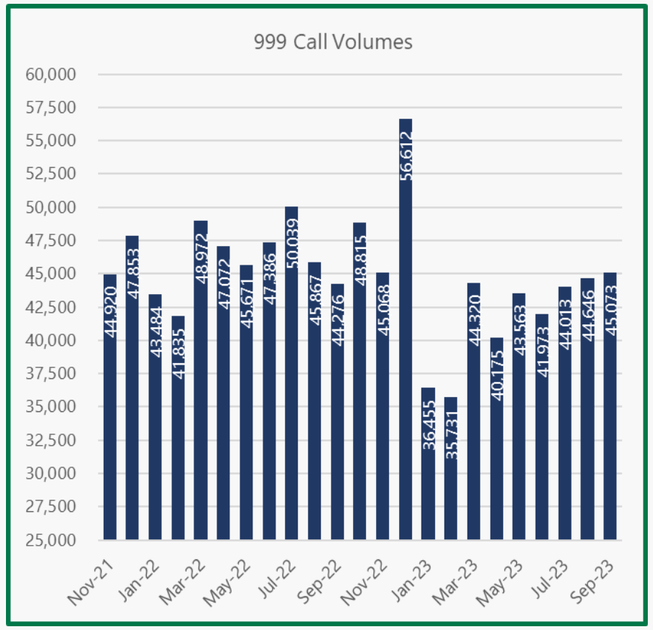
G

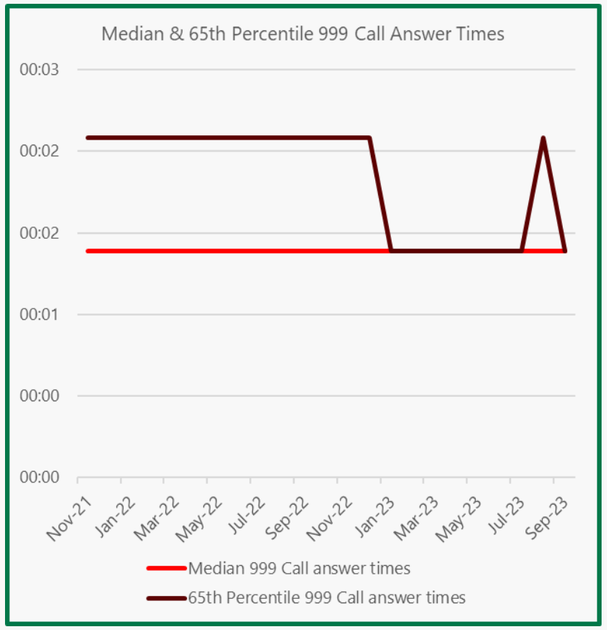
FPC

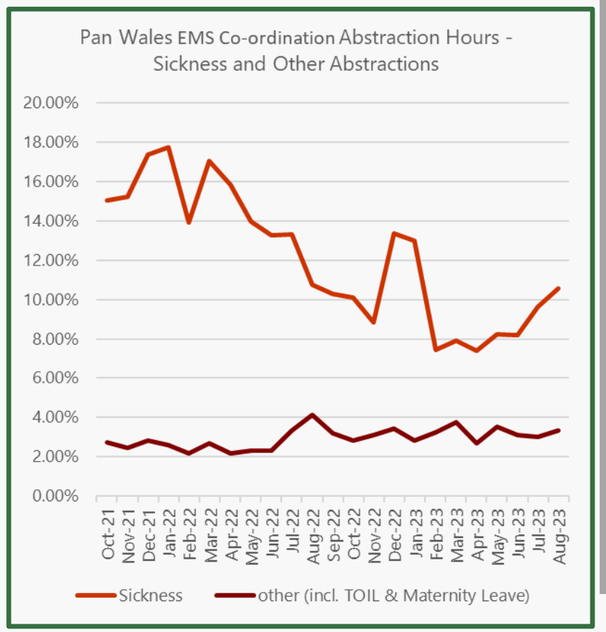
CI

Influencing Factors – Demand and Hours Produced









Analysis

The 95th percentile 999 call answering performance improved to 28 seconds in September 2023, down from 31 seconds in August 2023 but remained above the 6 second target. The median call answer time for the 999 service remains consistent at 2 seconds.

The Trust received 45,073 emergency 999 calls in September 2023, a slight increase from the 44,646 calls received during August 2023 and the third consecutive month that demand has increased.

Overall sickness abstractions within the EMS Coordination have risen over the past three months, after being on a downward trajectory till April 2023 rising to 10.59% in August 2023. This means the service has been above the 8% target for the past 4 months.

Remedial Plans and Actions

- EMD FTE is currently 119.89 against a funded establishment of 111.76; however, this includes new starters still in the sign off period. Once qualified, experienced staff will be re-aligned to vacant dispatcher posts.
- Intelligent Routing Platform is now in operation following configuration changes.
- A cohort of 12 went live the end of September with a further cohort of 9 commencing in North at the end of October go live end of November, and a further course of 12 arranged for November with go live 25 December; however, the teams are still experiencing attrition.
- Three workstreams are being progressed through the EMS Reconfiguration project (the complete reconfiguration has not commenced due to cost pressures required to fund the agreed model approved by ELT). This is on hold currently but will re commence in the next few weeks pending outcome and approval of a proposed new Structure for EMSC. This will require consultation.

Roster Review. Having successfully implemented an EMD roster review in February 23 the project has now progressed to commencing a dispatch roster review for Allocators and Dispatchers, however, this is currently on hold due to reviewing a potential for a new structure for EMSC as per 4th bullet point above

Boundary changes. EMS Coordination intend to realign dispatch boundaries to balance workload and pressures for individual dispatch teams. Currently on hold, as above.

Broader Ways of Working. This project is looking to create efficiency, effectiveness and improved productivity through a review of processes and procedures as well as providing consistency and lack of variation across centres. Currently on hold, as above.

Expected Performance Trajectory

Performance is expected to remain on track, subject to continued good work around capacity management.

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

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

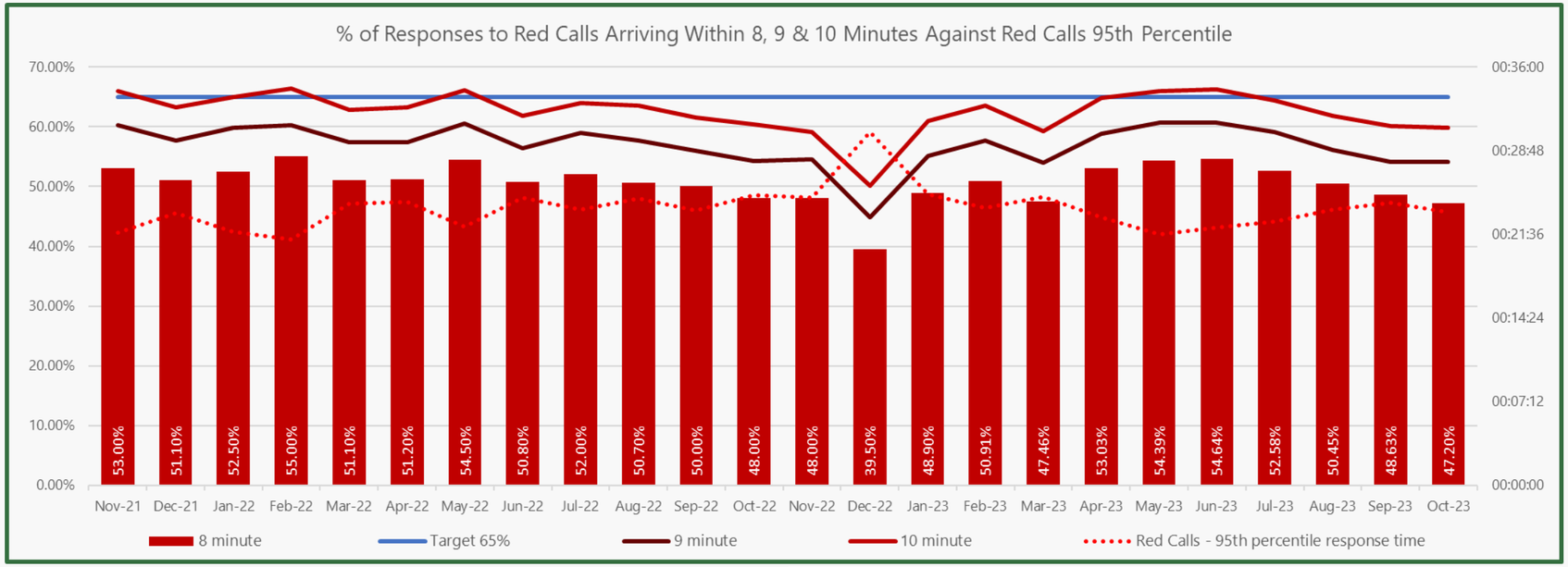
65% R

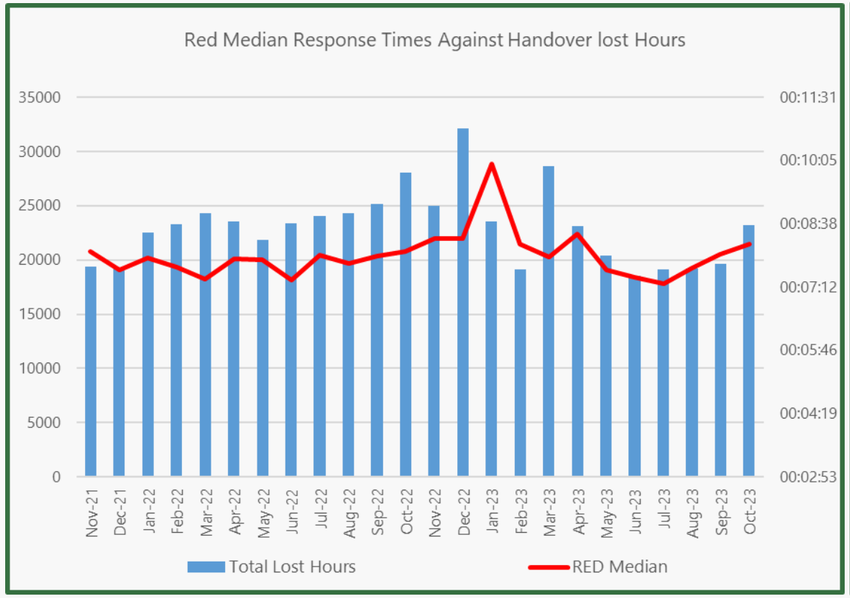
95% R

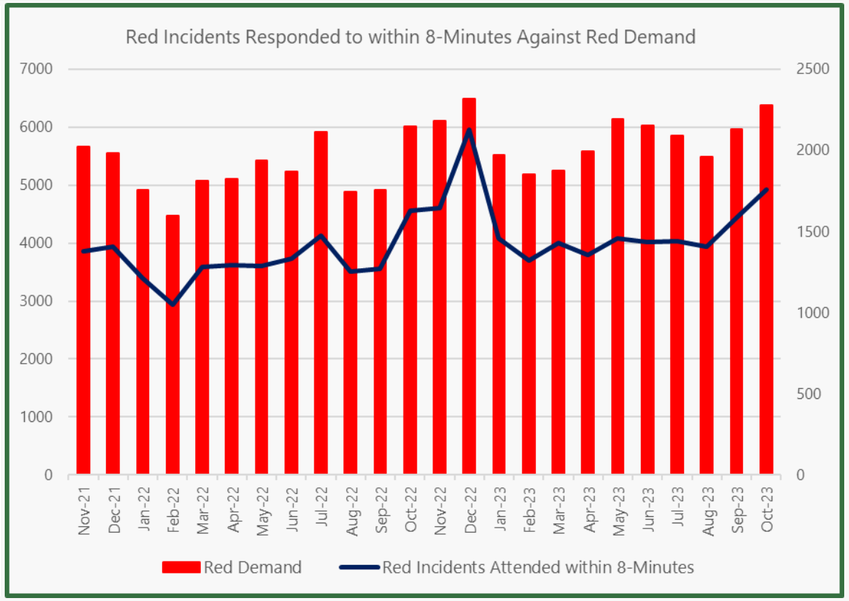
QUEST

FPC

CI







Analysis

Red performance declined slightly in October 2023 to 47.2% and continues to remain below the 65% target. None of the seven health boards achieved this target. Red 10-minute performance was 59.8% for October 2023, down from 60.1% in September 2023 and the 4th consecutive month to see a decline in percentage terms.

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

The bottom right graph shows that even though Red 8-Minute performance, based on percentage is falling, as demand increases the number of Red incidents the service is responding to inside 8-minutes has increased. In August 2023, the Trust responded to 1,958 Red incidents inside 8-minutes. This increased to 2,131 incidents in September and 2,277 in October 2023.

The lower left graph demonstrates the correlation between overall Red performance and hospital handover lost hours. Lost hours currently remain lower than their peak in December 2022, but October 2023 saw a significant increase to 23,232 lost hours compared to a figure of 19,610 in September 2023. This was the fourth month in a row that has seen an increase, meaning these levels continue to remain significantly above where they need to be. However, rates remain lower than during the same period in 2022.

Remedial Plans and Actions

The main improvement actions are:

- To maintain commissioned establishment levels overall. WG have confirmed funding for the additional 100 will remain in place for this financial year
- Full roll out of the Cymru High Acuity Response Unit (CHARU), now largely complete (127 FTEs v target of 153 FTEs) with the exception of some hard-to-reach areas. Further actions to address;
- Changes to the response logic and clinical screening of red calls, which are now live (19 June 2023);
- Reduce hours lost through sickness absence via managing attendance programme – trajectory for improvement in place as part of the IMTP (6% Mar-24);
- Working closely with Health Boards to support reduction in lost hours and a reduction in conveyances to ED. This is undertaken within local Integrated Commissioning Action Plan meetings and will include work on improvements in referrals to Same Day Emergency Care Units (SDECs).

Expected Performance Trajectory

Winter modelling estimates Red 8 minute (most likely scenario) of 50% in October and November, declining to 45% in December, before recovering somewhat in Q4. The modelling has been shared with Welsh Government and EASC..

*NB: Data correct at time of abstraction

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

(Responsible Officer: Lee Brooks)

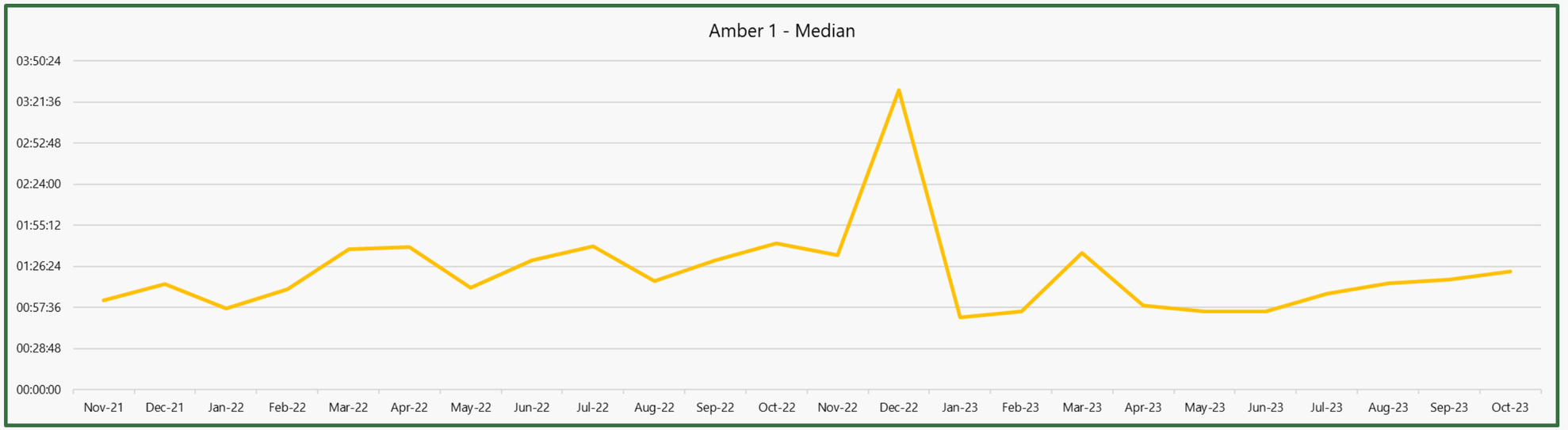
R

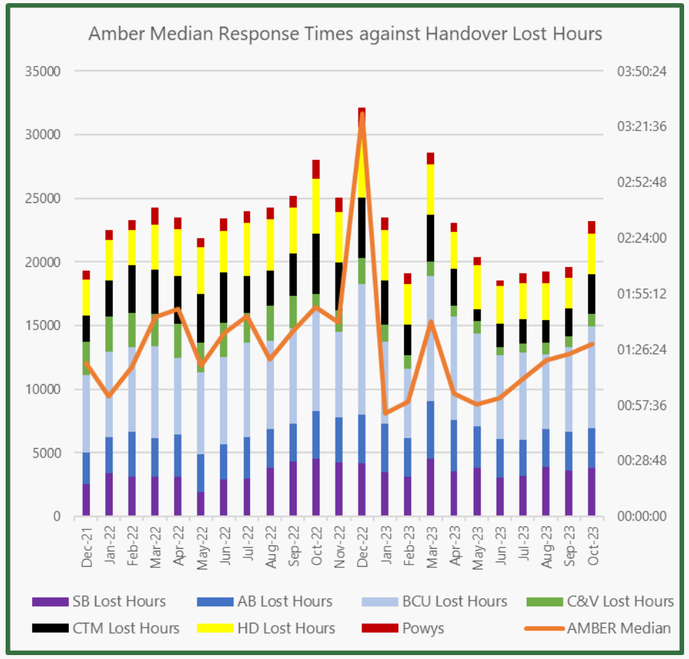
FPC

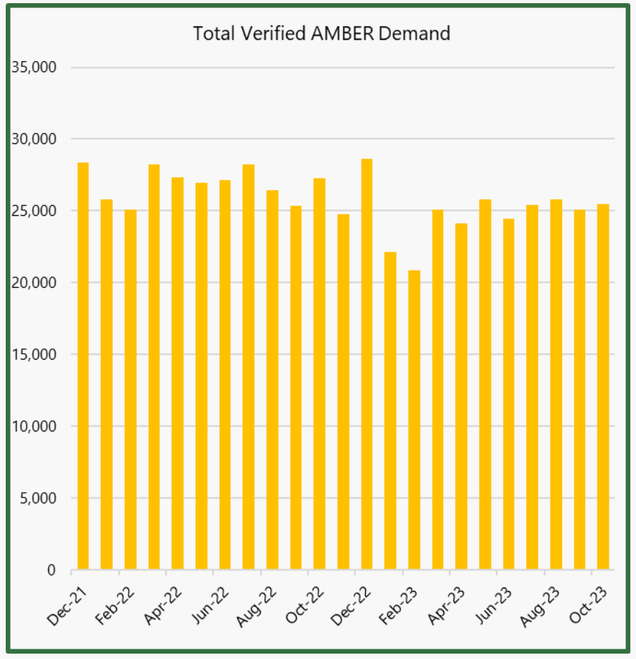
CI

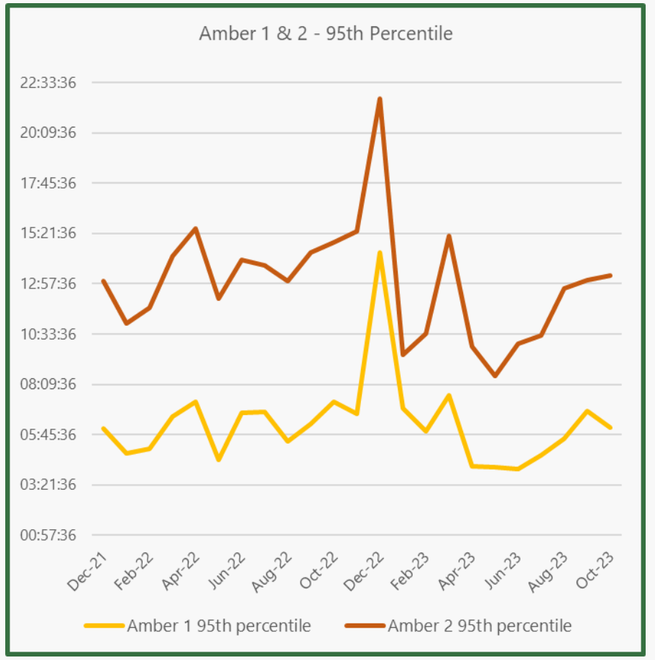
QUEST

Influencing Factors – Demand, Hours Produced and Hours Lost









Analysis

Amber 1 median performance declined during October 2023 to 1 hour 23 minutes, from the 1 hour 17 minutes recorded in September 2023. The ideal Amber 1 median response time is 18 minutes. However, the 95th percentile declined to 6 hours and 6 minutes from 6 hours 54 minutes in September 2023.

There were some long patient waits in October 2023, with 1,888 patients (all categories, not just Amber) waiting over 4 hours, although this was an improvement on the 2,362 waiting over four hours in September 2023.

Amber demand increased slightly in October 2023 to 25,507 verified incidents, although this remains 7% lower than demand levels seen in October 2022.

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

Remedial Plans and Actions

The actions being taken are largely the same as those related to Red performance on the previous slide.

Expected Performance Trajectory

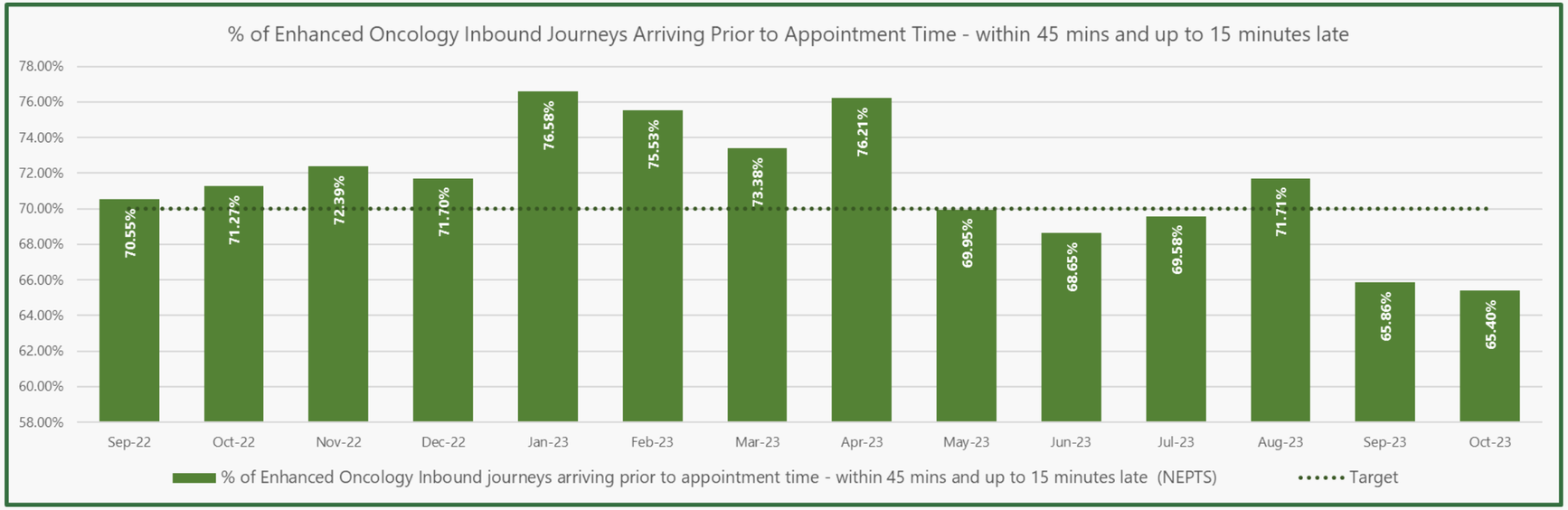
The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments and system efficiencies, not all of which are within the Trust's control.

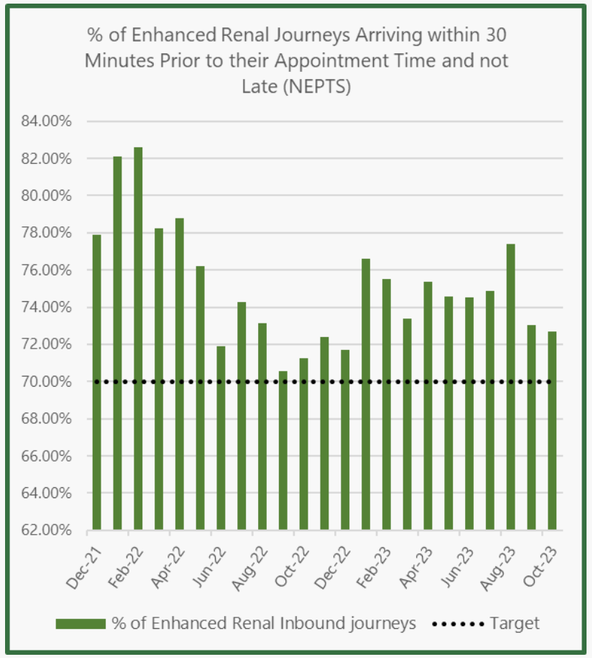
Our Patients: Quality, Safety & Patient Experience
Ambulance Care Indicators

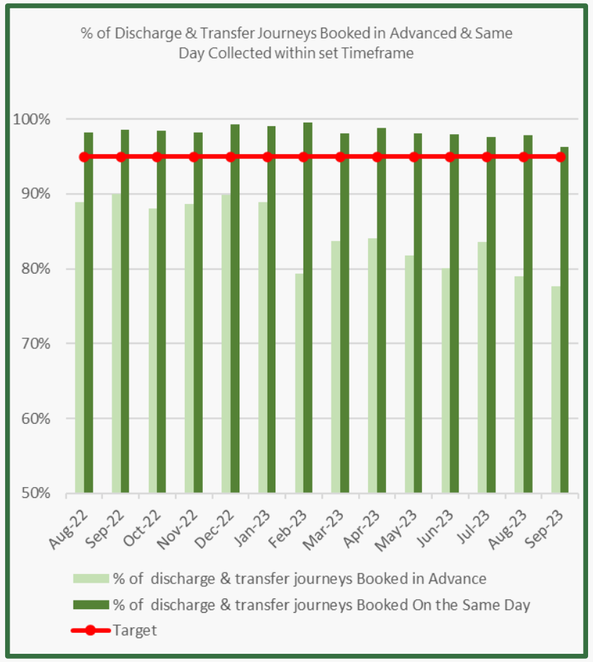
(Responsible Officer: Lee Brooks)

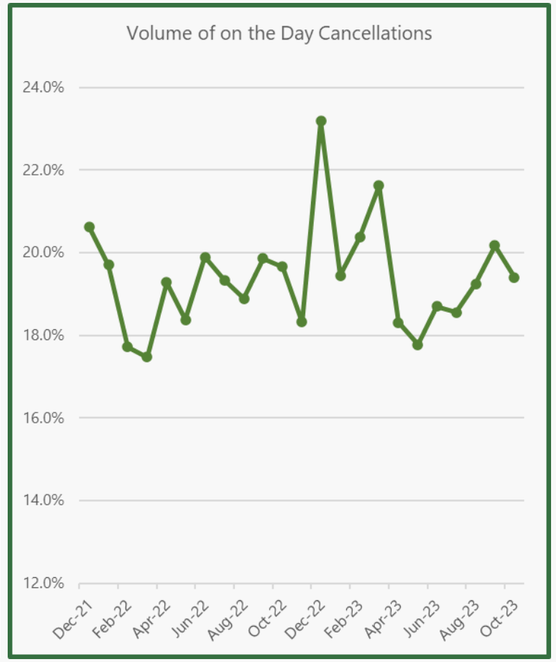
Oncology G | D&T R | FPC | CI

Patient Experience









Analysis

Ambulance Care (NEPTS element) performance reduced slightly during October 2023. 65.4% of enhanced oncology journeys arrived within 45 minutes prior and up to 15 minutes late to their appointment time, down from 65.86% in September 2023, and not achieving the 70% target. Enhanced Renal journeys also saw a reduction, from 73.1% in September 2023 to 72.7% in October 2023.

78% of discharge & transfer journeys booked in advance were collected within 60 minutes of their booked ready time, a decrease compared to August 2023 (79%), and below the 95% target. 96% of discharge & transfer journeys booked on the same day were collected within 4 hours of their booked ready time, a decrease compared to August 2023 (98%), but above the 95% target.

Same day cancellations decreased slightly from 20.2% in September 2023 to 19.4% in October 2023.

Overall demand has continued to increase as the planned care system continues to reset. In particular:-

- Completed journeys for Patients requiring Ambulance Transport – Non T1 & C3 mobility (exc. Discharge & Transfer) are at or in excess of levels seen prior to the pandemic.
- Oncology journeys in particular have increased significantly since April 2023 and in June 2023 were at levels not seen since 2019.
- There has been a notable increase in requests for discharges from the ED. This correlates with EMS no longer facilitating these requests.

Remedial Plans and Actions

- Local management teams are working closely with Health Board colleagues to develop local actions in response to the current level of Oncology performance. This should address the lack of cohesive planning that includes transport as we have in Renal services.
- The renal hub has begun the transformation from a renal only service into an enhanced service hub focused. The first piece of work they will focus on will be the creation of a group of oncology focused volunteers and a buddy system for those patients that have regular transport patterns. This will improve patient experience and performance.
- A separate workstream has also been created focused on data management on ready and pick up times. I tis believed that this will improve overall performance and ensure a more robust data set.
- All of the above actions will be contained within an improvement plan to be presented to SLT on the 9th November.

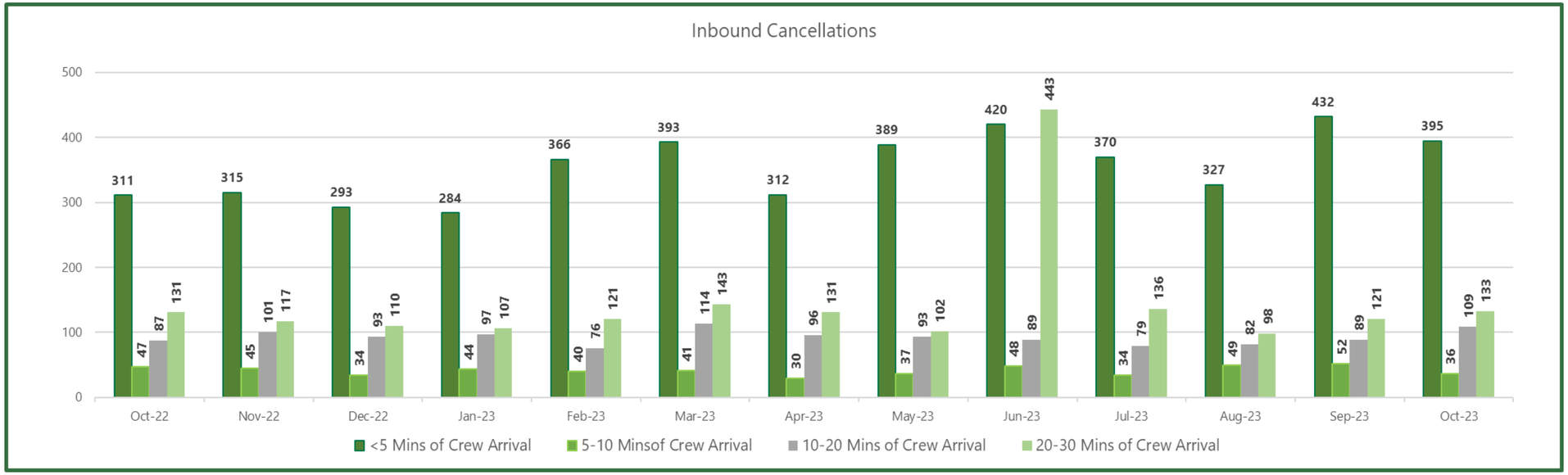
Expected Performance Trajectory

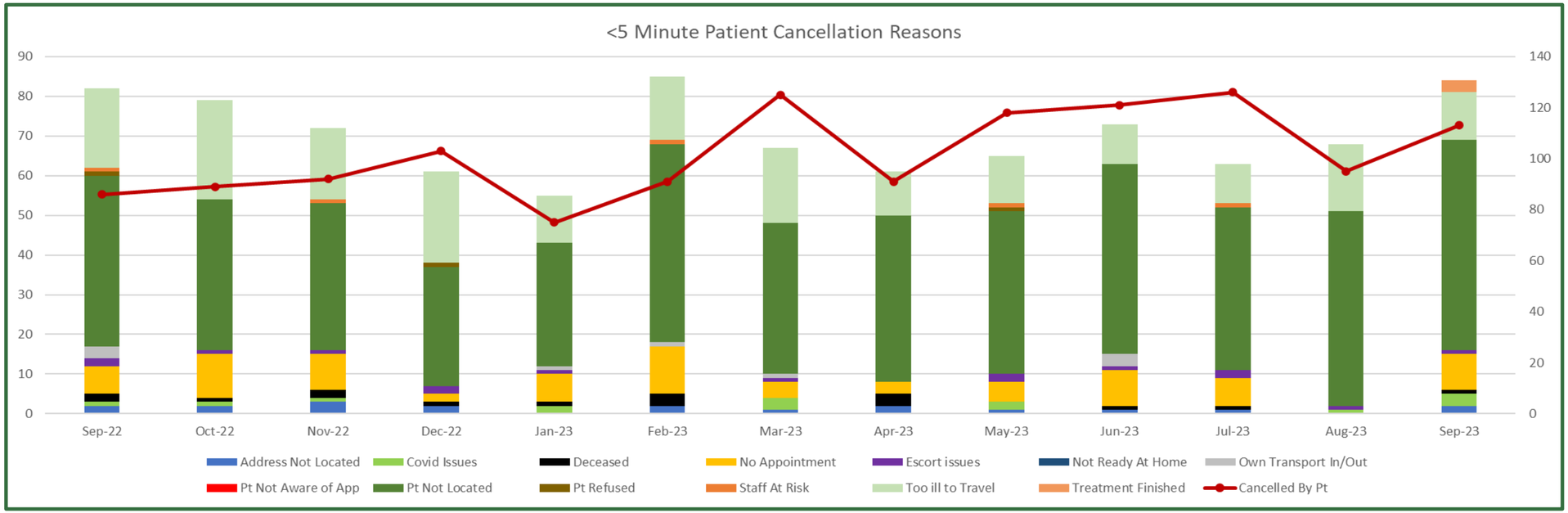
With the implementation of the above actions, it is anticipated that Oncology performance will improve over Q3. Initial improvement trends have already been seen after just a few of the actions have been partly implemented.

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

(Responsible Officer: Lee Brooks)

Patient Experience – NEPTS Cancellations on Arrival





Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a decrease in October 2023 to 395, compared to 432 in September 2023. The total number of cancellations within 30 minutes also decreased from 694 in September 2023 to 673 in October 2023.

Cancellations within 5-minutes of arrival appears to have seen an overall increase during the past 12 months. In September 2023 there were 113 cancelled by patient* entries made within 5-minutes of crew arrival an increase compared to the previous month of 18. The top reasons for less than 5-minute cancellations included: 53 patient not located, 12 too ill to travel and 9 no appointment.

During the past 12 months there has been a minimum of 30 patients not located in the 5-minutes or less each month.

Remedial Plans and Actions

The loss of hours through late notice cancellations is disruptive to the service and a number of actions have already been implemented including text reminders, call ahead by crew and pre-travel calls by admin staff as resource allows.

In addition, the enhanced service hub undertakes focused actions to identify and address incidences of enhanced patients late notice cancellations.

However, what is needed to really improve this position is alignment between WAST and HB systems so that cancellations flow and HB staff not booking discharges where transport is not assured, or cancellation occurs due to a change in patient circumstances. A trial is being worked on with BCU & CTM to try and improve this locally and develop a national model.

Expected Performance Trajectory

Until this work is completed, we do not anticipate a significant shift in the trajectory.

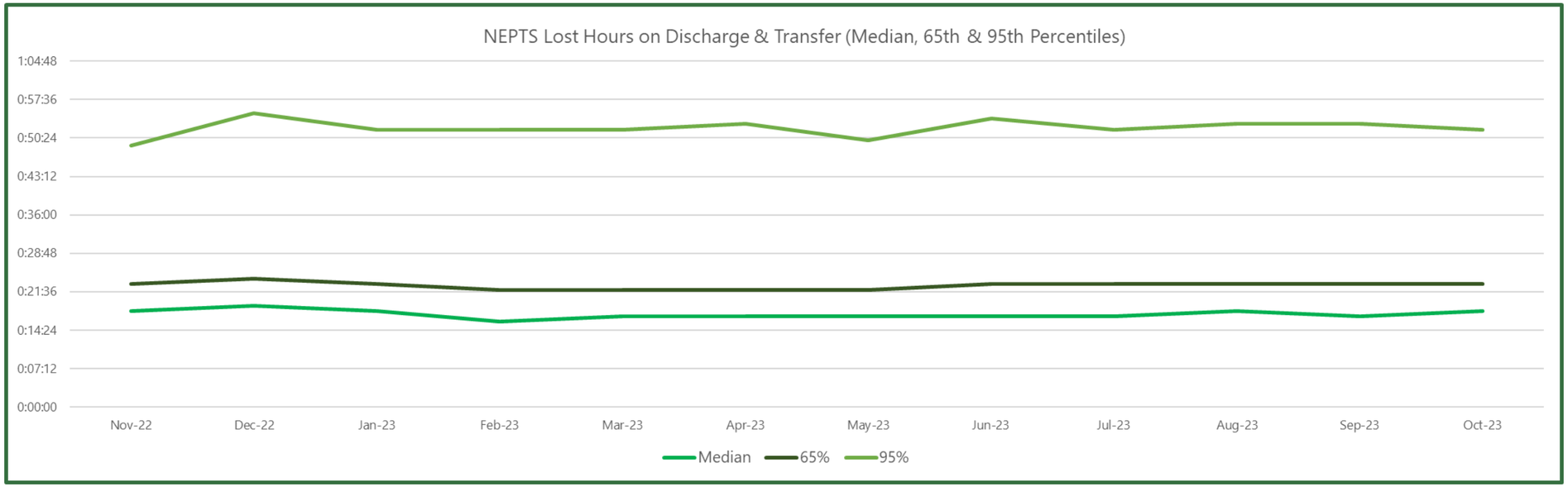
Please note that that figures may be lower than overall totals due to some records having no cancellation date.

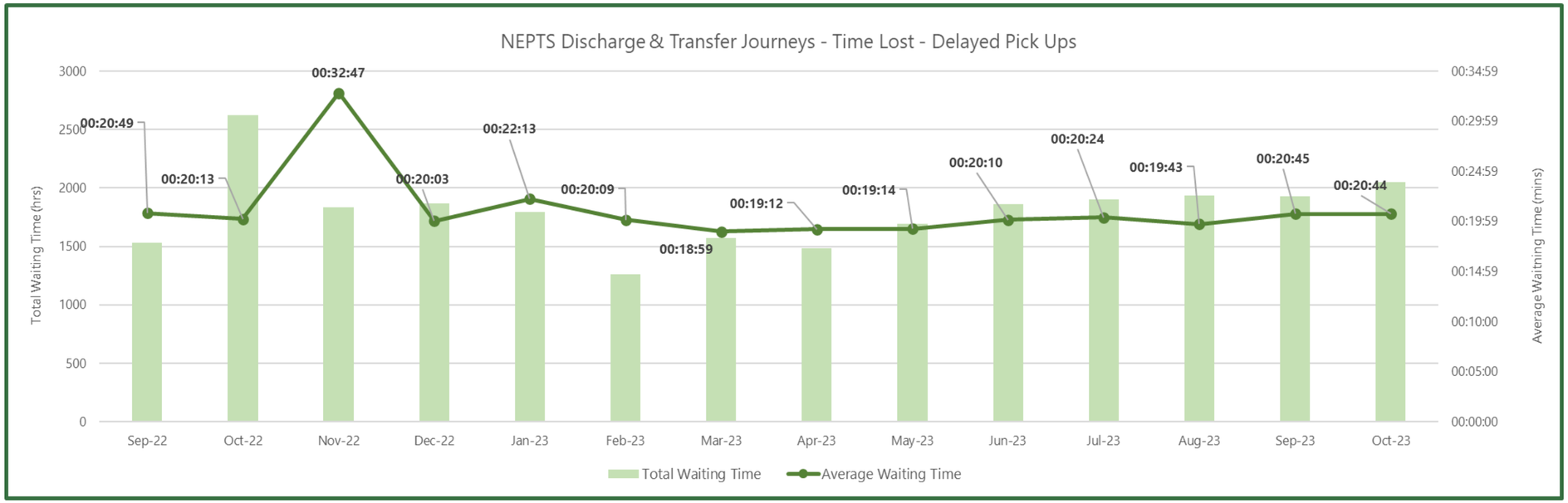
**Please note that MDTs do not appear to provide specific cancellation reasons for either inbound or outbound journeys. There are at present multiple and duplicated reasons both crews, control and the liaison desk can select.*

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

(Responsible Officer: Lee Brooks)

Patient Experience – Hospital>Hospital Transfer Waiting Times





Analysis

Time lost on discharge and transfer pickup has remained consistent for some time now with minimal variation experienced.

The data shows that the average time lost over the past 12 months is 17 minutes, which includes time from arrival at site to when the patient is loaded on the vehicle. The hope is that over time this can be reduced to 15 minutes.

Where sites have discharge lounges, it may be possible to reduce current performance and within some sites this occurs regularly.

The main area of concern are those sites where no discharge lounge exists or where the discharge lounge is poorly located in addition to sites that have no robust process to make sure that a patient and their accompanying requirements are ready when crews arrive

Remedial Plans and Actions

We have started work with BCU at YGC and CTM to develop an optimal discharge model to minimise this figure as close to the 15 minutes as is possible.

This model can then be rolled out across all areas of Wales.

In addition, our teams are refining our processes including making it clear to crews when to input to their MDT, the rollout of MDVS will assist with this.

Expected Performance Trajectory

Until the model is developed and rolled out, we do not anticipate any significant variation in this data. However, we continue to work with sites and the teams to identify opportunities to reduce.

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

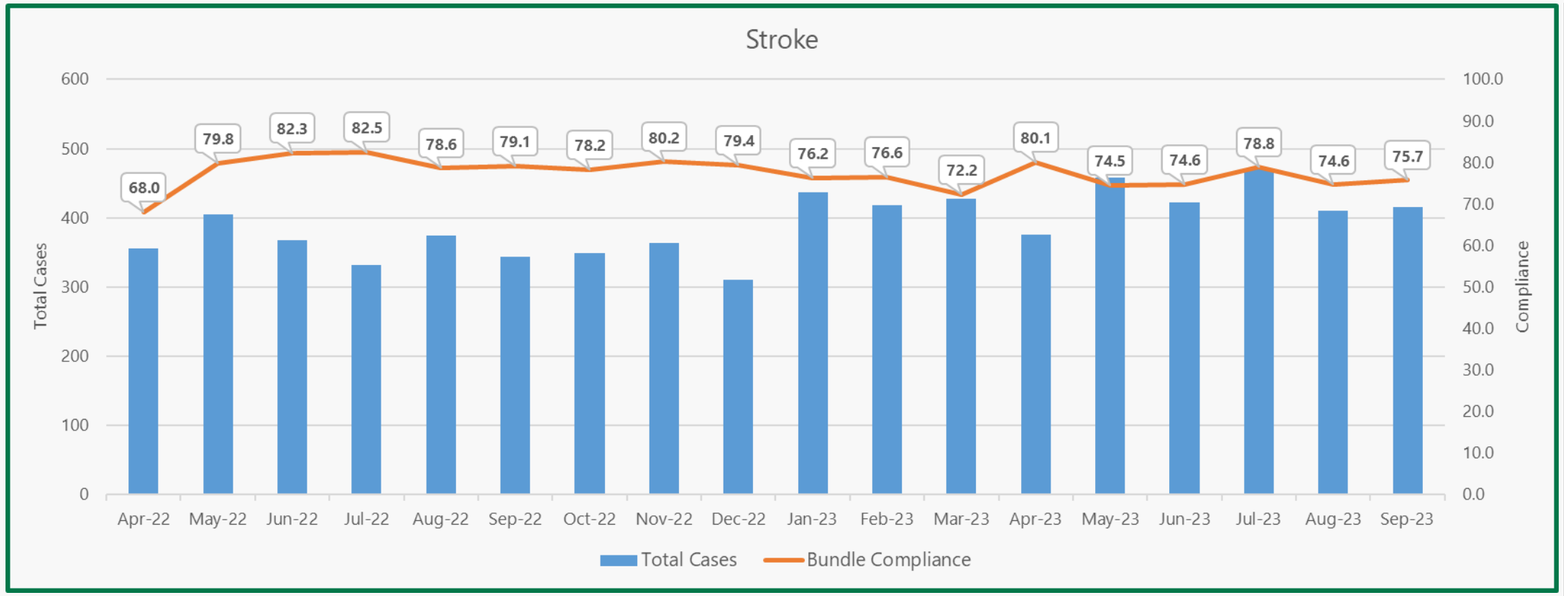
(Responsible Officer: Andy Swinburn)

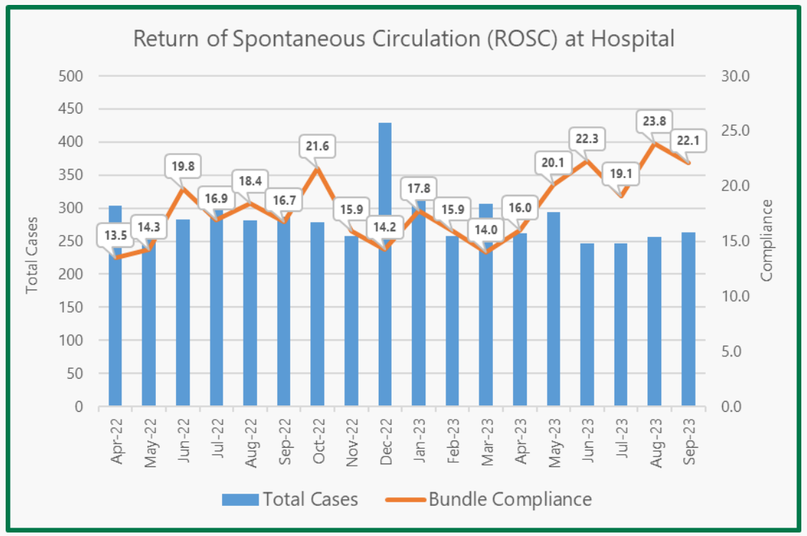
Stroke/Hip Fracture/Hypoglycaemic
R

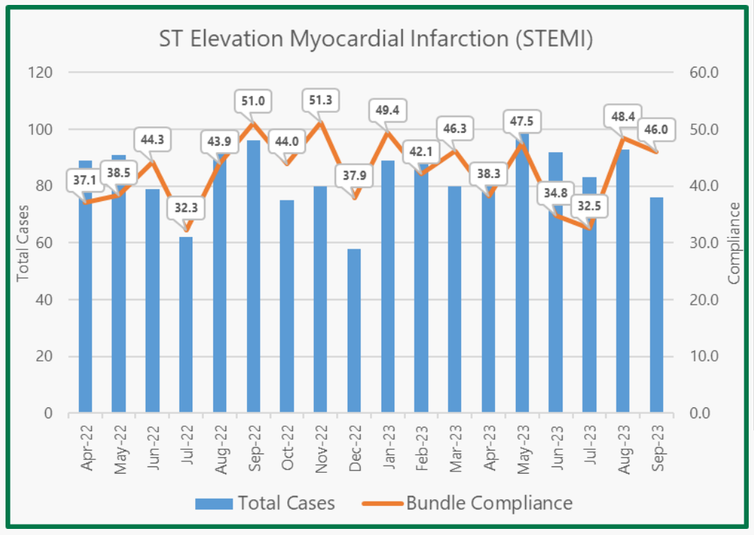
Self-Assessment: Strength of Internal Control: Moderate

QUEST

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







Analysis

The percentage of suspected stroke patients receiving an appropriate stroke care bundle in September 2023 was 75.7% which was a slight improvement on the 74.6% recorded for August 2023, but remains below the 95% performance target. This was against a total case number of 416 during the month of September.

The ROSC rate declined marginally to 22.1% in September 2023 after achieving its highest rate of 23.8% in August 2023.

The STEMI rate also decreased to 46% in September 2023 compared to 48.4% in August 2023, this at the same time as total cases also declined.

Work on reporting a new clinical indicator relating to call to door times for STEMI and Stroke continues and is planned to be included for November Trust Board.

Remedial Plans and Actions

It is likely that as the ePCR system continues to embed within clinical practice, data points might be missed. An improvement approach has been taken, a series of 'Top Tips' posters have been circulated and specifically shared with Senior Paramedics to support their conversations with WAST clinicians as part of the ride-out process. This is based on deep dive quality assurance audits conducted for each of the CIs and reported through the Clinical Intelligence Assurance Group (CIAG) prior to approving and publishing CI data as Ambulance Service Indicators to EASC. In addition, the deep dive quality assurance audits are contributing to recommending improvements that can be made to the ePCR user interface to enable improved data capture in future versions of the application, this work is being progressed with Terrafix, the next updates to the ePCR are scheduled for implementation by the end of October 2023.

In relation to the new clinical indicators, a further review is ongoing to ensure data points are correct and in line with other national reporting systems.

In addition, the Trust is scoping out the potential for three new Clinical Indicators: -
a) Older fallers discharged at scene. This was part of a pilot undertaken along with English Ambulance trusts but due to differing criteria WAST will look at specific CIs.
b) Advanced Paramedic Practitioner – discussions are taking place to establish a specific metric.
c) Pain management/trauma – discussions taking place to establish specific criteria.

Expected Performance Trajectory

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

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

(Responsible Officer: Liam Williams)

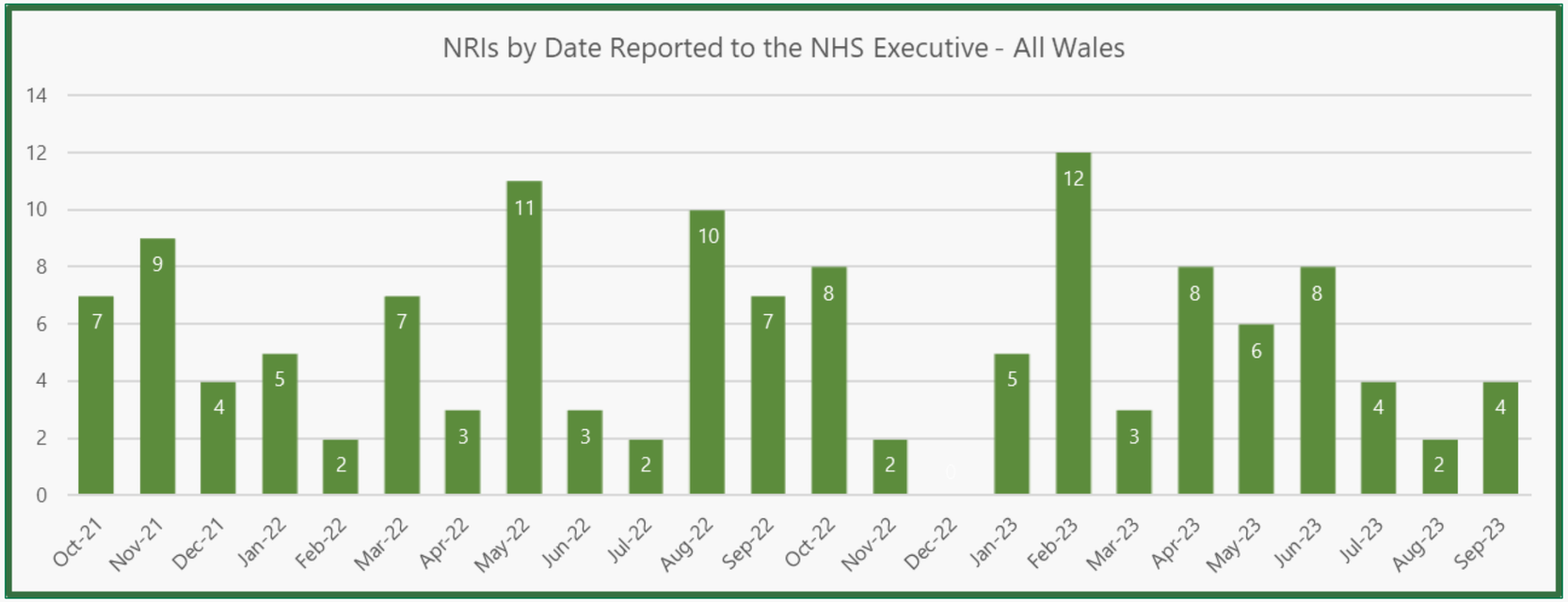
NRI. A

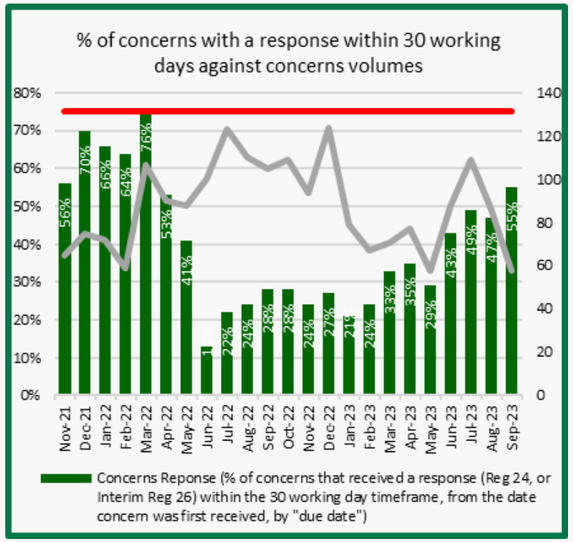
Self-Assessment: Strength of Internal Control: Moderate

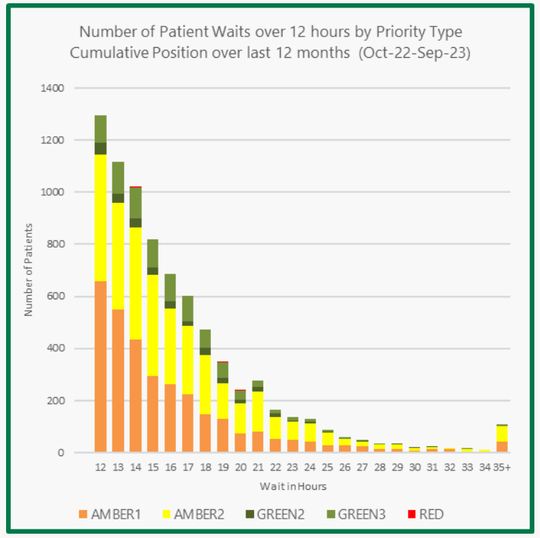
QUEST

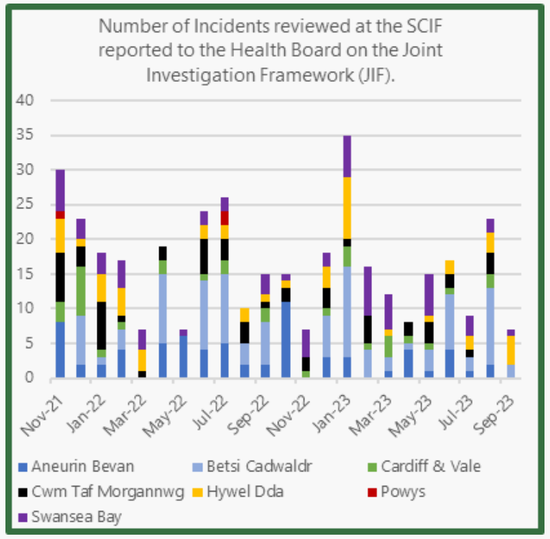
Health & Care Standard
Health - Safe Care / Timely Care

Responses Indicators









Analysis

The percentage of responses to concerns in September 2023 is 55% against a 75% target (30-day response) which is a slightly improved position, however there is currently a backlog in recording concerns due to limited capacity in the team. This will impact on the data and information presented for this period and this will be updated in future reports. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of Nationally Reportable Incident's (NRIs) and timely response to requests for information from key parties. The number of total concerns has slightly decreased with 58 complaints being received and processed in September 2023 (the backlog of concerns to be processed will also impact the data to date). These complaints are frequently complex with our concerns administrators taking lengthy calls from distressed patients or family members for up to one hour per call. The 5-day acknowledgement measure for September 2023 is currently 79% (this data will be impacted by the backlog).

Five Serious Case Incident Forums (SCIF) were held during the month and eighteen cases were discussed. Following discussion four serious patient safety incidents were reported to the NHS Wales Executive and seven cases were referred to Health Boards for investigation under the Joint Investigation Framework. The Trust received no referrals from Health Boards under the Joint Investigation Framework during the period. The last referral by a Health Board was in June 2023. Learning from the Joint Investigation Framework process remains limited with Health Boards cited high levels of escalation as causal factors.

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families as appropriate.

Themes relating to serious patient safety incidents reported to the NHS Wales Executive (Delivery Unit) as Nationally Reportable Incidents (NRIs) include delayed community response times and call categorisation, predominately ineffective breathing which is being discussed at national ambulance forums as a consistent theme.

In September 2023, 609 patients waited over 12 hours for an ambulance response and 40 compliments were received from patients and/or their families.

Remedial Plans and Actions

A range of actions are in place:-
Recruitment, redeployment and assessment of workload and where to best place resources continues corporately and within the Operations Quality Team. Following financial agreement at the Executive Leadership Team in September 2023 an organisational change process commenced in the Putting Things Right Team on 25.09.2023.

Delayed community response (Risk 223) and handover of care delays at hospitals (Risk 224) are the two highest rated risks on the Trust's Corporate Risk Register (both rated 25) and include detailed mitigations and current actions, both are considered at Board sub-committee level and at Trust Board. The key strategic action is the EMS Operational Transformation Programme.

Expected Performance Trajectory

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

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

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

***NB: 30 Day Compliance reported from Power BI and therefore data is not yet validated*

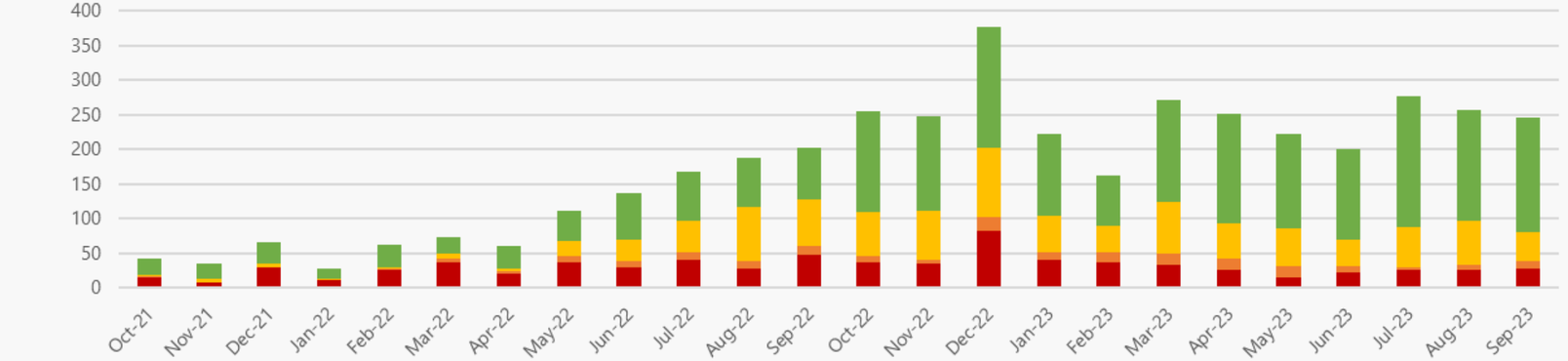
Our Patients: Quality, Safety & Patient Experience
Patient & People Safety Indicators

(Responsible Officer: Liam Williams)

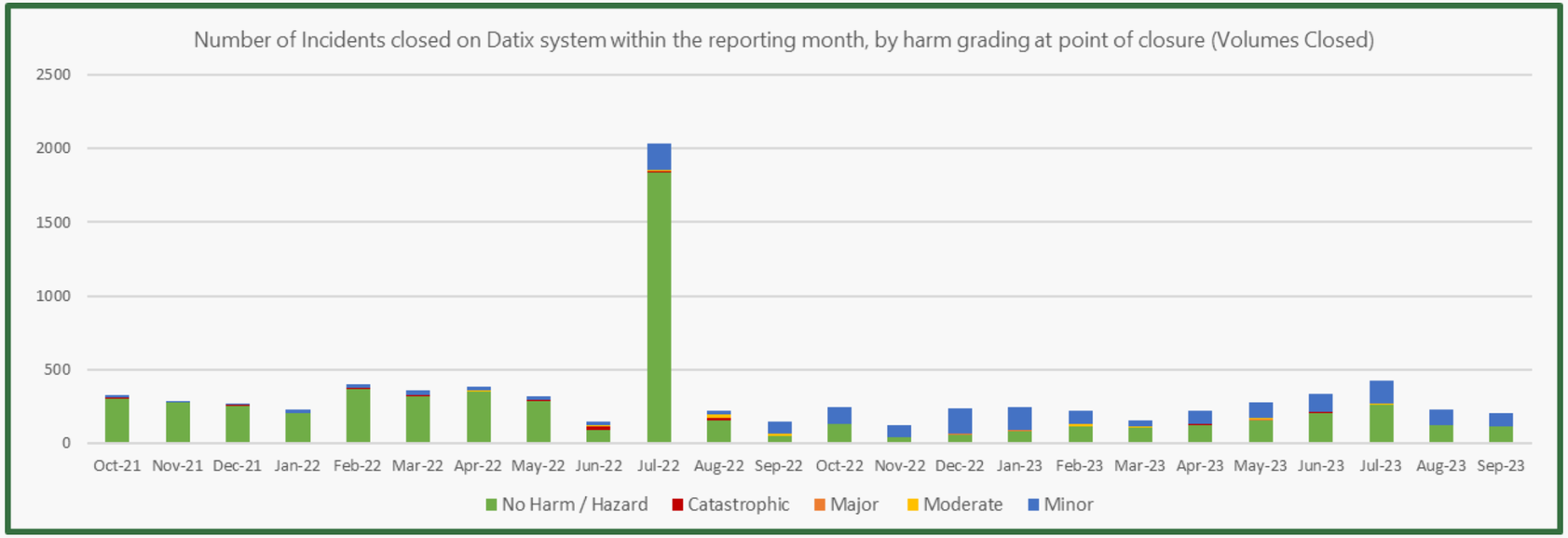
Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care



	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Minor	24	22	30	15	33	23	33	44	66	71	71	75	146	136	175	119	74	147	159	137	132	189	160	166
Moderate	2	5	5	1	3	7	5	22	32	46	79	67	64	70	99	52	38	74	50	53	37	58	63	41
Severe	2	0	0	0	1	6	3	9	9	10	10	12	8	7	21	12	14	17	18	17	10	4	7	11
Catastrophic	14	8	30	12	26	37	20	36	29	41	28	48	37	34	82	40	37	33	25	15	22	26	26	28



Analysis

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

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families. The Datix Cymru System has recently been updated nationally to allow Duty of Candour to be captured and reported and further work to develop a dashboard is in progress. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

- No harm or hazard – 39
- Minor harm – 166
- Moderate harm - 41
- Severe Outcomes - 11
- Catastrophic - 28

(*NB: Volumes received).

The bottom graph highlights the 203 Incidents that were closed on the Datix system in September 2023. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

Remedial Plans and Actions

Workload for all members of the team continues to be high due to continued system pressures resulting in a backlog of Putting Things Right concerns which are frequently complex. It is expected that the combination of the implementation of the Duty of Candour, Duty of Quality and the Medical Examiner Service will involve additional activity for the Putting Things Right Team.

The Putting Things Right Team organisational change process commenced on 25.09.2023 and will consider our local and national priorities and resources to meet the needs of our patients and families.

The Trust is represented at national networks including Duty of Candour, Complaints, Ombudsman, Learning, Mortality, Claims, Redress and Datix Cymru development groups as resources allow. Work is progressing in respect of the development of dashboards and the aggregation of data and information to inform patterns, trends and learning opportunities as part of the quality management system.

Expected Performance Trajectory

The Trust will continue to identify quality and safety improvements through the Putting Things Right processes.

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

Data source: Datix

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

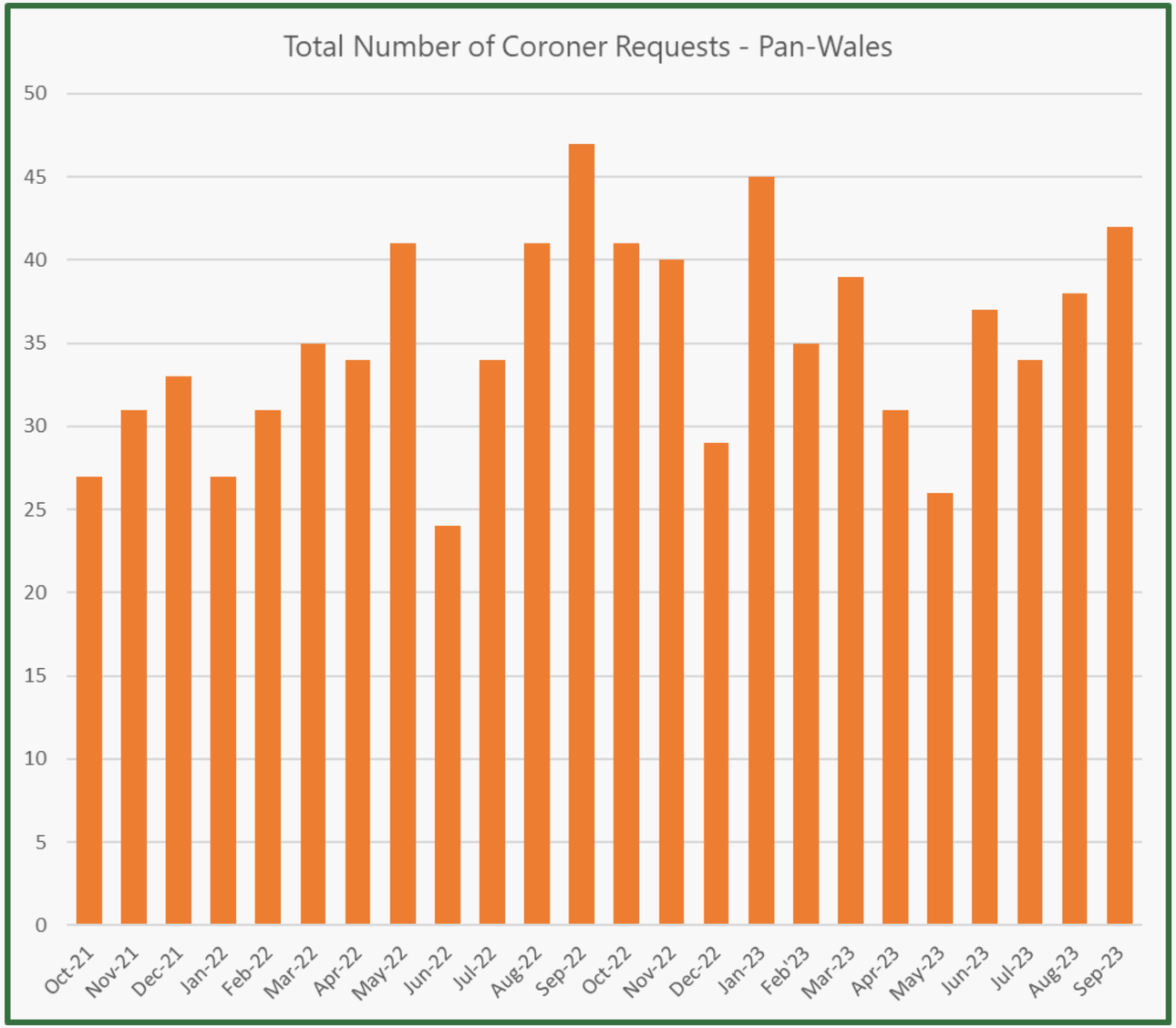
(Responsible Officer: Liam Williams)

Coroners Self-Assessment: Strength of Internal Control: Moderate

Mortality Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care



*NB: Temporary graph at All-Wales level: The Trust is currently unable to report Coroner requests at Health Board level due to the implementation of the new Datix system

Analysis

Coroners: As anticipated this month has seen a further increase in the number of approaches from the coroner. The complexity remains high, with multiple statements and actions per approach. This is in addition to the additional work required to manage cases where the Trust has been given IP status.

Ombudsman: There are currently 9 open Ombudsman cases in September 2023. There has been a reduction in initial approaches to the Trust by the PSOW. All PSOW cases are now being managed via Datix Cymru. A draft report has been received and the content is currently being considered by the Trust.

Mortality Review: The Trust continues to participate in Health Board led mortality reviews as appropriate, with attendance from the patient safety team and clinical colleagues as available. Data and information is also provided by the Trust as required to the Medical Examiner Service to inform their reviews of deaths in acute care. As of September, the Trust has received 631 requests for information or feedback from the Medical Examiner Service with themes and trends so far including timeliness in response to patients in the community, handover of care delays and patients on the end-of-life care pathway being conveyed to acute care.

The All-Wales Mortality Review Group at which WAST has representation has recently commissioned 'A Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) All-Wales Thematic Review' selecting cases covering January 2022 to January 2023. This review encompasses all Health Boards, and the final report will be provided by the end of 2023 (delayed nationally was expected October 2023). To date the Trust has not received any requests to undertake any Level 2 mortality reviews of patients in our care under the new processes in place across NHS Wales. Currently the focus of the Medical Examiner Service is undertaking mortality reviews in the acute care setting and the plan is for all non-coronial deaths, including community deaths to be reviewed by the Medical Examiner Service by April 2024 when the Service becomes a statutory body. An increase in activity for requests / reviews for the Trust is expected when this occurs.

Remedial Plans and Actions

Coroners: Cases continue to be registered and distributed and the Team has had to introduce a new process surrounding the notification of summons to inquest. At the national network , all Health Bodies reported an increase in both volume and complexity of the coronial work post pandemic. The Team continues to ensure that we are meeting the dates for the production of statements, and escalating should difficulties be experienced.

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

Mortality Review: The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews under the new approach and our internal framework has been approved at the Clinical Quality Governance Group. Representation and contribution by the Trust at the All-Wales Mortality Working Group continues and a task and finish group has been established to review the process for contacting families following their meetings with the Medical Examiners. Additionally, the Patient Safety Team are engaged in the meetings lead by the Once for Wales Datix Cymru team who are developing the Datix Cymru Mortality Module currently.

Internally the Trusts Learning from Deaths Group is set to commence from November 2023 with the terms of reference drafted and going through approval processes.

Expected Performance Trajectory

Coroners: This level of activity seems to be the new normal and will continue to be monitored.

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

Mortality Review: Whilst the multiple benefits of the Medical Examiner Service are recognised there will undoubtedly be significant resource implications for the Trust, particularly as the process expands to every non-coronial death in NHS Wales by April 2024 and the Health Boards (who are at different levels of maturity regarding mortality reviews) start to develop and embed their processes. It is recognised that some cases will have already been reviewed via Putting Things Right processes internally through the Serious Case Incident Forum.

Data source: Datix

Mortality Reviews Data source: Internal Web Application

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

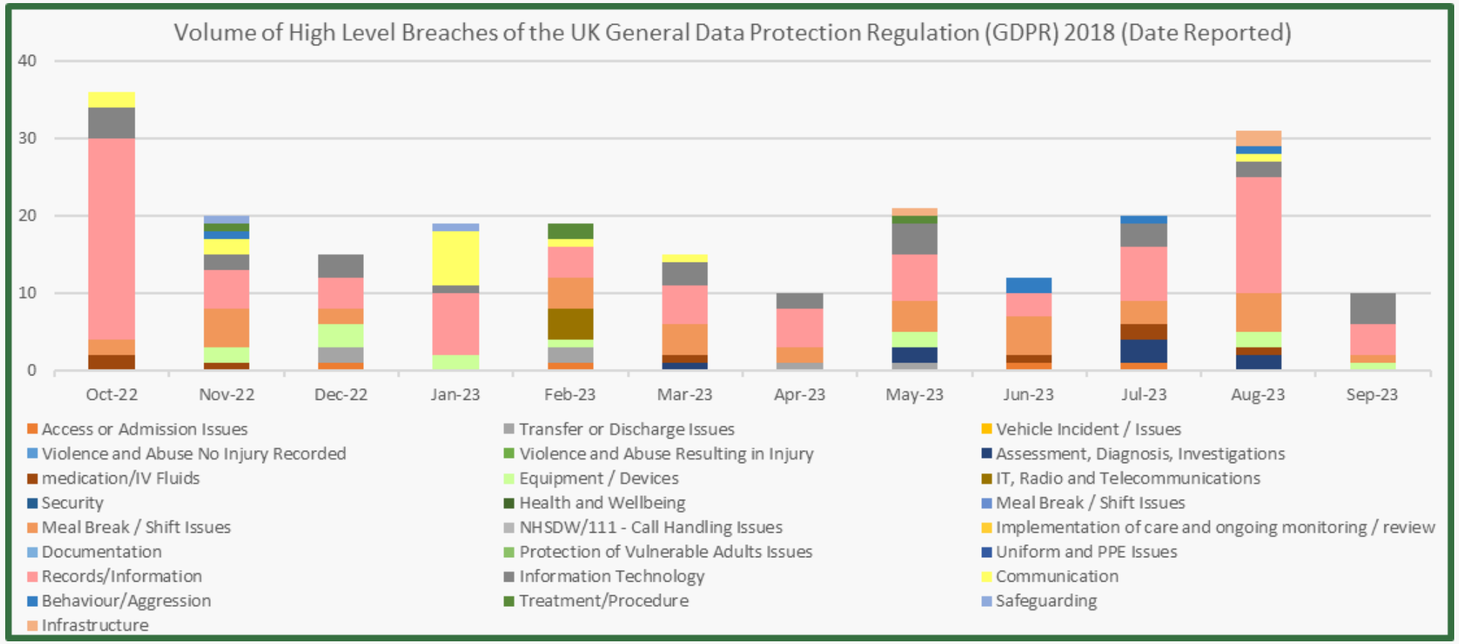
(Responsible Officer: Liam Williams)

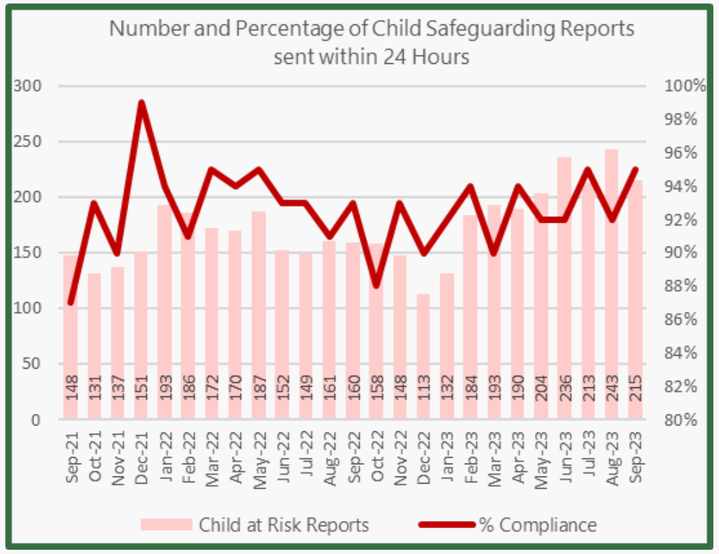
Self-Assessment: Strength of Internal Control: Strong

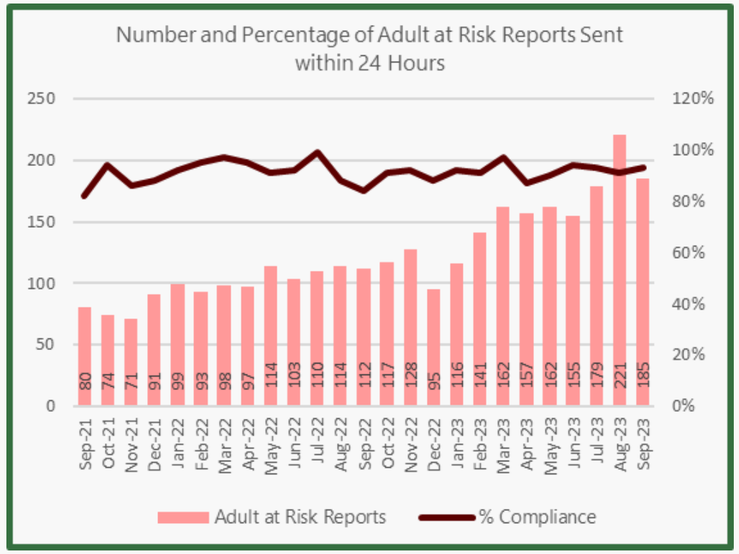
QUEST

Health & Care Standard
Health – Safe Care

Safeguarding Data source: Doc Works







Analysis

Safeguarding: In September 2023 staff completed a total of 185 Adult at Risk Reports, 93% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 486 referrals were received and processed to the local authority during this reporting period. There have been 215 Child Safeguarding Reports in September 2023, 95% of these were processed within 24 hours.

Data Governance: In September 2023 there were 10 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 10 breaches, 1 related to information governance/confidentiality, 4 records/information, 4 Information Technology, and 1 equipment.

Public Engagement: During September, the Patient Experience and Community Involvement Team attended 24 community engagement opportunities, engaging with approximately 1,348 people. This month engagement has included attendance at student freshers' fairs, talking to young people moving to Wales and living independently for the first time about appropriate use of services and how NHS services in Wales work. We have visited Dementia groups to talk with people living with dementia and their carers; attended Third Sector Mental Health forums; supported Trust representation at Cardiff 999 Day; have continued to engage with Llais, the citizen voice body for Wales and have met with the Hindu Cultural Association about a collaborative piece of work aimed at that community. At engagement events throughout the month, we continued to use engagement opportunities to listen to people's experiences of using our services, capture feedback, encourage people to complete PREMs surveys and to recruit people to join our People & Community Network. During September we also continued to make a range of Patient Experience Surveys (PREMs) available, asking people to provide feedback about their interactions with our services. Engagement and survey outcomes remain largely consistent and tell us that people continue to be concerned that help will not be available when they need it and that people have experienced delays after calling 999, but that people are happy with the care they eventually receive. 111 callers have told us that they experienced long waits for their calls to be answered and reported long waits for call backs. NEPTS users told us that overall, they continue to be happy with the transport they receive but experience longer than wanted delays when waiting for their transport home following their appointment.

Remedial Plans and Actions

Safeguarding: The Trust primarily manages all safeguarding reports digitally via Docworks Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems 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 10-information governance related incidents reported on Datix, 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). The IG Team will continue to review and provide advice on reported incidents where applicable.

Public Engagement: Community involvement and engagement with patients/public forms an integral part of the Trust's ambition to 'invert the triangle' and deliver value-based healthcare evaluated against service users' experiences and health outcomes. The work delivered by the PECI Team is supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change and delivering services which meet the differing needs of communities we serve without prejudice or discrimination. The PECI Team will continue to engage in an ongoing dialogue with the public on what they think are important developments the Trust could make to improve services they receive. Response rates to some of our PREM's surveys is disappointingly low and we acknowledge that this means we cannot report a truly reflective picture of what it feels like to be a user of some of our services. We are actively working with colleagues across the Trust in a number of different departments to try and agree on solutions that would allow us to directly contact more patients to ask for feedback about their experiences with us.

Expected Performance Trajectory

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

Data Governance: The new submission for FY23-24 IG Toolkit is open with a new question set compared to the previous year. An action plan has been developed based on the new question set which continues to be worked on.

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

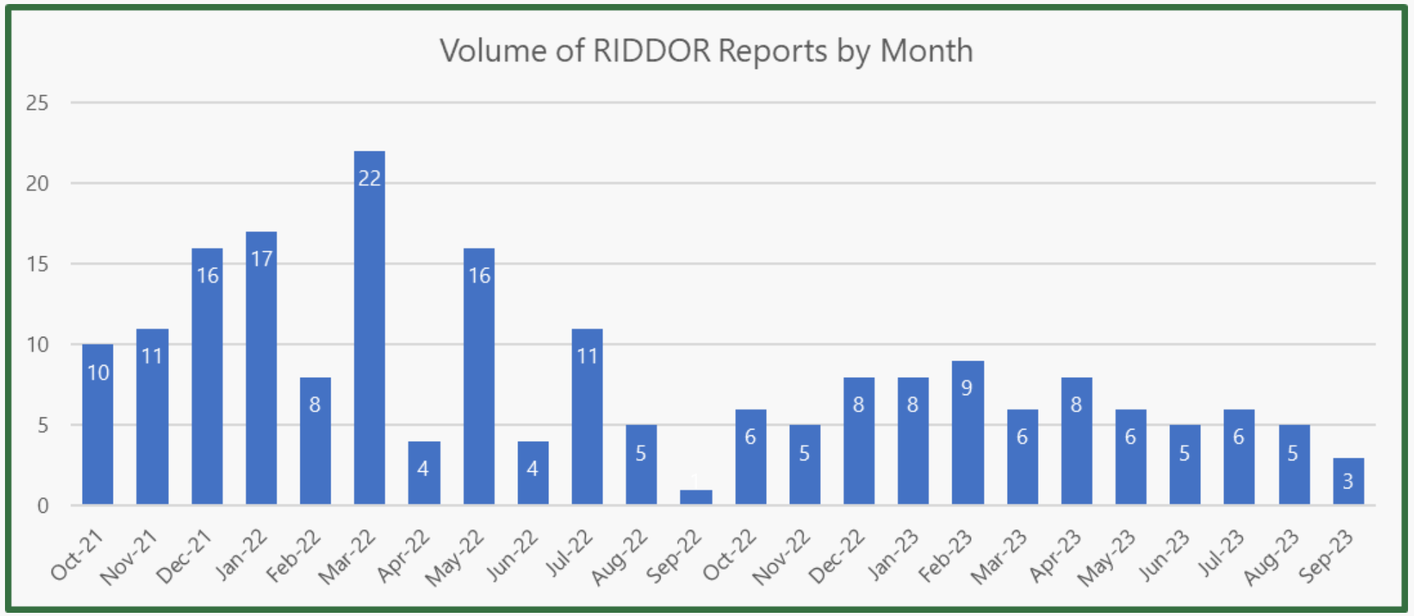
Our Patients: Quality, Safety & Patient Experience
Health & Safety (RIDDORS) Indicators

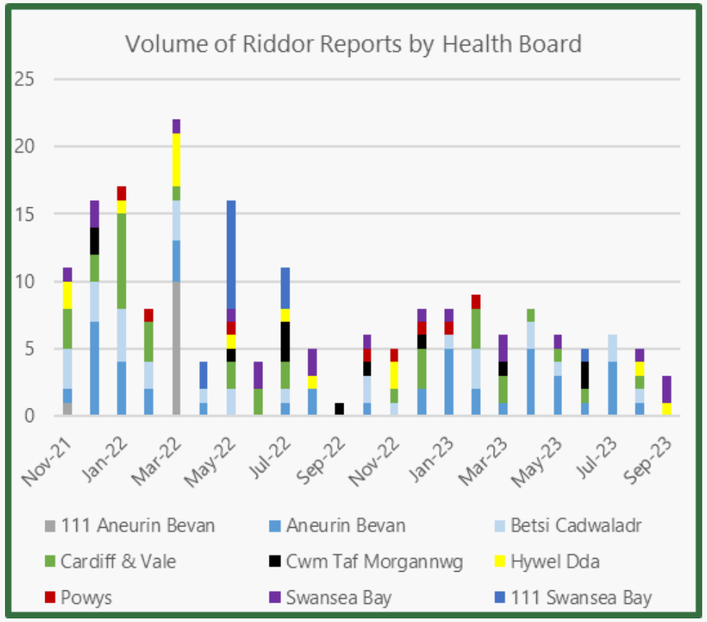
(Responsible Officer: Liam Williams)

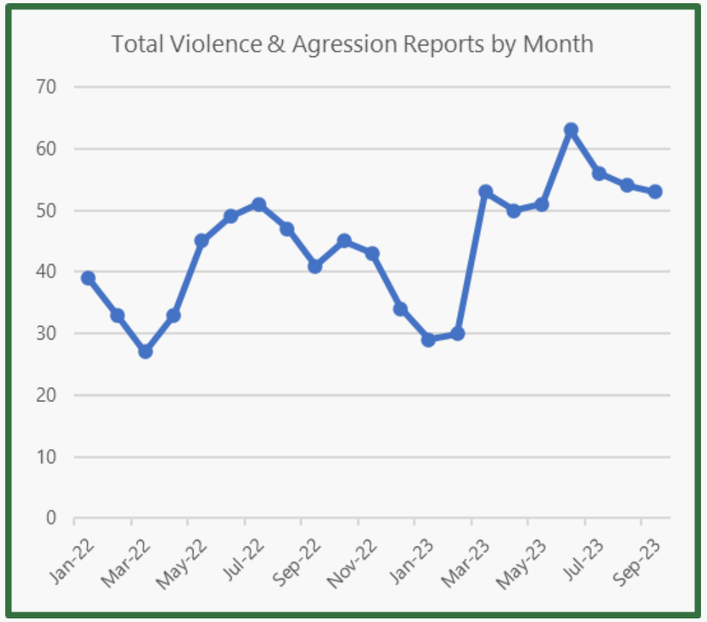
Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care







Analysis

RIDDOR: There were 3 incidents requiring reporting under RIDDOR during September 2023 due to staff being absent from work for over 7 days as a result of their injury. One incident of note was an injury due to a fall injury whilst carrying the response bag. As we approach winter we can expect a rise in slip, trip and fall incidents as the weather worsens.
68% of the incidents reported were notified to the HSE within the reporting required time frames. One report did not meet the reporting time frame due to delay in information being provided to the Safety Team. The Health and Safety team will continue to work with Incident Handlers to ensure reports are submitted within the required timescales.

Violence and Aggression: A total of 53 incidents have been reported of V&A in September 2023. Four Physical Assaults on staff were reported during the month with incidents of aggressive and threatening behavior amounting to 21. Betsi Cadwaladr remains the highest reporting areas with a total of 26 incidents followed in September by Swansea Bay with a total of 10 incidents Three incidents were reported as Severe in harm, one noted being asked to attend a property where the patient was recorded as having a knife but there was no Police back up.

Remedial Plans and Actions

RIDDOR: The risks associated with winter weather are to be addressed in the up coming Health and Safety newsletters.
RIDDOR performance continues to be presented in monthly reports and service units business meetings.

Violence and Aggression: Collaborative working with AACE regarding V&A training continues with the aim of improving the current training to better support staff. Particularly around clinical restrictive physical intervention.
The Case Manager continues to actively support staff who are involved cases being heard at Court to ensure they are given any help they require.

Expected Performance Trajectory

RIDDOR: The reporting of missed meal breaks is lower than previous months. This is due in part to a change the Datix reporting form. Missed meal breaks can now only be recorded as a patient safety incident, an infrastructure incident or occurrence of ill health. Those coded as a patient safety incident are being recoded by the Datix QA Team as appropriate.

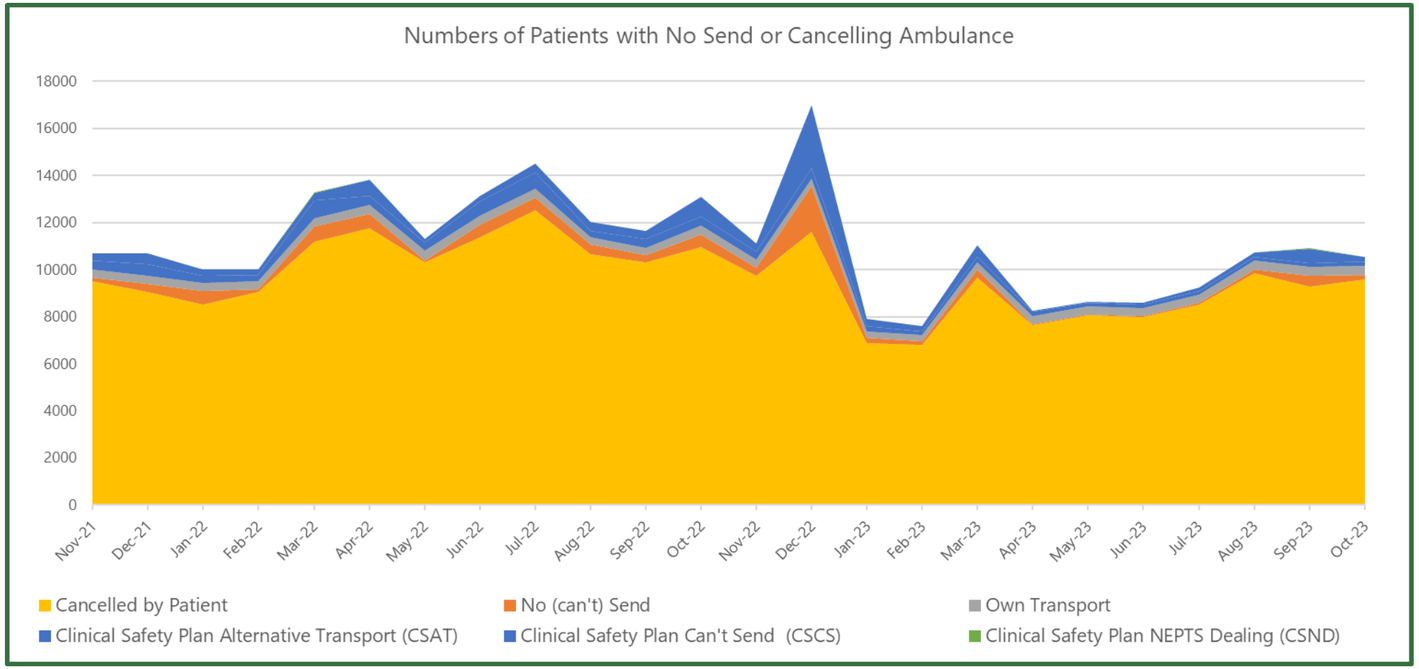
Violence and Aggression: Toolbox talks, raising awareness of case management continue to take place across the Region by the Case Manager & V&A Manager to support staff and raise awareness, it is planned to establish regular interaction with staff directly affected by incidents of V&A. With the aim of improving the help and support available to staff.

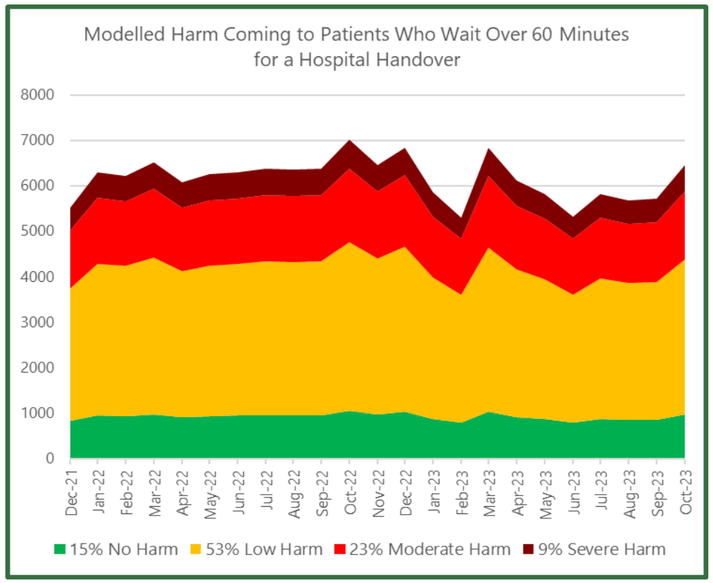
Data source: Datix

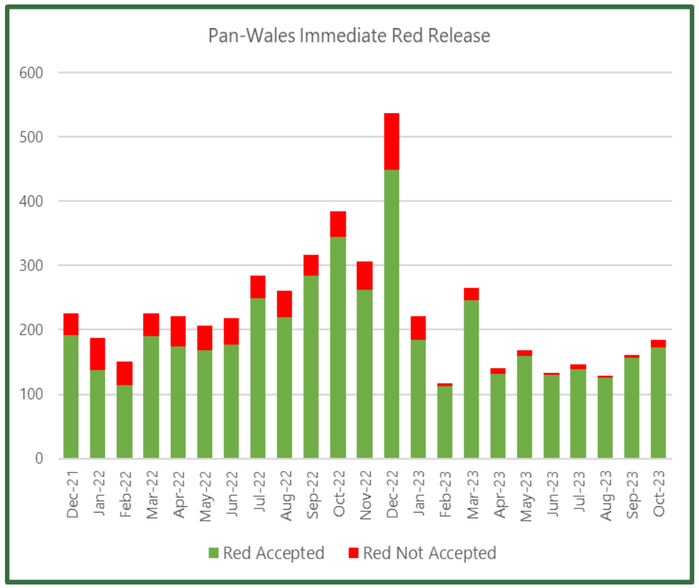
**NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change*

Our Patients: Quality, Safety & Patient Experience
Escalation and Patient Experience

(Responsible Officer: Andy Swinburn) TBD FPC







Analysis

In October 2023, 172 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 200 were stopped as a result of CSP 'Can't Send' options. In addition, 9,586 ambulances were cancelled by patients (including patients refusing treatment at scene) an increase from 9,284 in September 2023 and 380 patients made their way to hospital using their own transport.

There were 694 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in October 2023. Of these 173 were accepted and released in the Red category, with11 not being accepted. Further to this, 199 ambulances were released to respond to Amber 1 calls, but 311 were not.

The graph in the bottom left shows that in October 2023 of the 6,453 patients who waited outside an ED for over an hour to be handed over to the care of the hospital, the Trust could assume that 15% (967 patients) would experience no harm, 53% (3420 patients) would experience low harm, 23% (1484 patients) would experience moderate harm and 9% (581 patients) would experience severe harm.

In September 2023 CSP levels for the Trust were:

CSP Level	RED	AMBER 1	AMBER 2	GREEN	HCP
0	Business As Usual				
1	Respond	Respond	ETA - ALT Transport Respond to Exceptions		
2a	Respond	Respond	ETA - ALT Transport Respond to Exceptions		
2b	Respond	65th ETA Script ALT Transport Respond to Exceptions			
2c	Respond	65th ETA Script ALT Transport Respond to Exceptions		Can't Send Can't Send	Can't Send Pass to ROU or EMG
3a	Respond	90th ETA Script ALT Transport Respond to Exceptions	Clinical Screening	Can't Send	
3b	Respond	Clinical Screening	Can't Send		
4a	Clinical Screening		Can't Send		
4b	Clinical Screening	Can't Send			

Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings have commenced with Health Boards, the Commissioner and the Trust and performance is reviewed monthly with questions posed to Health Boards regarding immediate release and handover reduction plans and actions.

Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trusts ability to respond to demand. Seasonal pressures impact the Trust and planning is being used to prepare for this through a range of measures including the use of forecasting and modelling.

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

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

(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care

September 2023		
NEPTS (137 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	64
Were you happy with the transport you received?	85	93
999 (4 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	100
The 999-call taker who answered your call explained what was going to happen next.	85	100
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	100
The length of time I waited for an ambulance to arrive was acceptable.	85	100
111 (4 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	66
Did you follow the advice given to you by NHS Direct Wales?	85	100
Would you consider using NHS 111 Wales again?	85	100
WAST Overall - Friends & Family Test How was your overall experience with the service today?	Ranked from very poor to very good.	
○ Ambulance care	85.6% Good	8% Poor
○ Integrated Care (NHS 111 Wales Telephone line only)	100% Good	0% Poor
○ EMS (including CSD)	100% Good	0% Poor
○ NHS 111 Wales Online	57.14% Good	14.29% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis

Within the NEPTs survey the responses provided did not hit the benchmark in relation to the question 'How long did you wait for your transport to take you home after your appointment, therefore not providing the level of service the patient expected. However, 93% were happy with the transport they did receive.

It is acknowledged that the small number of respondents for the 999 and 111 surveys does not provide a great enough response to reflect a true patient experience picture, but work is currently underway to develop a process that will increase response rates and make them more meaningful.

Remedial Plans and Actions

We continue to make available 4 core Patient Experience surveys, covering the Trust's main service delivery areas:

- 999 EMS Response (incorporating CSD)
- Ambulance Care (NEPTS)
- NHS 111 Wales Telephony
- NHS 111 Wales Online

The Civica Experience platform provides some enhanced reporting facilities, including the ability to weight questions and produce 'Heat Maps' based on responses. A benchmark is set of 85, with aggregated scores of 85 and above representing a positive response. WAST is currently working through the requirements to add the SMS functionality within the Civica experience platform and other systems as well as strengthening information governance arrangements to increase the data experience returns.

The aim is to increase the number of patient experience feedback returns and to further integrate systems with Civica to push email/text surveys to patients. However, this requires input from the ePCR team to look at opportunities to capture patient permissions to participate in experience surveys.

These surveys are mandatory requirements; Under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. WAST has a duty to secure quality in its services and must exercise its functions with a view to securing improvement in the quality of its services. The Duty of Quality includes the experiences of individuals to whom health services are provided.

Expected Performance Trajectory

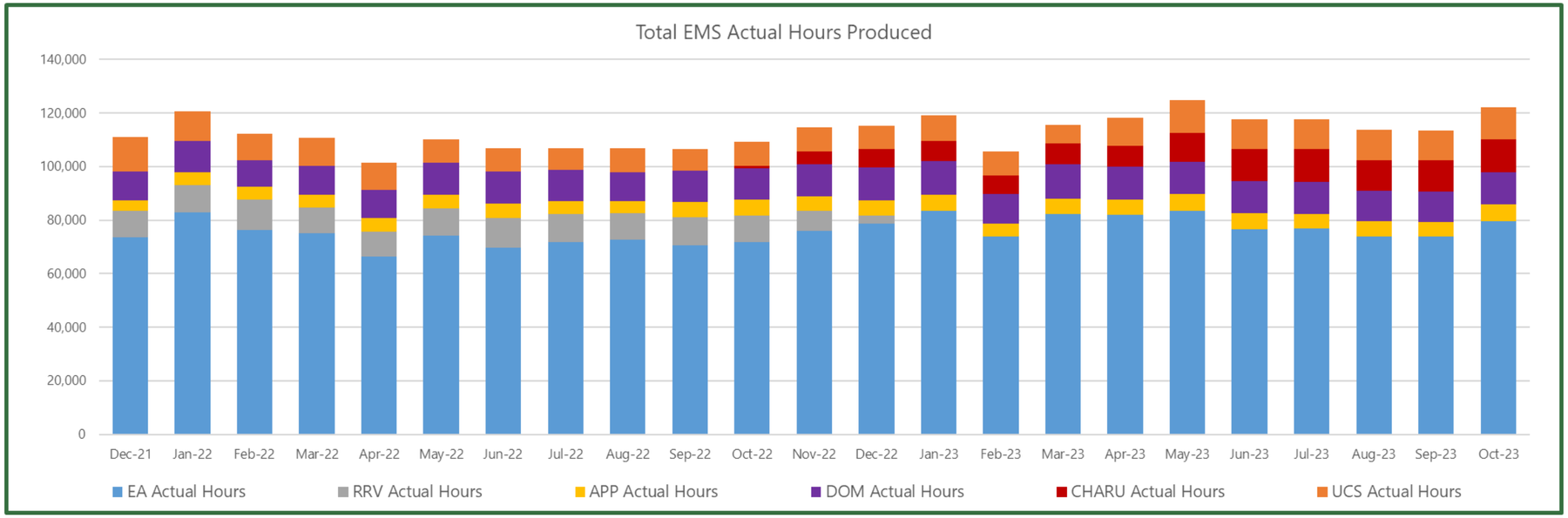
It is hoped the ongoing work will increase the number of surveys completed over the next few months to improve the overall significance of the surveys.

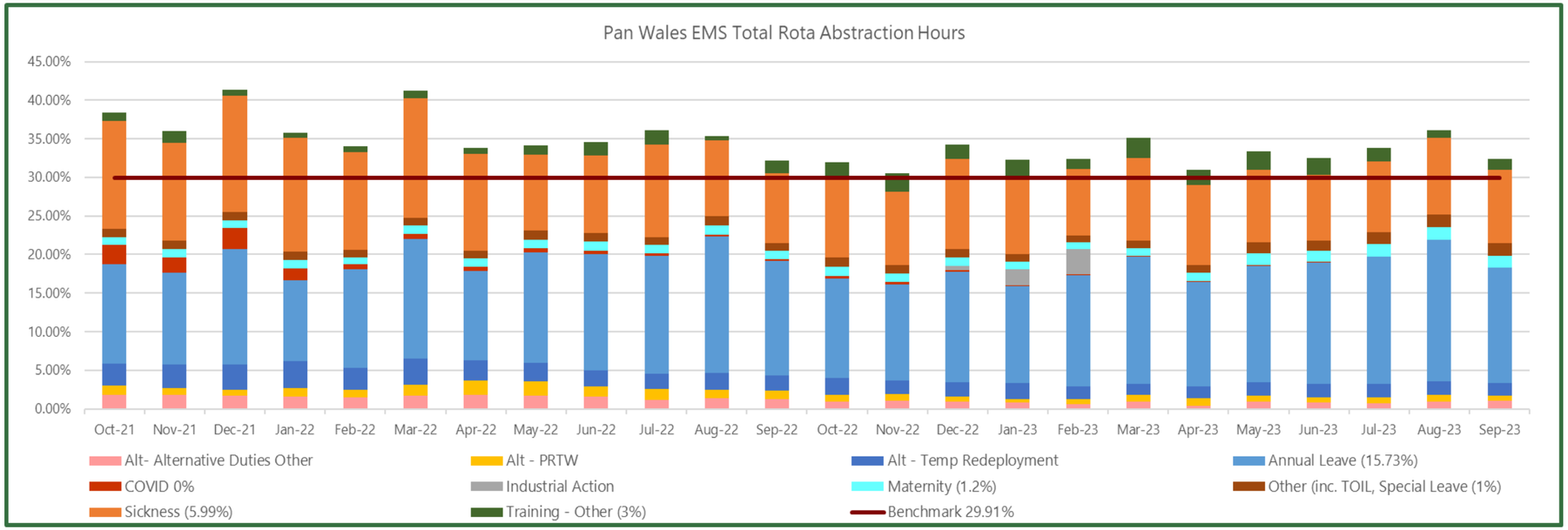
Our People
Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production	Abstractions
G	R

CI PCC FPC





Analysis

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In September 2023, total EMS abstractions (excluding Induction Training) stood at 33.59%. This was a decrease from the 37.46% recorded in August 2023. This percentage continues to remain above the 30% benchmark figure set in the Demand & Capacity Review. The highest proportion of abstractions was due to annual leave at 14.9% followed by sickness at 9.5%. This figure for sickness abstractions for September 2023 was an increase when compared to the same month last year (9.1%).

Emergency Ambulance Unit Hours Production (UHP) was 93% in October 2023 (79,658) Actual Hours). CHARU UHP achieved 136% (12,167 Actual Hours) compared to 135% in September 2023 (this is the commissioned level not the modelled level). The total hours produced is a key metric for patient safety. The Trust produced 122,050 hours in October 2023, which is an increase on the 113,421 hours produced in September 2023.

Remedial Plans and Actions

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

The Trust had a budgeted establishment of 1,761 FTEs for 2022-23. This is unchanged for 2023/24.

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

Expected Performance Trajectory

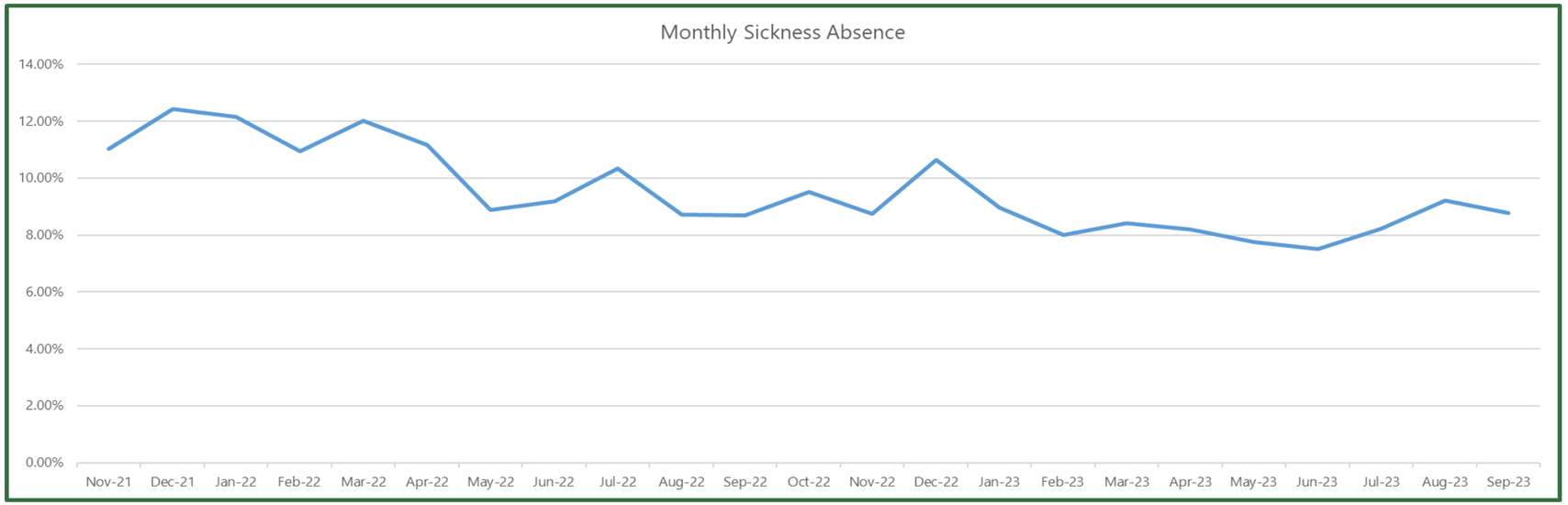
UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is good. The Trust has an ambition to reduce sickness to 6% and abstractions to 30% by March 2024, which would further boost production; however, the handover levels are extreme and the rosters are simply not designed to cope with over 23,000 lost hours; they were predicated on 6,000 hours.

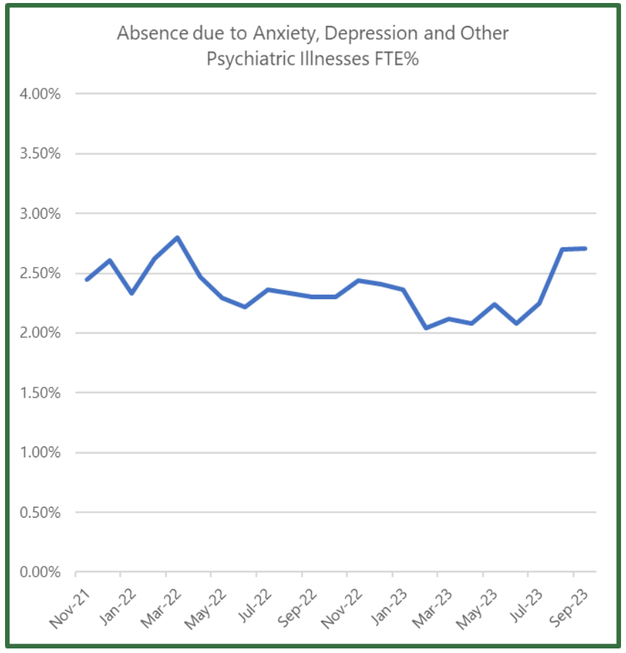
Our People
Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)

G

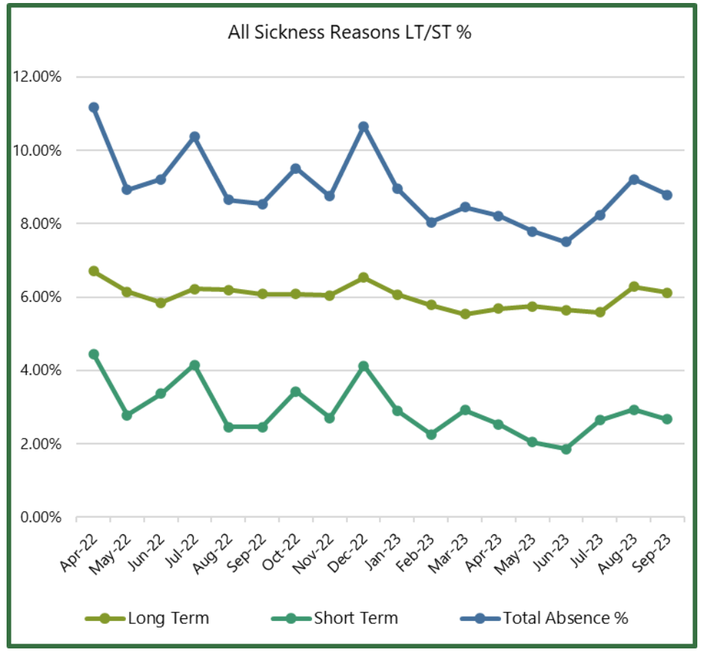
CI





Average working days lost per FTE (Annual)	
19.80 days	
Single month Absence %	
8.78%	
Long Term	**Short Term**
6.12%	2.66%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.71%	1.16%

September 2023



Analysis

There was a decline in sickness absence, falling from 9.22% in August 2023 to 8.78% in September 2023. Short-term absence also decreased from 2.93% in August 2023 to 2.66% in September 2023, while long-term absence dropped from 6.28% to 6.12%.

Indicative figures for October 2023 show a further decline in long term absence to 5.17% but an increase in short term absence to 3.52% .

The highest reason for short term absence in September was Gastrointestinal issues, Anxiety/ Stress/ Depression and Cold/ Cough/ Flu.

Physiotherapy: 24 referrals were received in September 2023- 3 less than in August 2023.

Remedial Plans and Actions

- MAAW training and bitesize training sessions continue to be scheduled on a bi-monthly (MAAW) and monthly basis (Bitesize sessions).
- In line with the Improving Attendance Action Plan, the People Services Advisors have undertaken audits on short term absence occurrences within the Operations Directorate.
- The findings of the audit displayed common themes across all areas within the Operational Directorate, including missing paperwork, no return-to-work meeting and inappropriate discretion applied.
- Audits for all Directorates, will be undertaken on a monthly basis over the next 6 months and the People Services Team will provide targeted support to line managers on reasonable adjustments and the appropriate use of discretion in areas identified as hot spots.

Expected Performance Trajectory

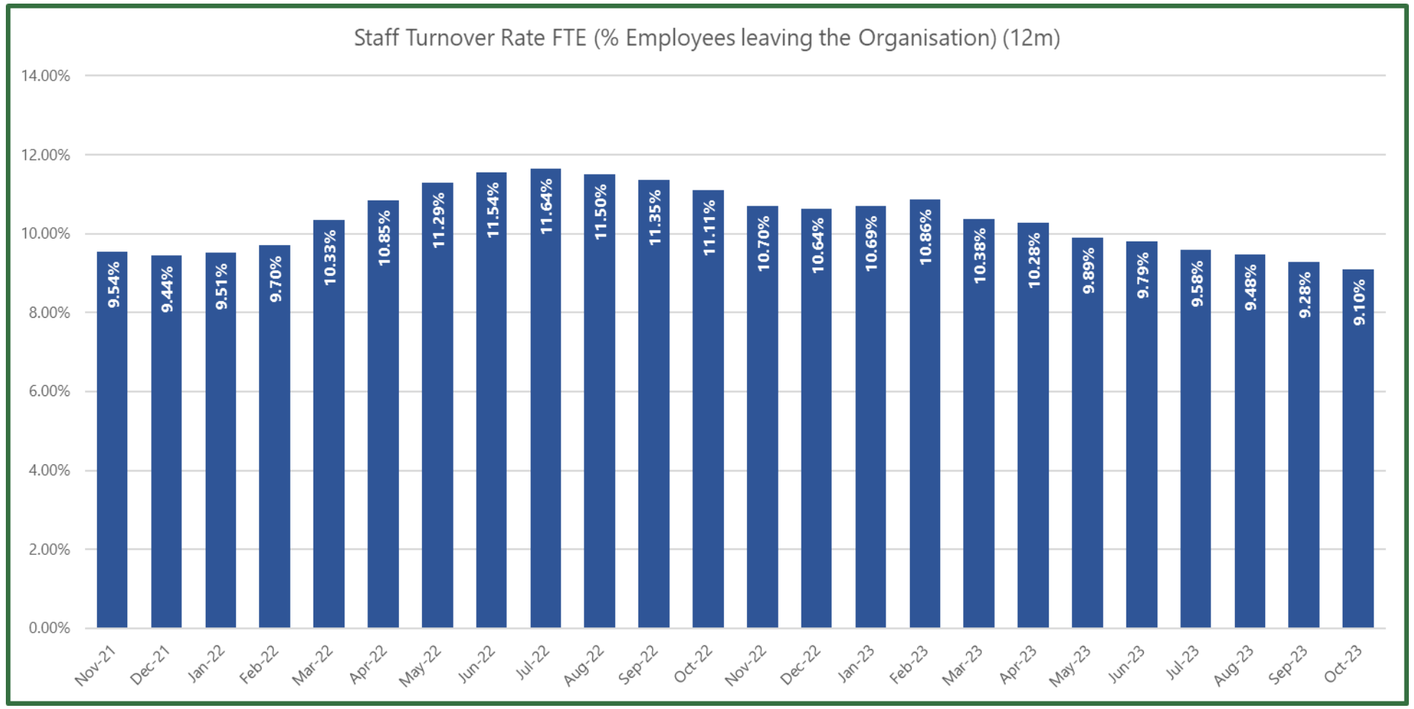
The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but that there remain risks to delivery.

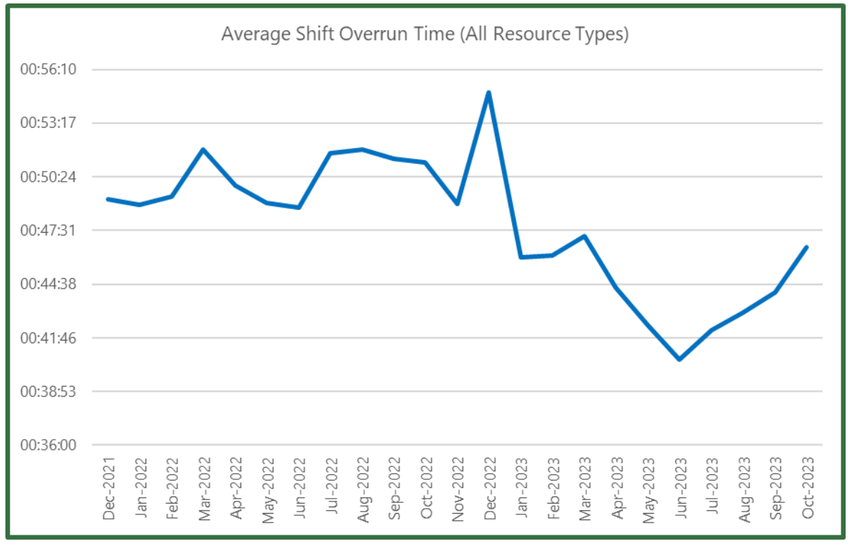
NB: Sickness data will always be reported one month in arrears.

Our People
Capacity - Turnover

(Responsible Officer: Angela Lewis)

A





Sep-23 Org L4	FTE by Post
020 Ambulance Care L4 (NX10)	888.66
020 Emergency Medical Services L4 (DX04)	1,787.98
020 Integrated Care L4 (DX03)	441.18
020 National Operations & Support L4 (DX02)	134.45
020 Resourcing & EMS Coordination L4 (DX05)	345.69
Grand Total	**3,597.96**
Ambulance Response	**1519.19**
020 Ambulance Care L4 (NX10) ACA2/Team Leaders	**264.03**

Analysis

Staff turnover rates in October 2023 were 9.1%. Rates have gradually been declining since they peaked in July 2022, with the current monthly rate being the lowest reported within the two-year reporting period. Staff leave the Trust for a variety of reasons including promotions, relocations, culture and due to the pressures of NHS working.

Shift overrun average times have been steadily increasing again following a two year low recorded in June 2023. The average figure for October 2023 was 46 minutes and 36 seconds compared to 44 minutes and 12 seconds in September 2023.

The Integrated Technical Planning Group are receiving monthly workforce data, and this is being integrated into a Power BI platform to enable the reader to more easily interpret the FTE table opposite.

Remedial Plans and Actions

WAST remains committed to colleague wellbeing, and ensuring appropriate provisions are in place to support colleagues. We have an EAP which enables our people to access support 24/7, with access to counselling. We continue to deliver workshops for colleagues on stress, and wellbeing and resilience to support them in their roles.

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

The WAST Voices Network held its first Advocate meeting in March 2023 and activity continues relating to themes of misogyny and sexual safety within the organisation. Reverse mentoring relationships have been established and the impact of these will be measured after 2 sessions of Senior Leaders hearing from lived experience of these issues.

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

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

WAST Outdoors initiatives being trialled.

Expected Performance Trajectory

The situation regarding wellbeing of staff remains challenging, many of the difficulties and frustrations are difficult to influence and change. Management development will continue with a focus on people skills and support with robust wellbeing offers so colleagues know where to get support. The People and Culture Plan will continue to highlight that employee experience and culture contribute to overall wellbeing.

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

Our People
Culture - Staff Vaccination Indicators

(Responsible Officer: Angela Lewis)

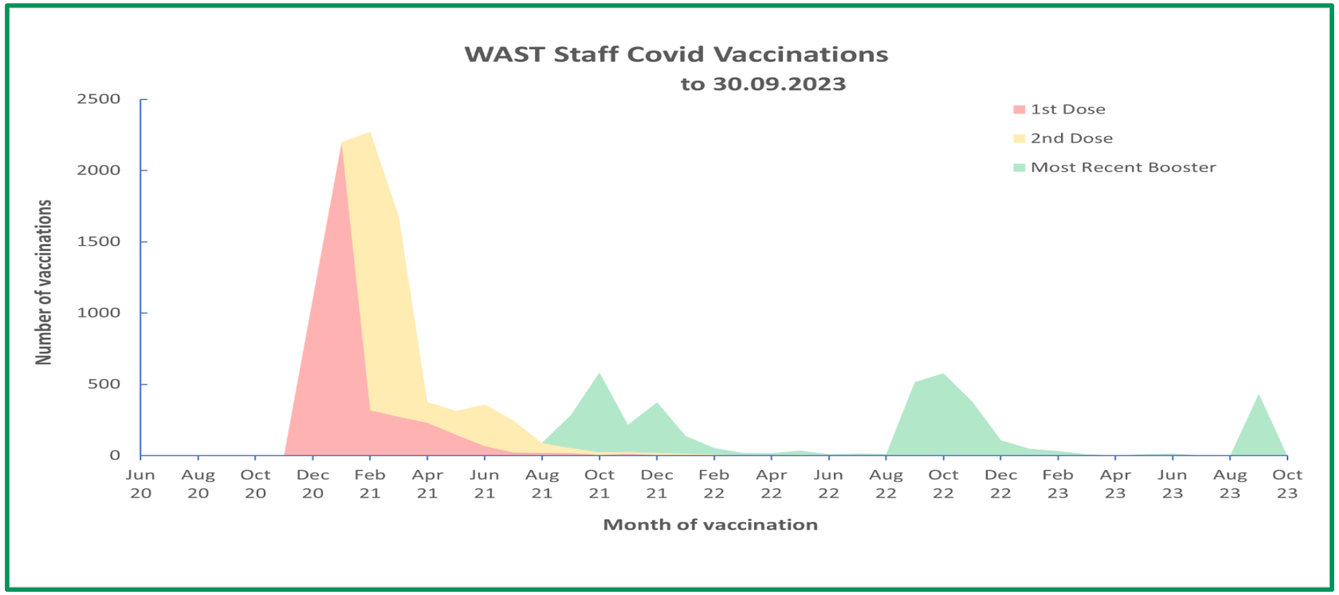
Self-Assessment: Strength of Internal Control: Moderate

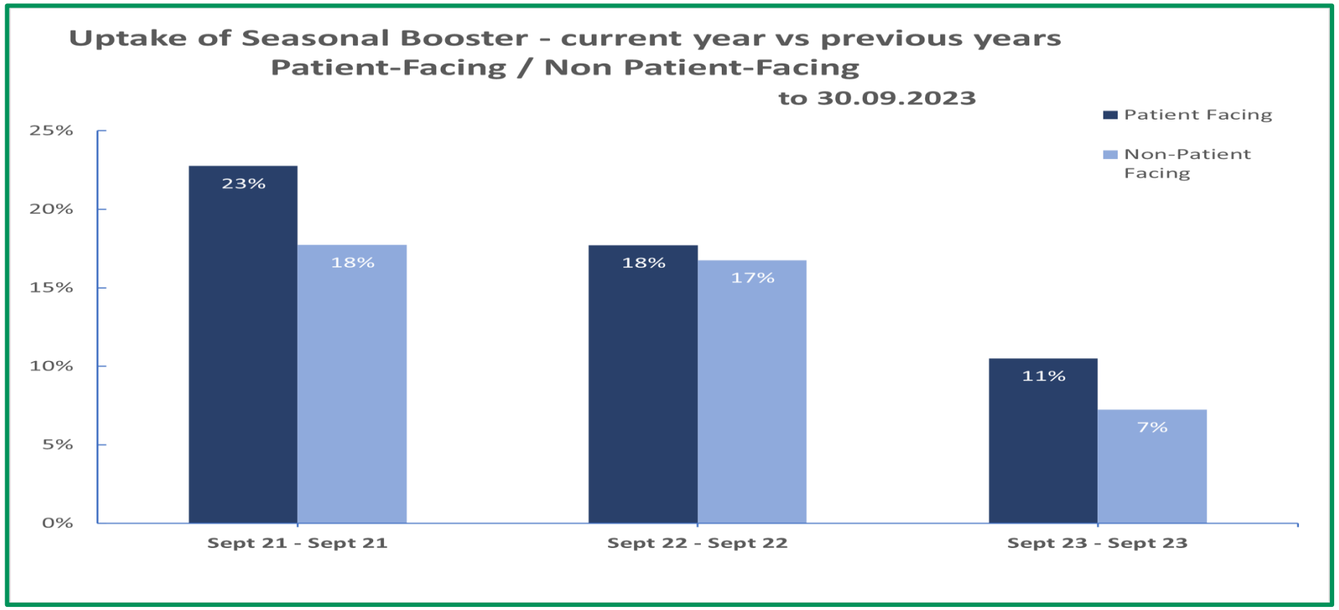
A

PCC

CI

Health & Care Standard - Health (PPI)





Analysis

Flu: The 2023-24 Flu Campaign is officially live and both Occupational Health vaccinators and Peer Vaccinators are holding clinics and undertaking ad-hoc vaccinations. So far during the campaign, 714 flu vaccines have been administered by our Vaccinators (including flu vaccines administered to PHW staff / Students / HCS staff etc.) Of these vaccines administered within the Trust, 486 have been received by WAST staff and a further 98 have been given to WAST staff elsewhere (i.e., GP surgery / COVID Booster setting) therefore, a total of 584 WAST staff have received the vaccination against flu, equating to 13.5% of the overall workforce. Additional engagement has been received from 67 WAST staff completing the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine, meaning the campaign has reached a 15.0% engagement rate so far.

COVID-19: As of the end of September 2023, 94% of all WAST staff have received both the first and second COVID-19 vaccination dose. These percentages are the same for both Patient-Facing and Non-Patient Facing Staff. 86% of all WAST staff have received at least one of the Covid-19 boosters offered in the last 3 years. Once again, this percentage is the same for both Patient-Facing and Non-Patient Facing Staff.

Since September 2023, 11% of Patient-Facing staff and 7% of Non-Patient Facing staff have received this season's Covid-19 Booster. This is compared to 18% and 17%, respectively, for the same time-period in 2022 and 23% and 18%, respectively, for the same time-period in 2021.

Remedial Plans and Actions

Flu: Though many staff have received their flu vaccine in the workplace so far, there is still a vast majority of the workforce to engage with. Therefore, in line with this campaign's Communications Plan, additional notices and posters will be circulated to staff. One poster that will be shared with staff will include information on this campaign's incentive to encourage staff to complete the Microsoft Form by entering all staff who complete the form into a prize draw at the end of the flu campaign; the prizes will comprise of 6x tier one vouchers of £250 each and 60x tier two vouchers of £20 each.

Currently 34 approved Peer Vaccinators (comprising of Healthcare Professionals in EMS, NHSD 111 and Clinical Directorate) are administering the flu vaccine and we have a number of additional staff who have been nominated to be flu Peer Vaccinators this year, so the aim is to increase the number of approved Peer Vaccinators, in order for even more vaccines to be administered in the workplace.

COVID-19: The four UK CMOs agreed it was appropriate to pause the alert level system, which was suspended on 30th March 2023.

Routine testing was also paused for all symptomatic health and social care workers, care home residents, prisoners and staff and residents in special schools during the spring of 2023.

Expected Performance Trajectory

During the 2022-23 flu campaign 1,813 flu vaccines administered by Occupational Health Vaccinators and Peer Vaccinators and of these vaccines administered within the Trust, 1,601 were received by WAST staff. There was a further 289 given to staff elsewhere (i.e., GP surgery, COVID Booster setting) therefore a total of 1,890 WAST staff received the vaccination against flu, equating to 44.5% of the overall workforce. Consequently, by communicating further to staff and increasing the number of Peer Vaccinators, the aim is to improve on last year's uptake.

***NB: COVID Vaccinations are reported using the WAST definition of Frontline Patient Facing employees and therefore includes those employed within Clinical Contact Centres.*

****NB: Flu data accurate at time of publication and subject to change / Spikevax vaccination data correct at time of publication and subject to change.*

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

Our People
Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

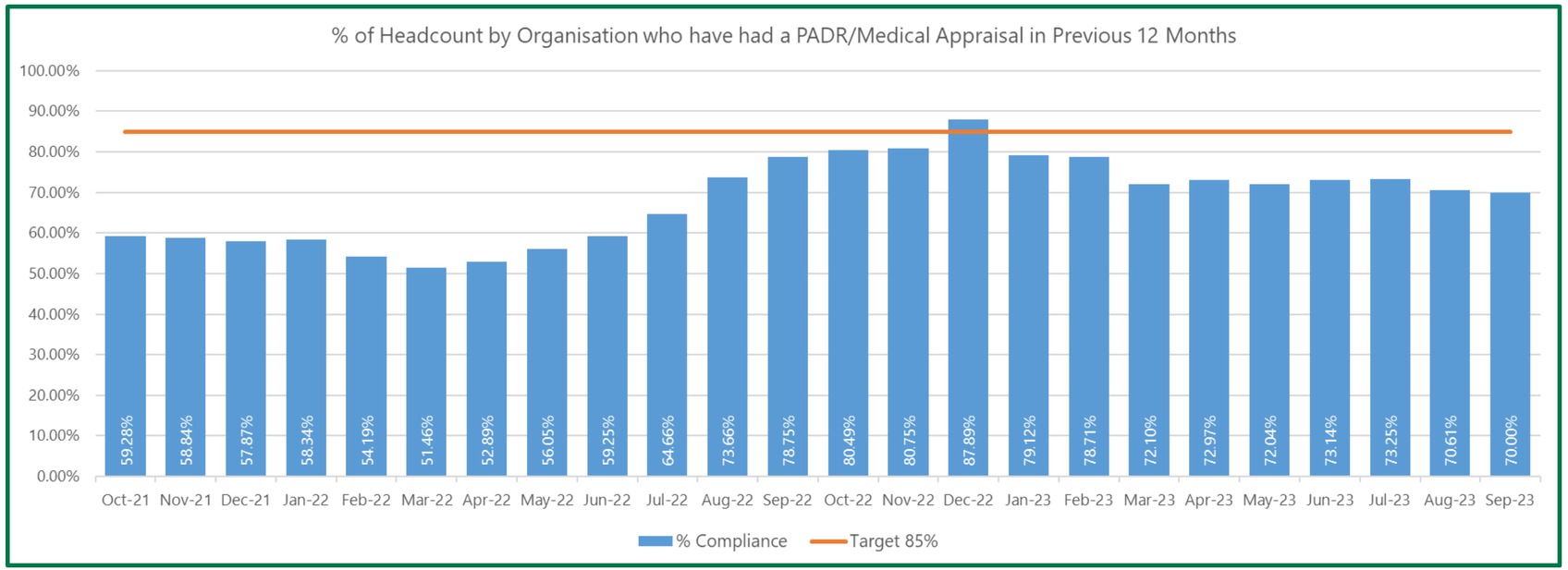
A

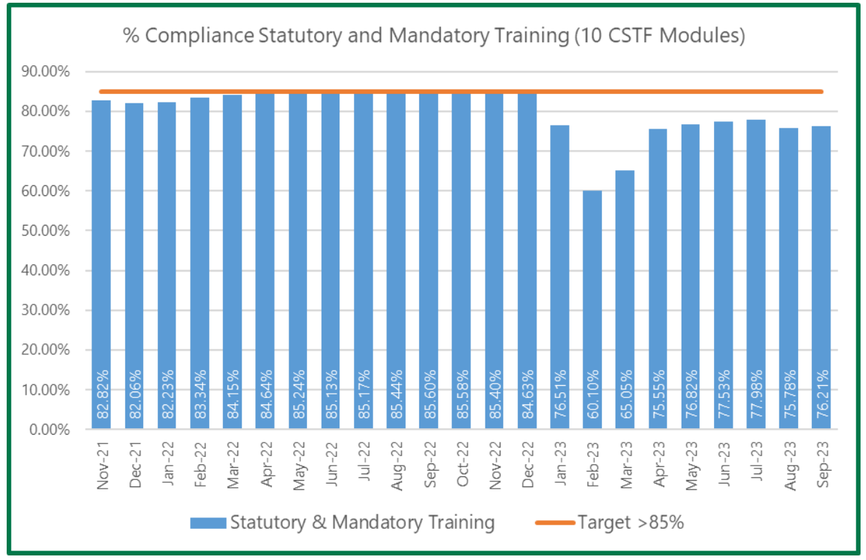
Self-Assessment: Strength of Internal Control: Strong

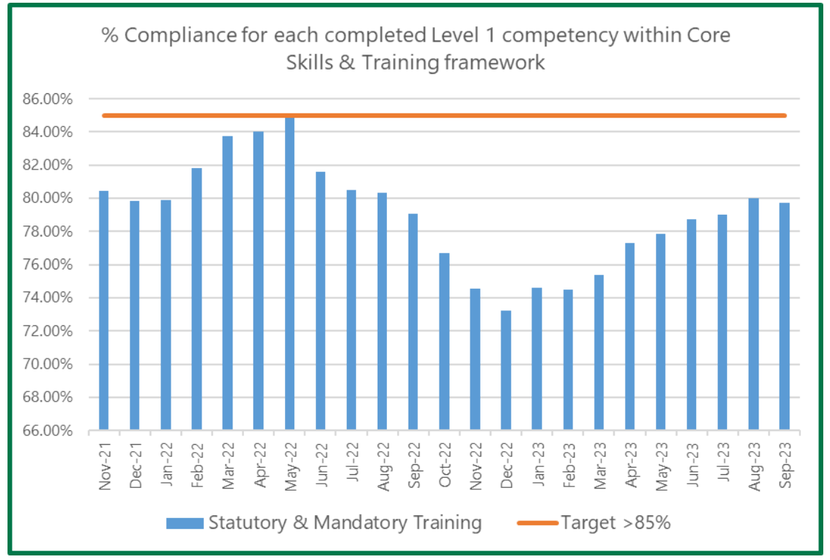
CI

PCC

Health & Care Standard
Health – Staff & Resources







Analysis

PADR rates for September 2023 decreased when compared to the previous month to 70% and remain below the 85% target. Over the reporting period this target has only been achieved once, in December 2022, although current rates remain higher than during the same period last year.

In September 2023 Statutory & Mandatory Training rates reported a combined compliance of 76.21%; with Safeguarding Adults (91.73%), Dementia Awareness (92.30%) and Violence Against Women, Domestic Abuse & Sexual Violence (85.31%) all achieving the 85% target. Moving & Handling (78.58%), Fire Safety (76.82%), Equality & Diversity (77.88%), Information Governance (71.40%), and Paul Ridd (57.29%) all remain below this target. The Paul Ridd course is new and is the reason for a reduction in overall compliance.

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

Remedial Plans and Actions

Throughout August the Workforce Education and Development team opened and have been assisting colleagues in using the self-service booking system for the 2023/24 Mandatory In-Service Training (MIST) annual refresher programme. As of the end of August, 685 members of staff from ACA1, ACA2, EMT and Paramedic roles have booked their face-to-face day. MIST 2023/24 commenced on the 4th of September; sufficient MIST sessions will be provided to enable all those requiring a place to secure one. MIST provision is planned to be closed mid Q3, subject to Operational pressures and demand. Communications via Yammer and Siren are in place to make people aware of dates/how to book on. Progress toward 100% compliance is tracked and communicated throughout the MIST 'window' via a combination of update reports and presentations detailing performance and gain assurance that under-performance will be addressed locally. For road-based colleagues who attend MIST sessions, the opportunity will be taken to encourage individuals to complete any E-learning statutory or mandatory areas they are not compliant with.

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

The ESR statistics at the end of July are as follows, 67.4% of operational colleagues had completed their Tail Lift Refresher Training, 55.4% if all colleagues had completed their Paul Ridd Learning Disability Awareness Training, and 43.7% of all colleagues have completed their Welsh Language Awareness.

Expected Performance Trajectory

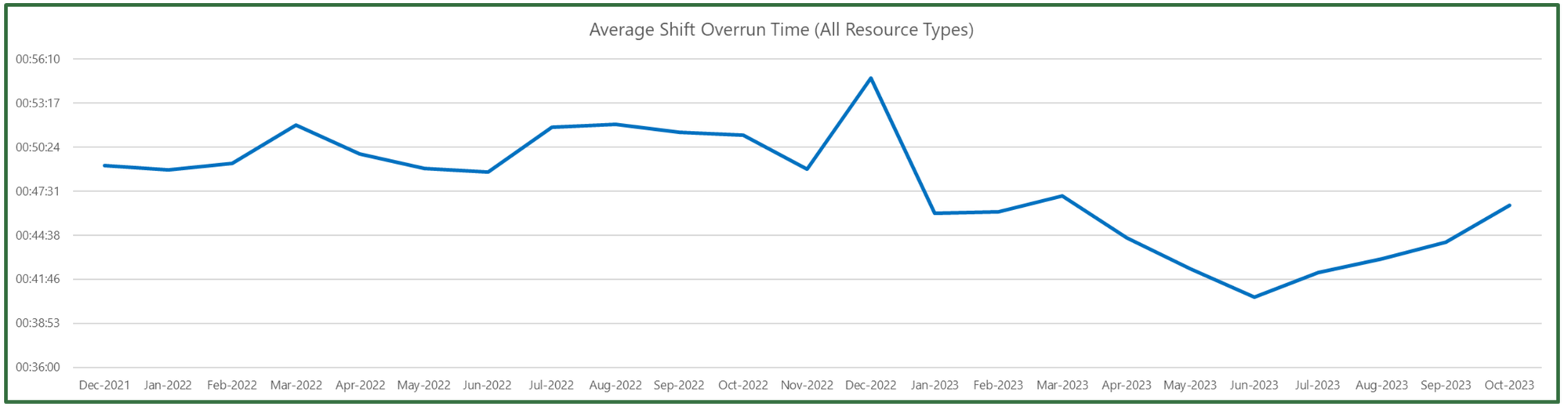
Performance is improving as compliance has risen in relation to Paul Ridd

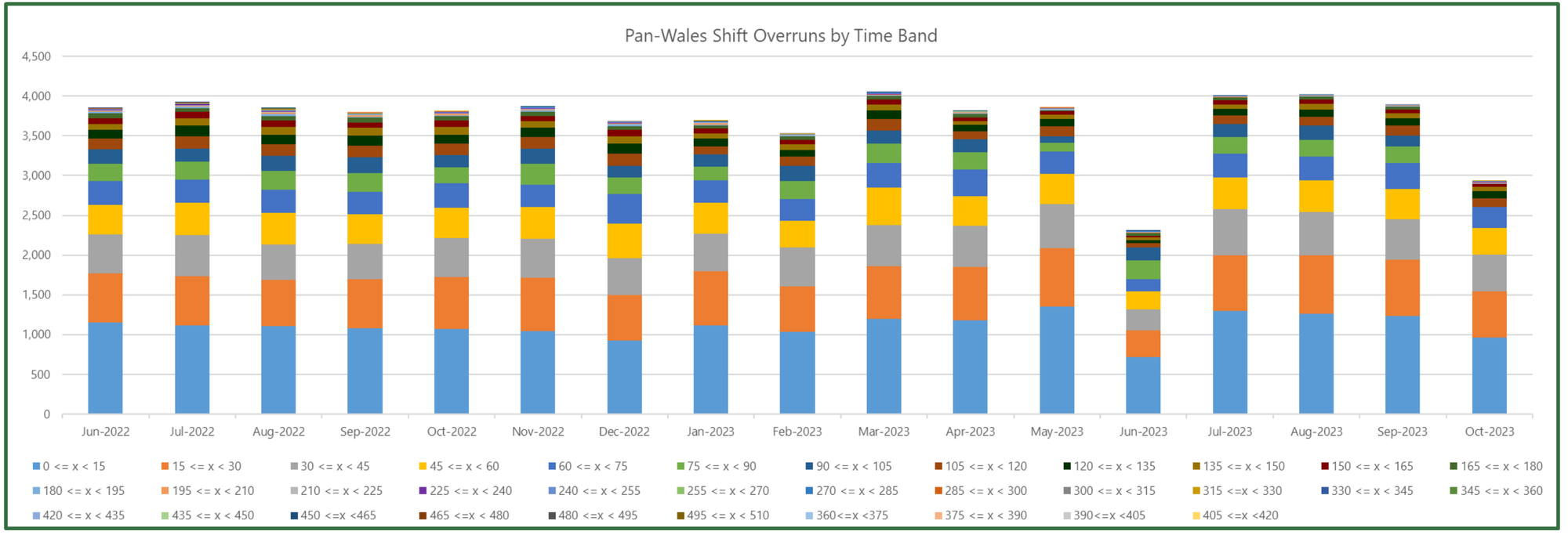
Data source: ESR

Our People
Health and Well-being – Shift Overruns

(Responsible Officer: Angela Lewis)

CI





Analysis

Shift overrun average times have been steadily increasing again following a two year low recorded in June 2023. The average figure for October 2023 was 46 minutes and 36 seconds compared to 44 minutes and 12 seconds in September 2023.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 71.1% of the total. 21% fall within the 61 to 120-minute category, 6.7% in the 121 to 180-minute category, 0.7% in the 181 to 240-minute category and 0.4% in the 241 minutes and over category.

Remedial Plans and Actions

Shift overruns are a key element of staff wellbeing and work is ongoing to mitigate these in conjunction with handovers, as although not shown here there is a clear correlation.

Expected Performance Trajectory

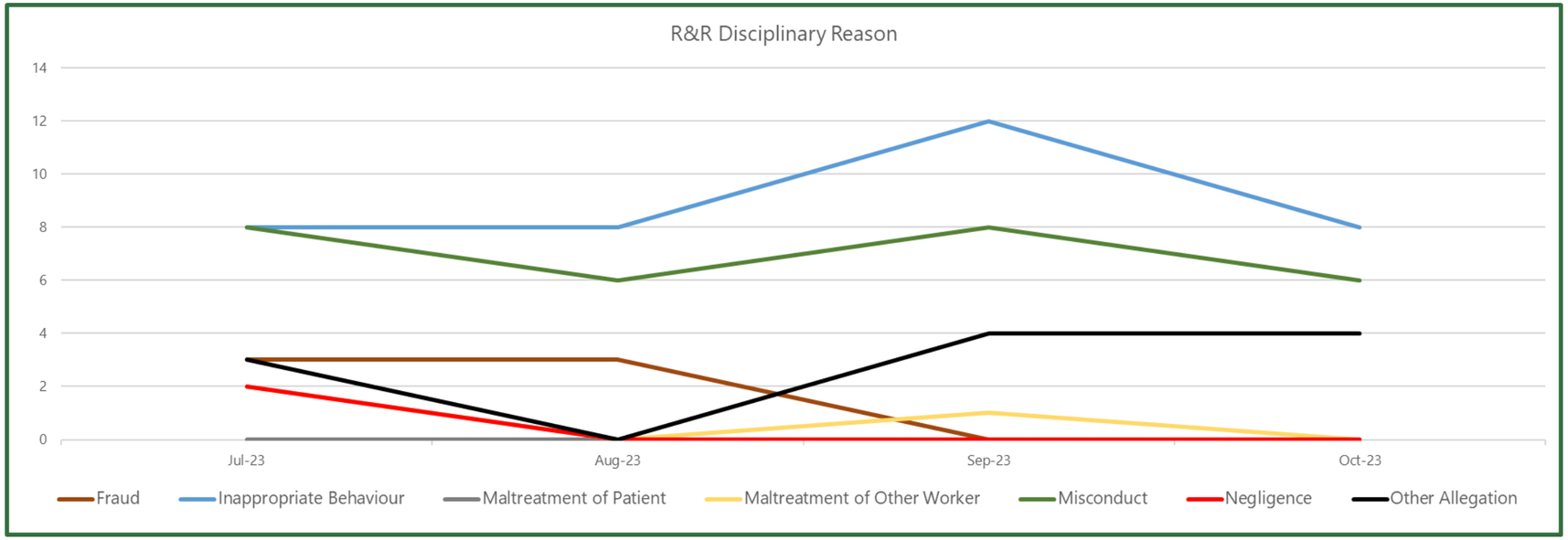
A new People & Culture Plan has been launched and will be supported by an accompanying enabling framework that covers People & Culture Directorate Plans that focus on our people.

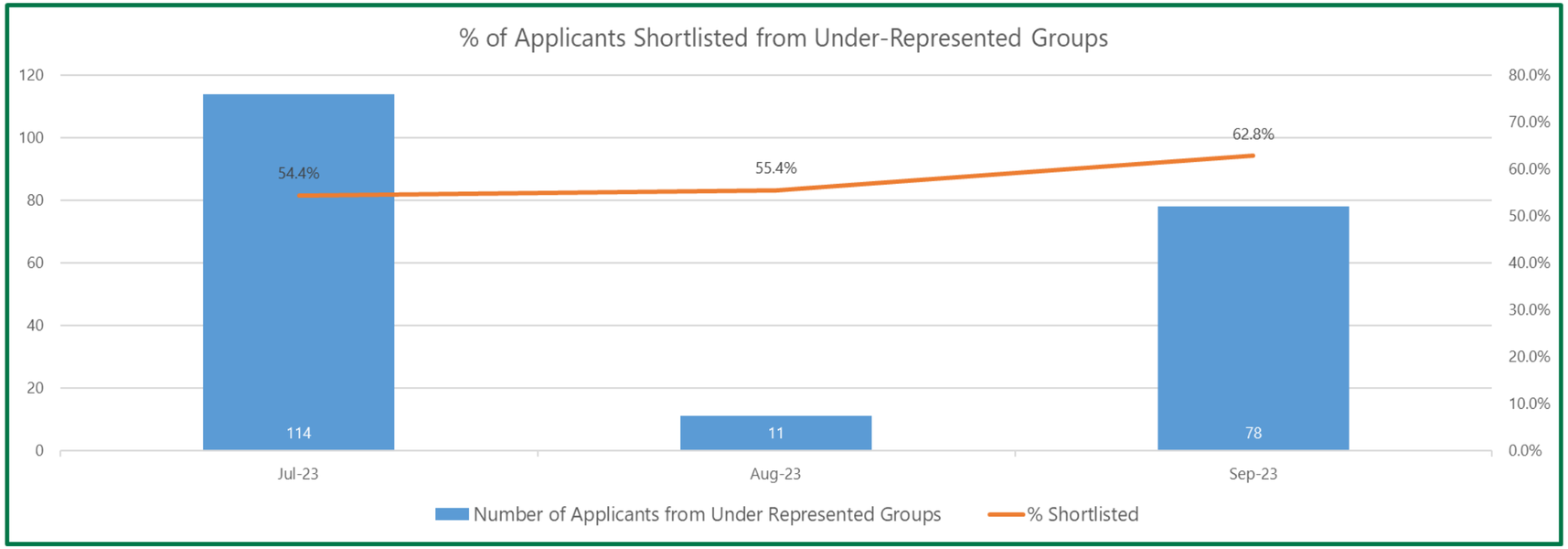
Our People
Culture – Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups

(Responsible Officer: Angela Lewis)

Self-Assessment: Strength of Internal Control: Moderate

PCC





Analysis

There were 22 open formal disciplinary cases recorded at the end of October 2023, a decrease compared to the month of September 2023 where 28 open cases were recorded. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by misconduct.

There were 5 open formal Respect and Resolution cases submitted by employees, which was again a decrease on the 8 cases that were recorded during September.

In September 2023, 62.8% of all applications from under-represented groups made it through shortlisting and were invited for interview. This was an increase from the 55.4% in August 2023, while the volume of applications rose from 11 to 78.

Of the 78 total applications from under-represented groups in September 2023, 38 were in the category of Ethnicity, 18 within Disability and 22 within sexual Orientation.

Remedial Plans and Actions

Continue to monitor. The Trust has a substantial programme of work in place, connected to behaviours.

Expected Performance Trajectory

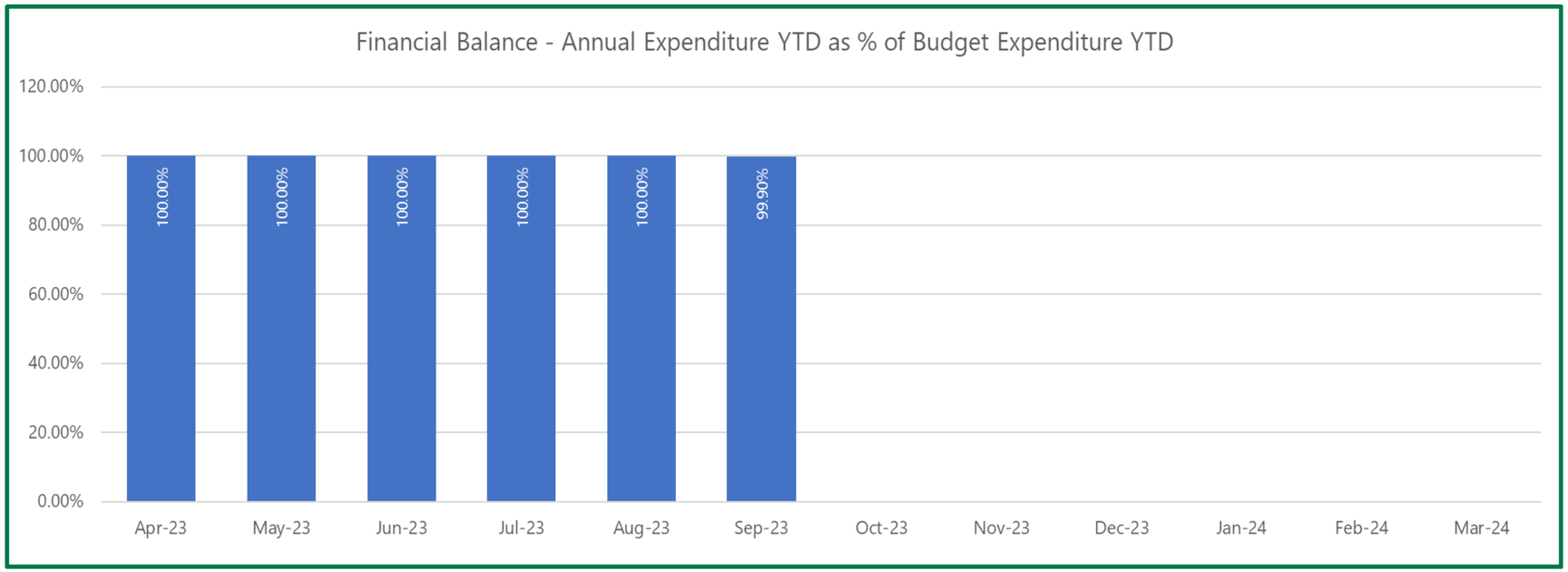
Continue to monitor levels, no trajectory for this measure.

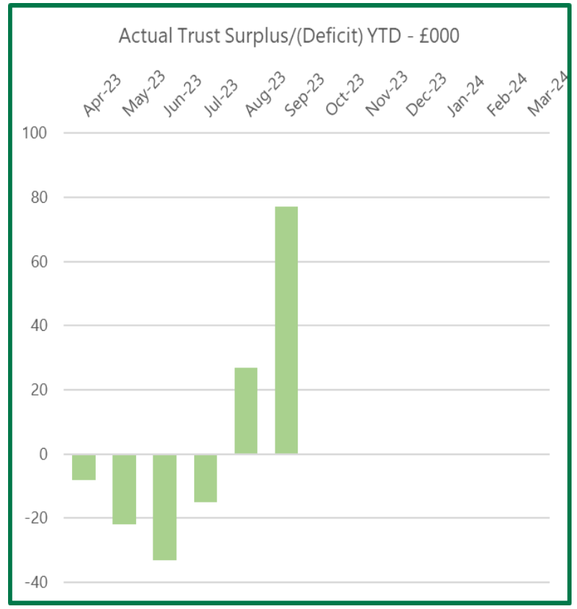
Finance, Resources and Value
Value - Finance Indicators

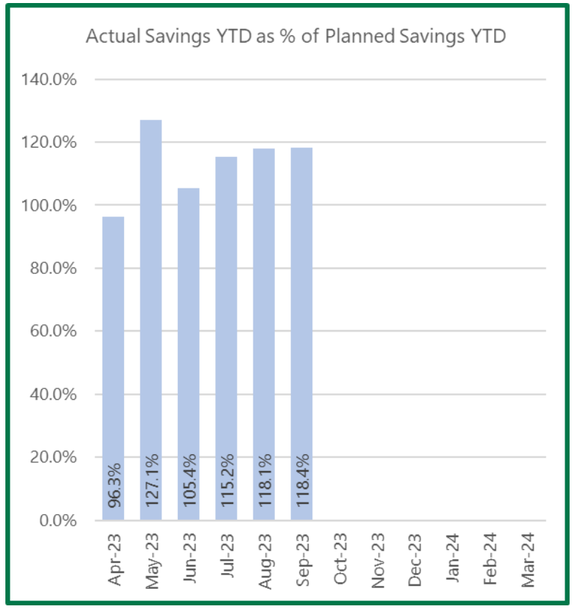
(Responsible Officer: Chris Turley)

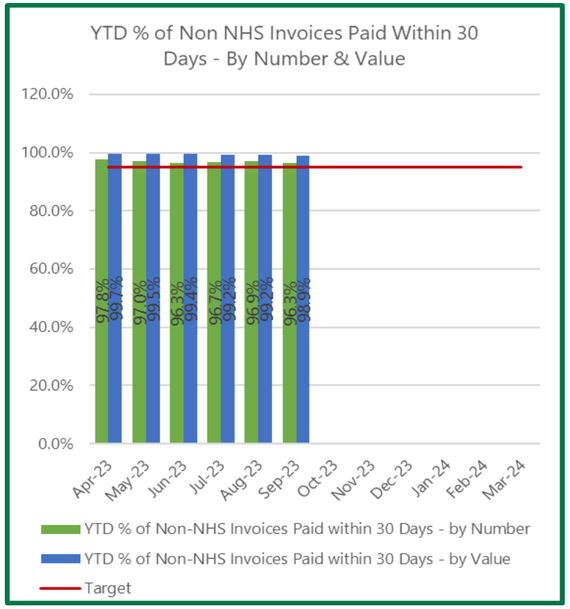
G

FPC









Analysis

The reported outturn performance at Month 6 is a surplus of £77k, with a forecast to the year-end of breakeven.

For Month 6 the Trust is reporting planned savings of £2.615m and actual savings of £3.097m (an achievement rate of 118.4%).

The Trust's cumulative performance against PSPP as at Month 6 is 96.3% against a target of 95%.

At Month 6 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

Remedial Plans and Actions

The Trust's financial plan for 2023-26 has been built on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the 2023-26 financial plan was submitted to WG following Board sign off on 31st March 2023.

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

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

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

Expected Performance Trajectory

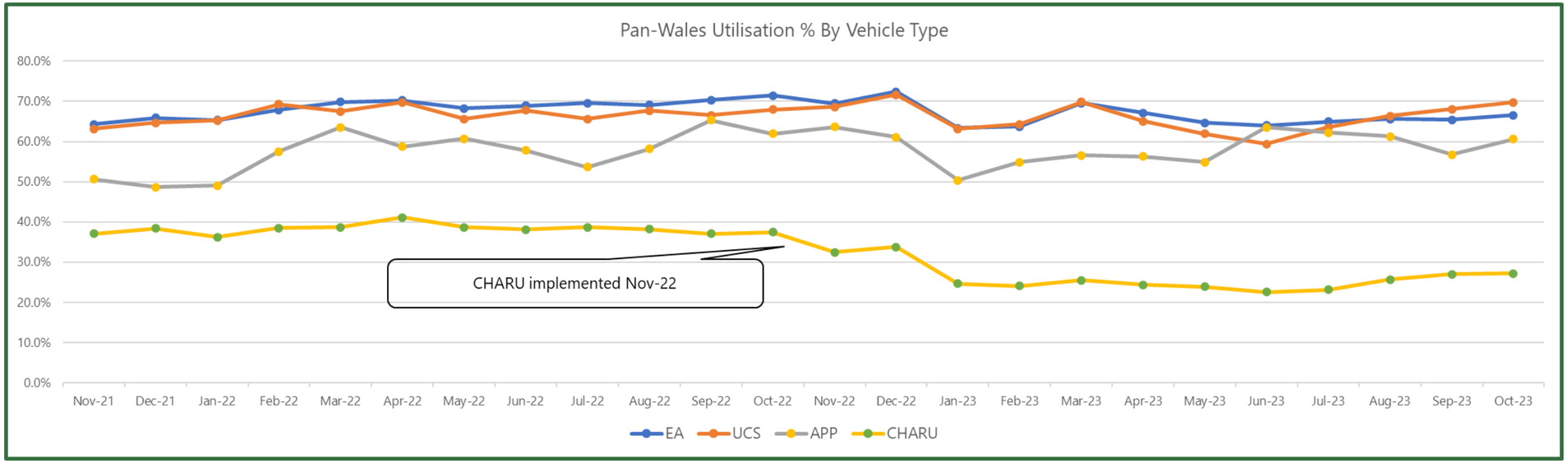
The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2023/24 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver further significant level of savings into the 2024/25 financial year.

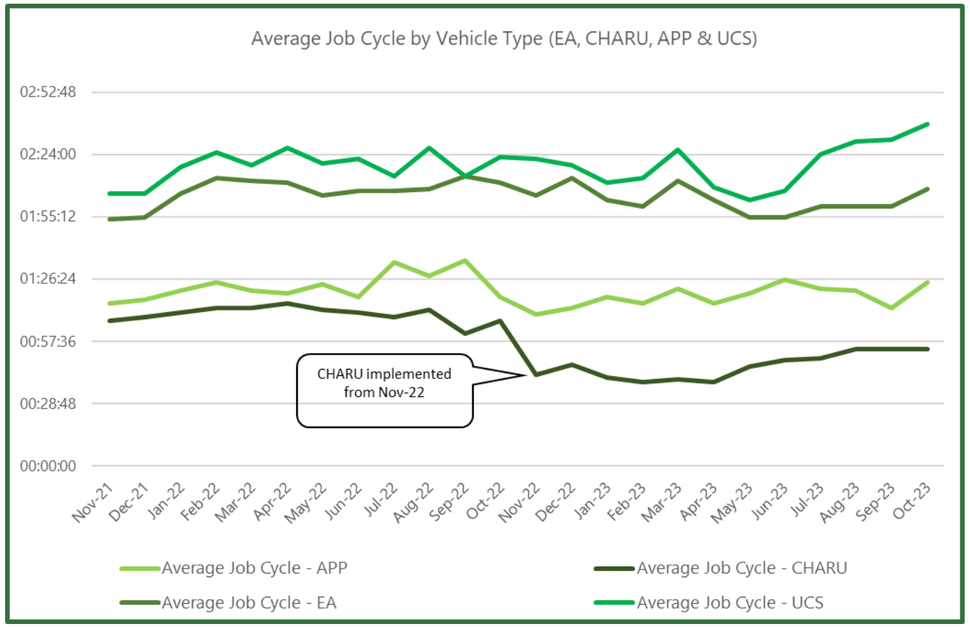
Finance, Resources and Value
EMS Utisation & Average Job/Shift Times

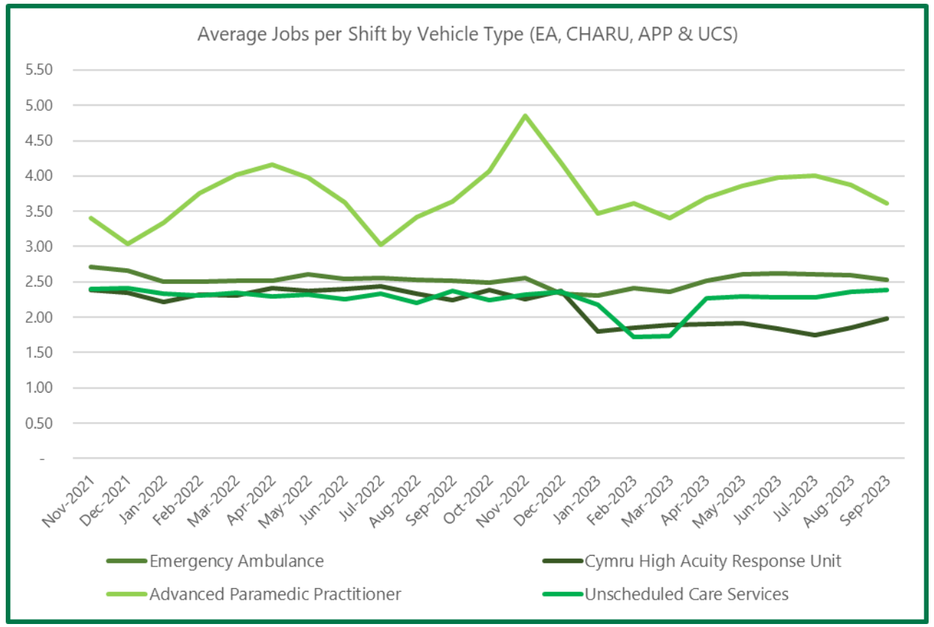
(Responsible Officer: Lee Brooks)

Utilisation
A

FPC







Analysis

Pan Wales Utilisation metrics in October 2023 were 58.5% for all vehicles types, a slight increase from 57.5% in September 2023. UCS achieved the highest rate during the month at 69.7% while EA was at 66.5%. Both have seen a generally stable trend over the past two years. The optimal utilisation rate for EAs needs to lower so that they are free to respond to incoming calls.

As demonstrated in the bottom left graph, the average job cycle in October 2023 increased to 2 hours 8 minutes for EAs, and to 2 hours 38 minutes for UCS crews. CHARUs remained at 54 minutes while APPs increased from 1 hour 13 minutes to 1 hour 25 minutes.

Overall average jobs per shift was 2.36 in October 2023, a decrease from the 2.41 recorded in September 2023. APPs attended on average 3.88 jobs per shift, EAs 2.48 jobs per shift, UCS crews 2.30 jobs per shift and CHARU's 1.92 jobs per shift.

Overall average jobs per shift has remained relatively static with APP & CHARU resources having a job cycle that is half that of a conveying resource.

Remedial Plans and Actions

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

Expected Performance Trajectory

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

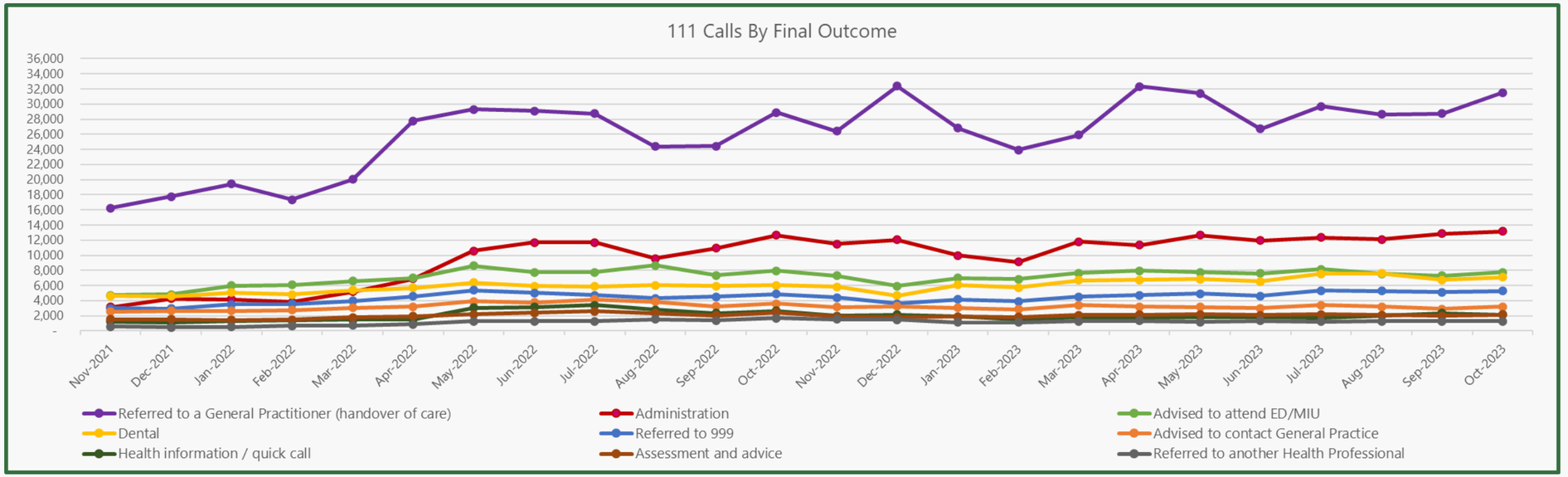
Partnerships / System Contribution
NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

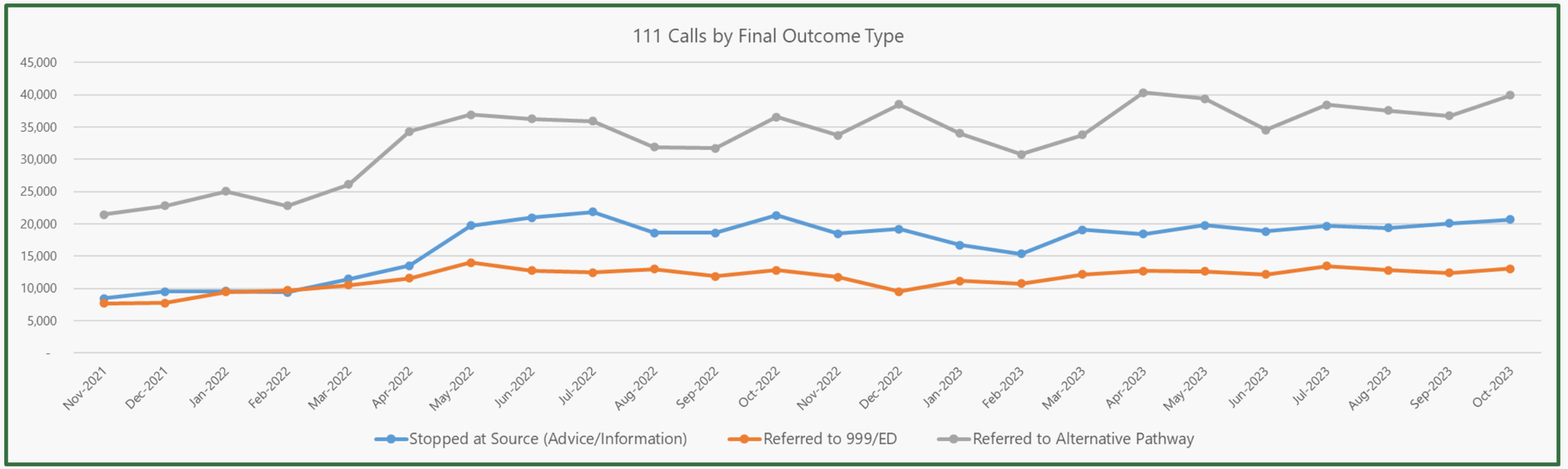
(Responsible Officer: Lee Brooks)

A

FPC

Influencing Factors – Demand and Clinical Hours Produced





Analysis

73,694 calls were received into the 9 categories displayed in the graph opposite during October 2023, an increase compared to the 69,217 received during September 2023. This is the highest volume of calls seen into the service in the past two years.

In October 2023, calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 43% of all calls.

As the bottom graph highlights, in October 2023, 20,713 calls into 111 were provided with information or advice, with no onward referral, an increase from 20,074 in September 2023.

Remedial Plans and Actions

There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST its commissioners and DCHW. The focus is the development of a Nationally reportable 111 data set. Similar to what is currently in place for ASIs. Part of this work involves looking at the reporting of disposition final outcomes.

Expected Performance Trajectory

No performance trajectory is set at this time, as the Trust develops is measures and systems around these metrics. Once these have been developed there will be an opportunity to develop benchmarks. The focus remains to shift left, where it is clinically safe and appropriate to do so.

Partnerships / System Contribution
Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C R

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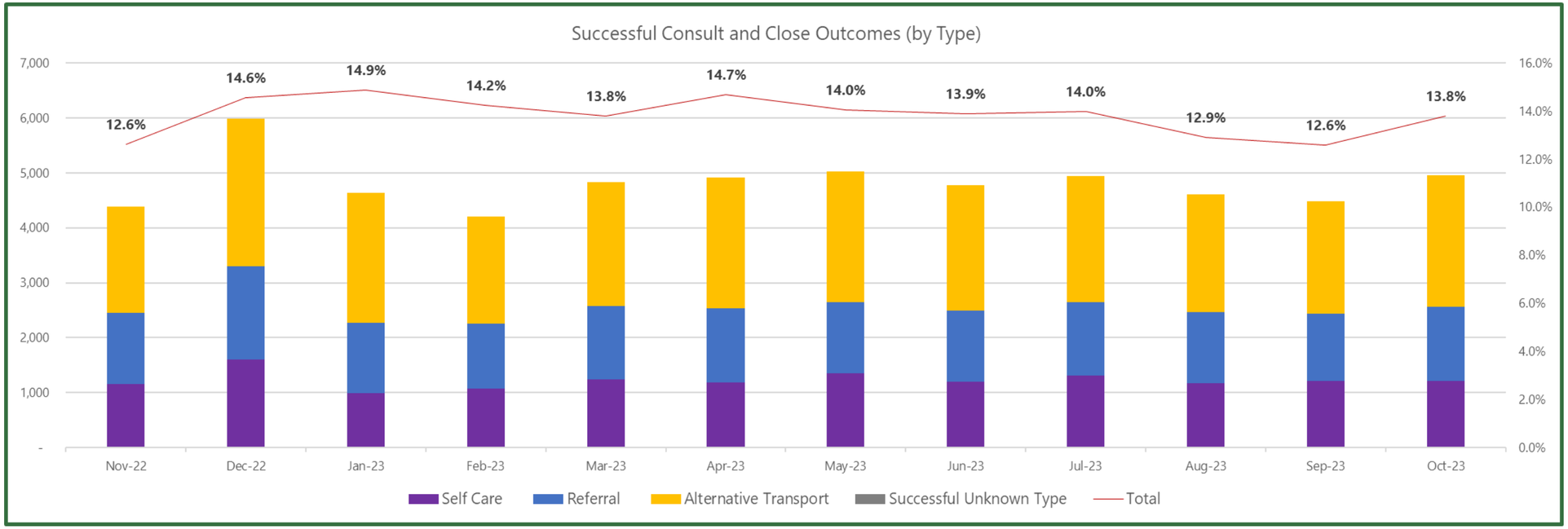
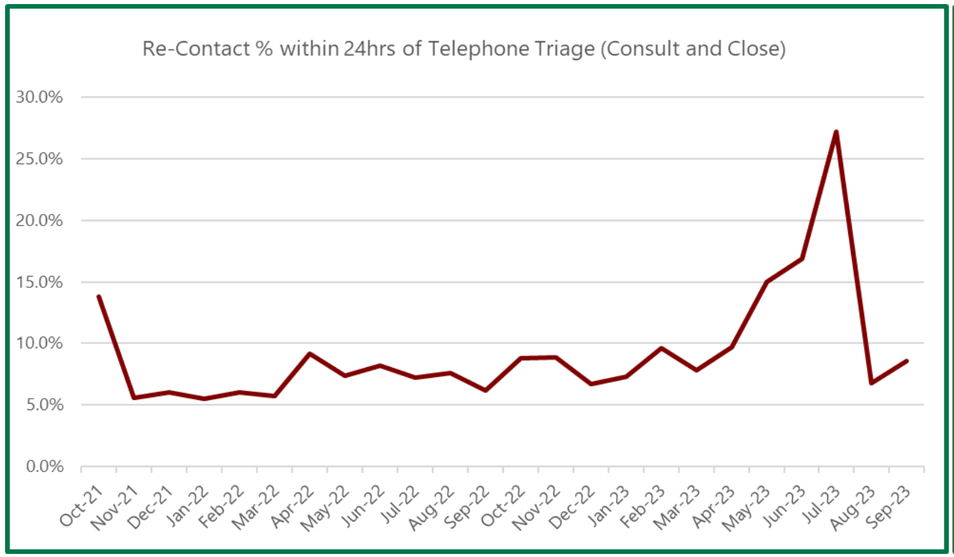
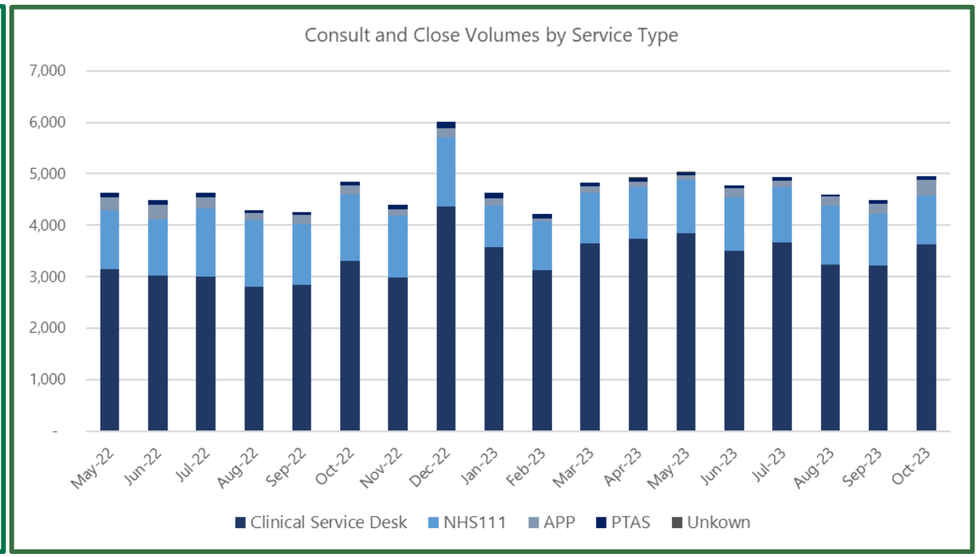






Analysis

Consult and Close, with contributions from Clinical Service Desk (CSD) (10.1%), NHS111 (2.6%), WAST APP (0.9%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.2%) achieved 13.8% in October 2023. This was an increase on the 12.6% seen during September 2023 but remained short of the new 17% target. In October 2023, the number of 999 calls resulting in a Consult and Close outcome was 4,961, up from 4,408 in September 2023.

Of the calls successfully closed in October 2023, 1,217 patients received an outcome of self-care; 1,339 patients were referred to other services (including to Minor Injury Units and SDEC) and 2,403 were advised to seek alternative transport services in order to acquire treatment.

Re-contact rates in September 2023 were 8.6%, a slight increase on the 6.8% seen in August 2023. The sharp spike in July 2023 has been identified to be repeat callers.

Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support which is recognised by those calling
- Reporting still challenging without telephony data
- Failed contact activity from EMSC has reduced
- Progressing process with 111 to pass calls electronically from CSD, saving time
- More staff are at work in CSD
- Additional staff start live this month
- Work commenced on PDSA for CSD First

Expected Performance Trajectory

With the increase in staff attendance and changes to processes October's Consult and Close was the 4th highest on record at 4,961 patients, which was 13.8% of verified 999 activity. A further improvement is expected, but the 17% ambition looks more distance currently.

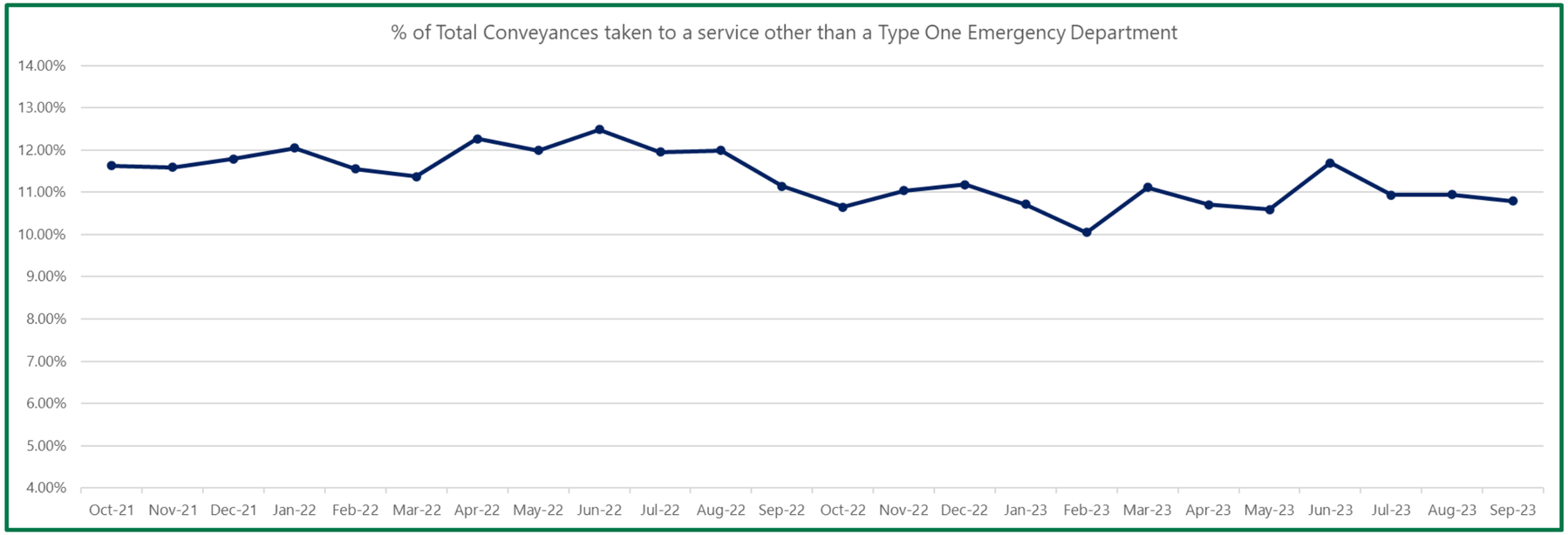
Partnerships / System Contribution
Conveyance to ED Indicators

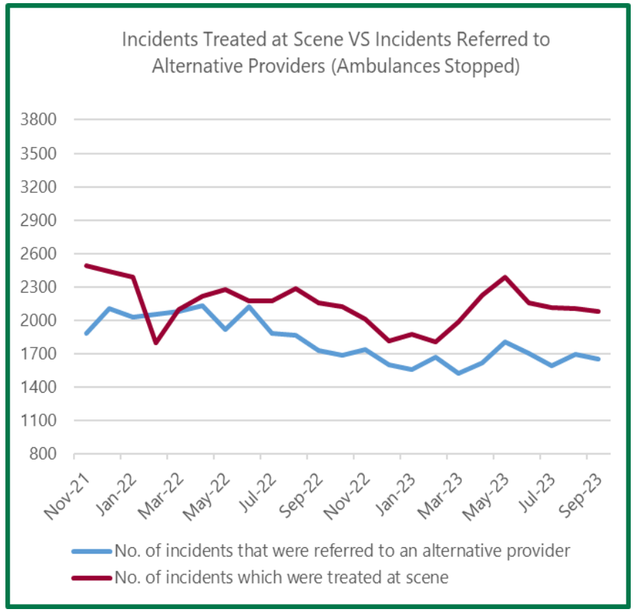
(Responsible Officer: Andy Swinburn)

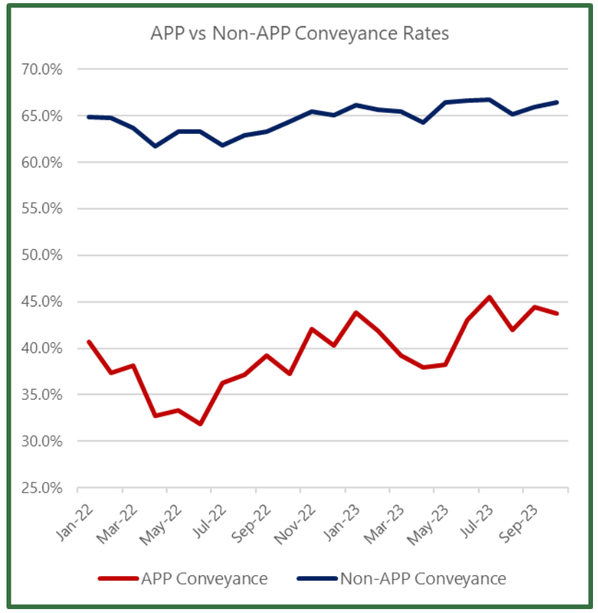
A

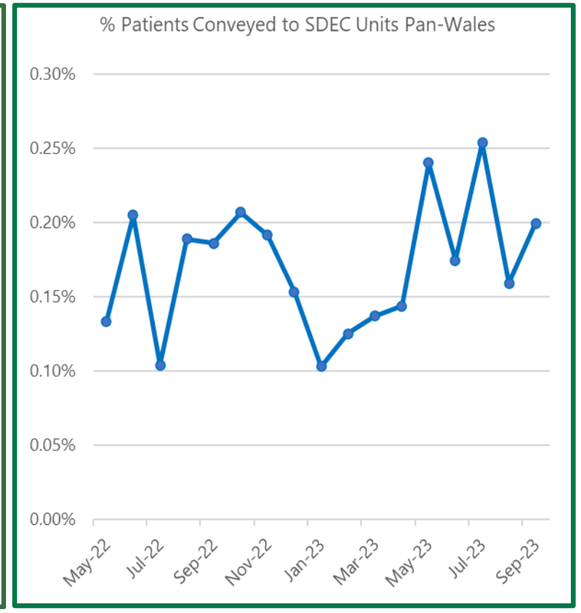
FPC

Ministerial Measure









Analysis

In September 2023 10.79% of patients (1,579) were conveyed to a service other than a Type One ED, while 36.65% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers decreased slightly, from 3,752 in August 2023 to 3,642 in September 2023.

APP conveyance rates decreased slightly to 43.7% in October 2023, although there has been a general increase seen in recent months due to increased levels of CSP, which results in patients choosing to transport themselves to the ED, with only patients who do not have this ability (usually sicker) receiving a response.

Remedial Plans and Actions

The Trust has modelled the use of same day emergency care (SDEC) services and identified that they could take an estimated 4% of EMS demand; it is currently less than 0.5%. The percentage increase in conveyance to services other than EDs is a Ministerial Priority. The Trust's ability to improve this figure is dependent on pathways that are open to the Trust such as SDECs.

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

Expected Performance Trajectory

The Trust has completed modelling on a full strategic shift left, which identifies that the Trust could reduce handover levels by c.7,000 hours per month, with investment in APPs and the CSD; however, the modelling indicates that handover would still be at 10,000 hours per month. Health Board changes are required as well. This modelling indicates a reduction in patients conveyed of 1,165 per week but is predicated on large scale investment in APPs (470 v starting position of 67).

Partnerships / System Contribution Handover Indicators

(Responsible Officer: Health Boards)

R

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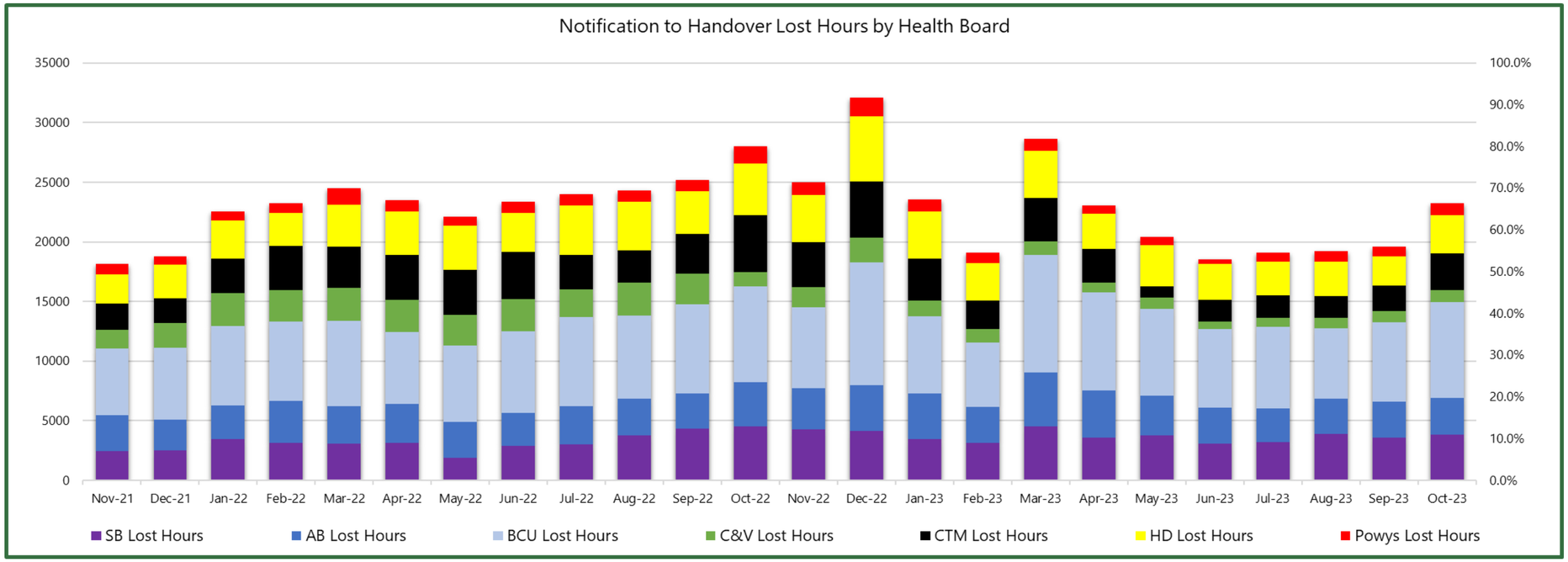

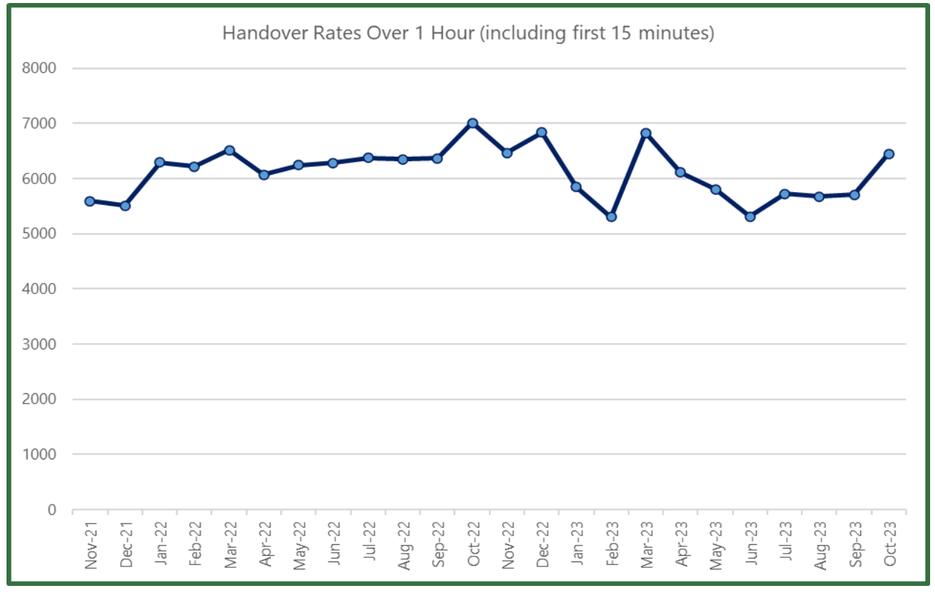

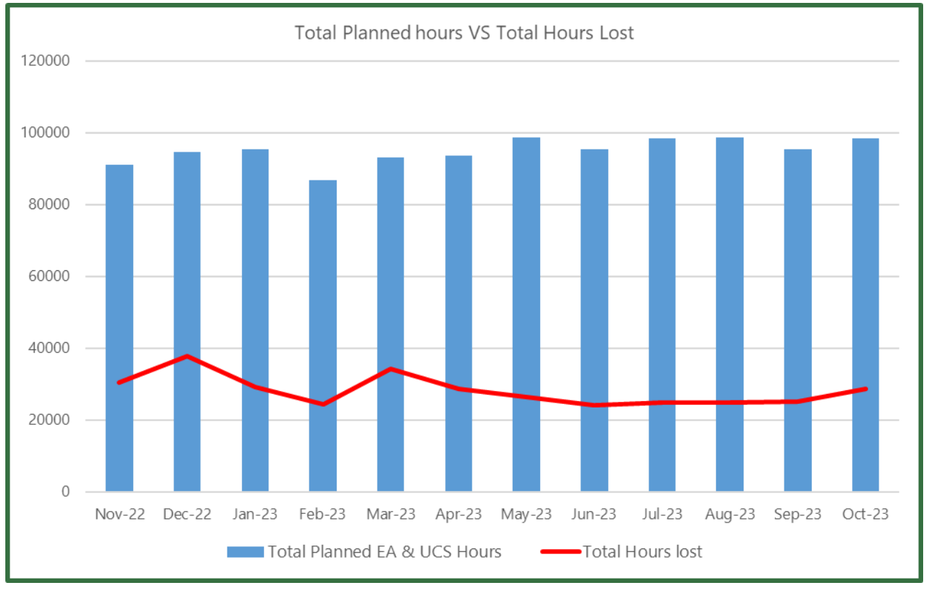

Analysis

271,588 hours were lost to Notification to Handover, i.e., hospital handover delays, over the last 12 months (Nov-22 to Oct-23), compared to 278,469 over the same timeframe the previous year. There were 23,232 hours lost in October 2023, an increase from the 19,610 lost in September 2023. This is the fourth month in a row the figure has increased, although levels remain below where they were during the same period last year.

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

- Morriston Hospital (SBUHB) at 3,647 lost hours
- The Grange University Hospital (ABUHB) at 2,837 lost hours
- Wrexham Maelor Hospital (BCUHB) at 3,657 lost hours
- Glan Clwyd Hospital (BCUHB) at 2,380 lost hours

Notification to handover lost hours averaged 749 hours per day during October 2023 compared to 654 hours a day in September 2023.

In October 2023, the Trust could have responded to approximately 7,319 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

Remedial Plans and Actions

Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to EASC, Health Boards and to Welsh Government / Minister, and this will continue through the year as we seek to influence and put pressure on the system to improve. Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the COVID-19 pandemic.

The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR).

Expected Performance Trajectory

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

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

Partnerships / System Contribution

Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

R

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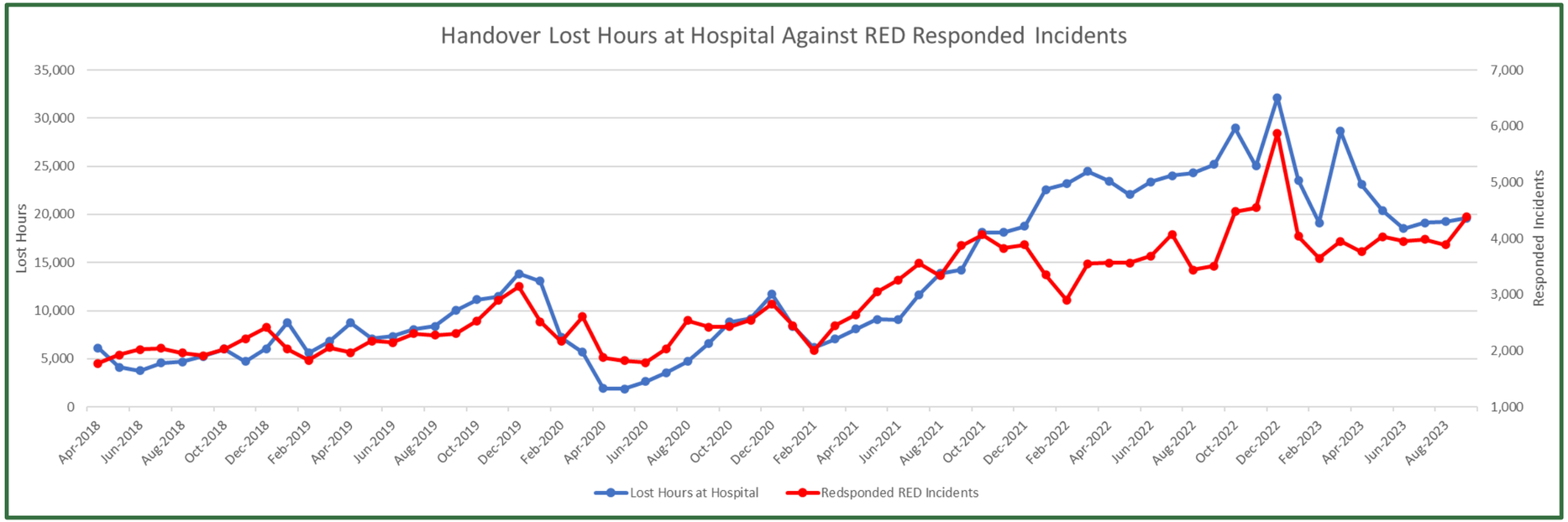

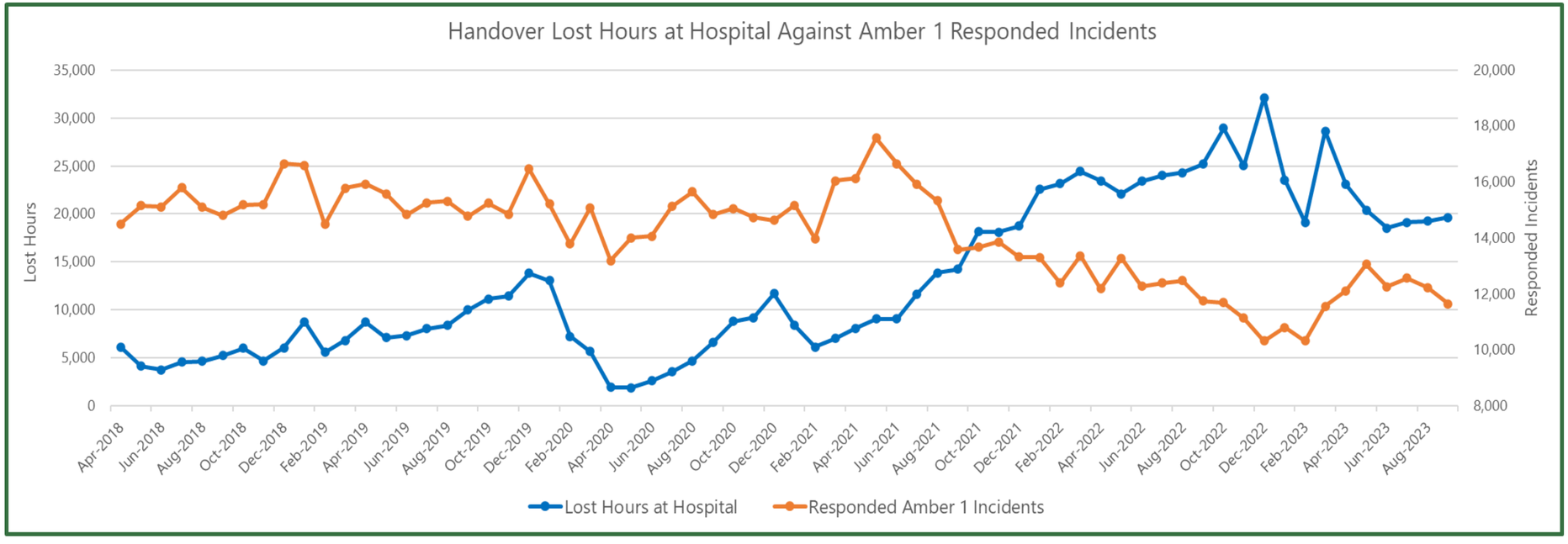

Analysis

The top graph highlights that as handover lost hours have increased since May 2021, so too have the number of Red incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system. However, as the bottom graph illustrates, as the response to Red increases, there is an impact on Amber 1 responses, particularly at times of high demand, such as during December 2022. During these periods, the number of Amber 1 incidents attended decreases, notwithstanding that some of these patients within the Amber 1 category will still be seriously ill.

The bottom graph also highlights that as lost hours have increased since mid-2021, so Amber 1 responses have declined, due to the increased system pressures. However, as lost hours reduced during the first half of 2023, so Amber 1 responses increased, from 10,326 in December 2022 to 13,055 in May 2023. Therefore, it was possible to see the reduction of pressure within the system and subsequent performance improvement through the Amber 1 metric.

Remedial Plans and Actions

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

Expected Performance Trajectory

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

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

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

Definition of Indicators

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

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

DIGITAL REPORTING

MEETING	Finance & Performance Committee
DATE	13th November 2023
EXECUTIVE	Jonny Sammut, Director of Digital
AUTHOR	Leanne Smith, Assistant Director of Digital
CONTACT	leanne.smith4@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report brings to the committee the second publication of Digital Key Performance Indicators (KPIs) relating to Data & Analytics, ICT Systems, Service Provision and IMTP contributions.

2. The data in this report refers to the period of 1st April-23 to 30th September-23. Note that some metrics are still in development, and will continue to evolve as new systems come online, risks are identified, and internal audits make recommendations for areas of focus.

3. For each committee meeting a spotlight into a different area of Digital will be offered. This November report spotlights recent enhancements in the Directory of Services (DOS). For the purposes of this report, 'DOS' refers to the database, integrations and front end tooling which collectively provide users information on community and primary care based services (e.g. opening times, location, services provided etc).

   RECOMMENDED: The COMMITTEE are asked to NOTE the contents of the accompanying report and the trends in metrics presented.

KEY ISSUES/IMPLICATIONS

Not applicable.

REPORT APPROVAL ROUTE
Digital Leadership Group – 18th October 2023

REPORT APPENDICES
Main report – 'Digital Reporting Nov23_Open FPC'.

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

Digital: Data & Analytics

Data Lifecycle

The 8 stages of the data and analytics lifecycle and related metrics.

Data Warehouse completion (reduction of manual data sets e.g. for MIDPR)

Records Requests

Metric in development

Warehouse availability

Metric in development

Information Requests Received vs Completed

Turnaround for non-trivial tasks (avg days)

Total Data Load Failures

Data Protection & Data Quality metrics found in Information Governance and Security Report

Digital: ICT Systems

System availability metrics

N.B. these are not reflective of SLAs, and do not yet differentiate supplier issues & resolutions

Definitions based on industry standards
- ≥3.22 mins downtime = <99.99%
- >4.32 and <21.6 mins = <99.9%
- >21.6 mins downtime = <99.5%

EMSC
CAD C3

999
SMS
Telephony

NEPTS
CAD Cleric

CSD
ECNS
Lowcode

ePCR
Tensqaure

111
CAS

111
Telephony

Digital: Service Provision

Quality, efficiency, and stakeholder feedback: SEPT 23

ICT Service Desk

28 Service Desk hours saved in Sept through use of 'BFA'

This is double the saved hours from July and August (which was 14)

With overall demand up +30% since July & August

Top 5 September Service Desk Requests
- 30% Service Requests
- Password Resets
- iPad functionality issue
- Laptop issue
- Post mobile data issue
- Total requests

94% Incidents resolved within target

97% Requests received within target

Records

RPA for PCR requests saved people hours in Sept 2023

12 Metrics in development following internal Audit recommendations

HI Help Desk

Avg + Sept Information Requests

Total requests

Same day turnaround of 'quick' tasks

55%

S.E. July = 55%, August = 45%

111 Website

59% average engagement rate

Engagement = users with a session >10 seconds, or conversion event, or >1 screen/page views

Average engagement time via mobile and desktop

~1 MINUTE

Digital Contribution 23/24

Digital Patient
- Digital Medicines
- 111 Website
- CSC

Digital Workplace
- MDVS Pilot
- MDVS Rollout
- 111 IIS
- Automation

Intelligence through Data
- Data Linkage
- Q&PMF reporting
- MSc Projects

Digital Foundations
- CRS
- 999 Upgrade
- ECNS Upgrade
- Estates / Fleet

Our People
- Dig Experience
- Dig Champions

See IMTP trackers (STR) for action & milestone based progress.

RAG and progress based on LDP
Last updated 10th October 2023 by DLG

Digital: Spotlight

Directory of Services (DOS)

Latest digital enhancements to DOS

Context
- Challenges with the current single data feed for Pharmacy information services within the DOS resulted in **poor feedback received from DOS users & service users** and affected the content on the 111 website.

What's New
- Working with Health Boards, WAST Digital's applications team have merged a second data feed for Pharmacy information services with the existing feed. This additional feed is a **live view of availability for 5 key pharmaceutical services** (Common Ailment Service, Emergency Medicines Supply, Emergency Contraception, Independent Prescribing, Sore Throat Test and Treat) and is surfaced internally and externally via the DOS interfaces to more **effectively support referrals** into community pharmacy services.

Benefits
- More **accurate patient-facing information** on the 111 website, reducing the need for public to ring 111.
- More **accurate signposting** from NHS 111 Wales for key / highly utilised pharmaceutical services.
- **Reduction in call backs** to the NHS 111 Wales service due to lack of provision, e.g. sore throat test and treat availability.
- More accurate **signposting to GP OOHs** with email details included and direct access to pharmacies.
- Better patient journey **& experience**

Future Opportunity
- This use case demonstrates the value of greater use of the DOS APIs as had been developed within the 111 IIS programme.
- Integration with ECNS.
- Improved interface with 111 website.
- Development of an All Wales DOS using this foundation.

Digital: People

Page in development

AGENDA ITEM No	**15**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**0**

Business Continuity Annual Report

MEETING	Finance and Performance Committee
DATE	13th November 2023
EXECUTIVE	Lee Brooks, Executive Director of Operations
AUTHOR	Clare Langshaw, Head of Service, EPRR & Specialist Operations Judith Bryce, Assistant Director of Operations
CONTACT	clare.langshaw@wales.nhs.uk

EXECUTIVE SUMMARY

Business continuity is the ability of an organisation to continue the delivery of services to a pre-agreed level during disruption. Commissioning, the Civil Contingencies Act (2004), best practice guidance and supporting documents dictate and guide how the Trust should mitigate risks and prepare for the need to respond to issues, maintaining core services and activities.
The Trust has a Business Continuity Management System (BCMS) which continues to develop and adapt with the organisation. This report covers WAST BC activity for 2022 to 2023.

KEY ISSUES/IMPLICATIONS

Whilst progress has been made in the development and testing of plans and processes, it is acknowledged that there is more to do to develop a more mature BC culture across the Trust. Work is therefore required to review the governance and overriding structure that is needed in order to fully embed BC within the Trust. Currently departments review their own areas and assess them against their business continuity plans; however, this does not give appropriate support to other departments, senior oversight and ownership and does not necessarily provide a robust overview of the Trusts preparedness at a sufficiently senior level.
It is recommended that Committee:

RECOMMEDED: The Committee RECEIVE and DISCUSS the governance and assurance of business continuity and progress over the last year, noting that the Executive Leadership Team have been asked to approve the recommendations in the paper.

REPORT APPENDICES
N/A

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

Situation

1. Business continuity is the ability of an organisation to continue the delivery of services to a pre-agreed level during disruption. Commissioning, the Civil Contingencies Act (2004), best practice guidance and supporting documents dictate and guide how the Trust should mitigate risks and prepare for the need to respond to issues, maintaining core services and activities.
2. The Trust has a Business Continuity Management System (BCMS) which continues to develop and adapt with the organisation. This report covers WAST BC activity for 2022 to 2023.

Background

1. BC plans including Severe Weather, Pandemic, REAP, and CSP have been in place for a period of time, used during business as usual and in disruption. They have been reviewed and updated. The Trust have also held departmental BIAs and BCPs; during the COVID-19 pandemic it became apparent that there are multiple interdependencies, and these are starting to be recognised in business continuity discussions.

2. Incidents such as the cyber-attack on Advanced (the provider of Adastra), telecoms outages affecting EMS-C, and Industrial Action have tested WASTs preparedness to response to disruption.

Assessment of the current position

1. Business Continuity and the recognition of the benefit of early declaration of a Business Continuity Incident, is becoming more prevalent in management structures and is also being highlighted in debriefs. The Trust benefits from building on this experience to further explore how business continuity management can assist 'normal' working by strengthening process design, implementing fallback options, and recognising the effect of the loss of key staff, systems, and infrastructure.

2. Whilst progress has been made in the development and testing of plans and processes, it is acknowledged that there is more to do to develop a more mature BC culture across the Trust. Work is therefore required to review the governance and overriding structure that is needed in order to fully embed BC within the Trust. Currently departments review their own areas and assess

them against their business continuity plans; however this does not give appropriate support to other departments, senior oversight and ownership and does not necessarily provide a robust overview of the Trusts preparedness at a sufficiently senior level.

3. The Trust has been working towards a process for system mapping ICT structures to pinpoint single points of failure, interdependences, and recovery priorities. Some of these have been noted through incidents (PSBA and Adastra failures) and others through exercises (Exercise Mighty Oak - a 3-day national power outage session up to and including UK Government level), and mitigation is included in the ICT Disruption Plan. This is however, an iterative process as we continue to explore and understand the impacts of disruption and reliance on technology.

4. Business continuity plans, particularly risk specific ones such as Power Outage, have been created by the EPRR Team in conjunction with those departments who could potentially be affected. The management structure in each plan reflects the structure as shown in the Incident Response Plan. Departmental plans will reflect this at an operational, department-specific level, through the use of action cards and roles/responsibility lists.

5. The EPRR Department remain available to support all departments and directorates in the creation and review of their documents. The responsibility of completion and ownership however remains with the departmental BC Lead as the subject matter expert for their role.

1. Introduction

1.1 The Trust encounters business continuity challenges on a regular basis, from adverse weather, IT interruptions and system loss, events during seasonal pressures, and the pandemic. The Trust is recently recovering from the COVID-19 pandemic, whilst new challenges brought by Industrial Action have further tested the Trust's ability to provide the services to the public for which we are commissioned, and system delays continue to cause thousands of lost ambulance hours.

1.2 Risks and issues do not occur in isolation. The Trust has been able to meet these concurrent issues due to strong decisive leadership, a structured management process, with staff working together toward common goals. In accordance with duties afforded to WAST as a Category 1 responder under the Civil Contingencies Act (2004), risk assessments, planning, and exercises have taken place to ensure there is a robust response and recovery process in place, with space for learning and innovation.

1.3 This report highlights the current status of business continuity across the Trust and provides recommendations to improve processes and mature the system.

2. Business Continuity Management Systems (BCMS)

2.1 Business continuity is the ability of an organisation to continue the delivery of services to a pre-agreed level during disruption, and then recover. To achieve this, potential outcomes (risks) are identified and mitigated, and plans put in place to manage them should they become realised (issues). A mature Business Continuity Management System (BCMS) provides numerous advantages to the organisation:

- Increases an organisation's ability to continue to operate during a period of disruption
- Processes help give staff a better understanding of the organisation
- Provides an environment where improvement can occur

2.2 At a strategic organisational level, risks are generally grouped as:

- Political
- Legal

- Economic
- Socio-cultural
- Technological
- Environmental
- Reputational

2.3 At a delivery level we look at disruption to:

- People/Staffing
- Premises/Estates
- Technology
- Fleet
- Utilities
- Information
- Supplies

2.4 To identify and understand the risks, a business impact analysis (BIA) is undertaken to identify what the business delivers, and detail the processes associated with the 'critical activities' required. Risks identified as part of the BIA should be recorded as per Trust policy including mitigation. Mitigation takes the form of designing systems to be resilient, and writing, sharing and testing of Business Continuity Plans (BCP) to be used should a disruption occur.

2.5 WAST as a Category 1 responder under the Civil Contingencies Act (2004) and Regulations (2005), has a duty to ensure we have business continuity plans in place. There is no requirement for the Trust to be accredited to International Standard ISO22301 although the BCMS is based on this framework as good practice. A BC Teams channel has been created which stores departmental documentation. Most, if not all departments across the Trust have either a BIA or BCP or both, although as described in 3.7 below, this documentation was last reviewed in 2020 so there is currently no assurance that they are current. There are however, a significant number of documents stored within the channel.

2.6 Welsh Government emergency planning documentation[1] gives the Chief Executive Officer the responsibility of ensuring policies and plans are in place to comply with the Civil Contingencies Act (2004). Welsh Government request an annual report to provide assurance that the following are considered and/or in place:

- BC arrangements considered and adopted by the Executive Board
- Arrangements for reducing the risk of:
    - cyber attacks

[1] NHS Wales (2015) Emergency Planning Core Guidance

    - ICT disruption
    - power outages
- Major incident planning
- 24/7 activation and response systems
- Appropriate training, testing and implementation arrangements
- Co-operation and coordination with stakeholders
- Meeting the duties under the Civil Contingencies Act (2004)

3. Audit and assurance

Audit

3.1. Audits have taken place across the Trust which have either looked directly at BC, or aspects that have links into BC. As part of the auditing of the annual accounts and the structured assessment process, Audit Wales include an annual review of the ICT Infrastructure and its capabilities. ICT provide details of BC Plans, exercise reports, recovery logs, hardware records, security arrangements including cyber incident response. Findings from the structured assessment are recorded on the audit tracker.

Business Continuity Steering Group (BCSG)

3.2 The BCSG is the principal mechanism for management review of the BCMS and informing senior leaders about emerging BC issues. The meetings are held quarterly and chaired by the Trust BC Lead (Locality Manager, EPRR). Each directorate has identified a Business Continuity representative who takes the lead in coordinating arrangements for their department.

3.3 The group reviews the BCMS as a whole and shares incident and exercise learning. Departments and directorates are required to review their BIAs and BCPs annually, and after any incident to make amendments where required. Risk specific plans are also provided to the group for comment to ensure they have a Trust-wide view.

3.4 The Trust may benefit from a more formal requirement of the group, the seniority, knowledge and experience of the attendees, and a formal governance and reporting route. The BCSG is a Trust-wide group that extends beyond Operations, so a suitable governance route would be required to encompass all Trust wide departments. This could therefore be considered a suitable responsibility for ADLT – the Assistant Directors Leadership Team given that this

is a Trust wide responsibility. This option will be explored over the coming months.

3.5 Departments should be represented at a minimum of 75% of the meetings (3 or more) across the year. This could be the BC Lead for the department, or a deputy, but it should be someone with a working knowledge of both their department and the BC arrangements. Attendance at the meetings is recorded showing departmental engagement and, where it falls short of the recommendation from the audit the relevant Assistant Director is notified. Departments were represented differently in 2022 with EMS Operations being represented by a Senior Operations Team (SOT) representative rather than individual areas, hence the difference in numbers. Despite this, it does show a slight increase in attendance.

Percentage of meetings attended	**2021**	**2022**
0	5	2
25	7	2
50	5	9
75	5	4
100	3	5
Missed 2 consecutive meetings	15	9

3.6 As part of their remit to ensure the Trust meets its civil contingencies obligations, the EPRR team are available to support all departments and directorates in the creation and review of their documents, processes and systems. Whilst assurance and support is provided by the EPRR team, the responsibility of completion and ownership however remains with the departmental BC Lead as the subject matter expert for their role.

3.7 Most of the BIA and BCPs on the Teams Channel were last reviewed in 2020. This is not to say they have not been reviewed, simply that they are not in the channel. This has been noted as an area of improvement and was raised at the recent BC Steering Group to be addressed going forward. This should take the form of a Q4 2023/Q1-2024 plan to review the status of departmental

documents and ensure all areas have a current, reviewed BIA/BCPA which has been stored and is accessible on the Teams channel.

4. Business Impact Analysis and Risk

4.1. A business impact analysis (BIA) is undertaken to identify

- what the business delivers
- the 'critical activities' required
- potential outcomes of disruption
- required staffing levels
- interdependencies,
- risks if any of these things are interrupted

4.2. To understand the organisation and plan for potential disruption, the key deliverables and processes need to be identified at an organisational level. By identifying the key products and functions, the critical activities (activities that must be performed to make the products/functions successful) can be described and understood. This would take into consideration the Trust strategy and the plans set out in the IMTP.

4.3. Risks identified through BIAs are recorded, communicated to the relevant departments and dealt with holistically. The Trust would benefit from tighter linking of business continuity risk discussions and corporate risk. Risks held on the risk register should both drive and be driven by business continuity. The Risk Management and Board Assurance Framework recognises the risks of not being able to reach patients in the community, links with hospital delays, staff absence, lack of fallback sites, and loss of critical systems; Effective business continuity processes could mitigate some of the identified risks if effectively implemented.

4.4. As workstreams develop across the Trust and work continues on areas such as digital platforms, communication through the 'digital first' vision, 111 website, data harvesting from e-PCR and remote clinical triage system (ECNS), developing remote clinical assessment capacity and capability and e-timesheets, these systems and processes will need to be taken into consideration in the relevant departmental BCPs and any revisions of critical systems plans.

5. Incidents

5.1 Debriefs from BC incidents (BCI) are recognising that early declaration of a BCI brings together an effective management structure including specialists who can deal with the cause while the rest of the structure deals with potential impact.

National BC concerns

5.2 The updated National Risk Register (2023) includes aspects such as fuel disruption, industrial action, local and national power outages, and cyber-attacks in addition to terrorist attacks, transport accidents and fires. Ongoing pressures on the health and social care system could negatively impact our ability to deliver an appropriate service to the communities we serve and breach both our commissioning contractual obligations and legal duties under the CCA (2004).

By further reviewing the current business continuity management system and engaging at a senior level to promote clear governance and accountability, the Trust will be in a better place to mitigate risks to be faced in the future.

5.3 WAST took part in a national, strategic, group of multiagency partners to identify and mitigate risks over the winter period 2022-2023. Risks included weather, surge and capacity across health systems, industrial action, power outage and cyber-attacks. Similar health-led meetings have begun for the 2023-24 winter period identifying issues that may impact on the Trust. These include a surge in paediatric respiratory illnesses and a new strain of Covid-19.

5.4 At a local level, similar groups reviewed these risks tactically and operationally, and WAST participated in this process.

Senior BC Planning Team (SBCPT)

5.5 This group was in place over the 2022-23 winter period, convened to focus on concurrent risks across the winter, including surge and capacity, adverse weather, potential power outages, and industrial action. The Chair held responsibility for ensuring business continuity in light of these risks.

5.6 The Industrial Action sub cell reported into SBCPT to maintain situational awareness and a shared understanding of risk. The cell was chaired by the

Senior Work Transformation Manager for People Services, whilst the sub-group to deliver planning and actions associated with the industrial action dates was chaired by the Head of Service, EPRR.

5.7 Facilitation of staff's right to take part in Industrial Action has been a regular business continuity focus across the Trust since November 2022. Industrial action is covered by consequences including staff loss and ICT system disruption. System disruption occurs when there are insufficient numbers of staff, or no staff with the correct skill sets to operate an ICT system. A BIA will illustrate how many staff are required to fulfil critical activities, whilst BC plans have a section covering staff loss and how it could be mitigated. This should be taken into consideration during any disruption as the BIA will also show the minimum number of staff required to fulfil functions in other departments, leaving the rest to support operational delivery on and around strike days.

Adastra outages

5.8 On 30th June 2022 there was an Adastra outage caused by an internet cable failure. Cardiff and Vale Health Board noticed that no emails were coming through whilst clinicians reported they couldn't access the Adastra system, and noted the internet was not working. WAST noticed details were not coming through and fell back to fax although Cardiff & Vale did not receive these. For both fallback systems to not be working sufficiently is both unusual and time-consuming but passing details over the telephone ensured the business could continue, all be it at a slower pace.
It was noted how well partner agencies worked together to find innovative solutions to an unusual problem (2 fallbacks failed), and there was a need for a more coordinated incident management process.

5.9 On 4th August 2022 Advanced, the company who provide Adastra software, were the target of a cyber-attack. Advanced successfully isolated the infrastructure as soon as the attack was recognised, which contained the issues on servers. Despite this, the effect was the loss of access to the system. 111 worked with Digital Health Care Wales to produce new front and back-end solutions which subsequently went live 24th August 2023. Rostering sufficient staff to manage an increased workload was a challenge, particularly ensuring the small number of people with specialist knowledge didn't become burned out. The issue was exacerbated by a concurrent amber heatwave warning and

some areas experiencing droughts, all of which impacts infrastructure, staffing, and call volumes. The BCI was formally stood down in WAST on 15th September 2023 when it was recognised that tactics deployed in response to the outage had continued for sufficient time to have mitigated the majority (but not all) risks. The incident was closed in March 2023 when all systems were finally restored.

ICT Disruption

5.10 November 2022 saw a BC Incident declared affecting all three control rooms. This problem was subsequently identified as an increase in people accessing the internet for the Wales v England live World Cup football match during the working day, which had a subsequent impact and then an issue with PSBA, the Public Sector Broadband Aggregation – the ICT network which connects public sector organisations (including health) across Wales.

5.11 There have been several instances of the PSBA in Gwent having problems that have had a direct negative effect on EMS-Coordination, or have affected wider health and social care which has consequently affected WAST due to hospital delays. EMS-Coordination have well written and rehearsed plans for dealing with disruption, and WAST have proactively engaged with Health Boards to reduced impact on the community, whether the cause is a technical issue, system flow delays, or response to incidents and the need to continue with normal business.

6. Trust Plans

6.1 The Trust hold generic response plans, such as the Incident Response Plan (IRP), risk-specific plans based on risks in the National Security Risk Assessment (NSRA), and departmental business continuity plans. Although not all risks need a plan specifically for them, the common consequences as shown in section 2, should be planned for and the cause understood.

The highest risks on the NSRA, which the Trust should be prepared to respond to while carrying on normal business, include:

- Terror attacks (various methodology)
- Disruption of telecommunications (multiple causes, both accidental and deliberate)
- Extremes of weather
- Utility disruption (gas, electric, water supply)
- Pandemic (of any kind, not just influenza) and outbreak of emerging diseases
- Cyber attacks
- Flooding

6.2 The IRP and Notification and Escalation Procedure (NEP) both explain what a BC Incident is and who should be notified both in and out of hours. Since the introduction of the Operational Delivery Unit (ODU) now operating on a 24/7 basis, the NEP is currently under review to streamline and clarify roles, responsibilities, and communication of and between ODU, EMS-Coordination and the Command/Management structure. Departmental plans should support the delivery of these procedures.

6.3 The Departmental BC plan template is also under review in order to align with the structure detailed in the WAST Incident Response Plan to enable all departments to have what they need to act should a disruption occur. The plans have been tested in ICT disruption and Seasonal Planning exercises, as well as through the Industrial Action (BIA identification and delivery of critical activities, BCP staff loss).

6.4 Following Exercise Joshua 1, an ICT Disruption Plan was written and finalised through Exercise Joshua 2, then disseminated in November 2022. It includes the management structure required to manage a local or pan-Wales disruption, initial actions to take, and stand down into normal management. It also includes sections which specifically cover the identification of, and actions to manage, a cyber-attack on the Trust.

6.5 The Severe Weather Plan was reviewed and published in October 2022, the Pandemic Plan in March 2023, and the Fuel Disruption Plan is due for review in March 2025.

6.6 It was identified through discussion and exercises, that the Trust would benefit from a Power Outage plan. This was created and disseminated in February 2023, covering planned and unplanned, local and national power outages. Departmental BCPs will link to this plan to set out roles and what staff could or should do when an incident occurs.

7. Exercises

7.1 In November 2022, the annual Trust-wide seasonal pressures BC exercise took place incorporating numerous departments. It was run over Teams and was well attended. The 2023 session will be scheduled for Q3 and usually follows the annual review or refresh of REAP which is scheduled for November 2023.

7.2 WAST participated in Exercise Mighty Oak in April 2023, a Tier 1 (pan-UK) national power outage exercise, with Welsh Government linking in to COBR through the Emergency Coordination Centre Wales (ECCW). WAST EPRR Team coordinated the exercise injects from bodies of evidence from previous power outages, planning assumptions provided by UK Government through the NSRA, and potential challenges experienced during incidents within WAST. The exercise tested the application of relevant plans including the Incident Response Plan, Fuel and ICT disruption, and power outage. There were potential issues highlighted through the exercise and debrief that will be addressed through various plans and project workstreams. It was noted that future planning of estate, fleet, and process design should take this learning into account and incorporate fallback options.

7.3 A set of PowerPoints are available on the BC Steering Group Teams channel for departments to modify and use to test their own plans at their own convenience. Topics include:

- ICT loss
- Staff loss
- Denial of access to premises
- Service and supplier disruption
- Power outage

7.4 Outcomes and action plans would be held in a post-exercise report and discussed by the Business Continuity Steering Group and can be summarised

for submission as an appendix to future reports into Finance and Performance Committee for assurance. The BC Lead for the department would be responsible for delivery of the action plan linked to their risks on Datix.

8. Training

8.1 Discussions have taken place within the BC Steering Group to review training requirements and who could deliver this, with a package yet to be agreed. A review of the governance around BC will help to identify resources including who should be involved directly, how, and what knowledge they would need.

8.2 The Business Continuity Institute runs Business Continuity Awareness Week annually in May (#BCAW2022 on social media) and the Trust takes the opportunity to align with this to provide information to staff. The BC Steering Group were asked to bring together ideas to cover the 2023 topic 'Embracing the challenge of Resilience' and were supported by the Corporate Communications team to deliver it on Siren. The content included:

- Cyber resilience
- Supply chain resilience
- Operational resilience
- Personal resilience
- Organisational resilience

AGENDA ITEM No	**16**
OPEN or CLOSED	**Open**
No of ANNEXES	**1**

Committee Priorities and Cycle Monitoring Report

MEETING	Finance and Performance Committee
DATE	13 November 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report updates the Committee on progress against the priorities it set for 2023/24 and progress against the agreed cycle of business for the Committee. There is nothing to escalate on the cycle of business progress.

RECOMMENDATION

2. The Committee is asked to note the update.

KEY ISSUES/IMPLICATIONS

No issues to raise.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

Annex 1 – FPC Cycle of Business Monitoring Report

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

COMMITTEE PRIORITIES AND
CYCLE OF BUSINESS MONITORING FOR 2023/24

SITUATION

3. This report updates the Committee on progress against the priorities it set for 2023/24 and progress against the agreed cycles of business.

BACKGROUND

4. During the course of the effectiveness reviews, it was agreed that it is good practice for Committees to set priorities for the forthcoming year. The Committee's priorities, which are set out below, were agreed by the Trust Board in May 2023 and will be tracked quarterly.

5. The Committee's cycle of business was approved by the Committee in May 2023. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks.

6. The monitoring report is at Annex 1. Items in green show they are cycled for a particular meeting. Items in beige indicate they are a prompt at agenda setting as they may be ad hoc items such as business cases or external reports. The blue indicates that the item is either on the agenda as scheduled, or is an ad hoc item which was discussed in agenda setting.

ASSESSMENT

7. The Committee priorities, and progress against them is as follows:

Priority	Progress
Focused oversight on the implementation of the digital strategy	• A Digital Strategy Plan update was given to the Committee at its meeting on the 18 September 2023 by the Interim Director of Digital Services. This report gave a snapshot of the current position and relevant data from the period 01 April 2023 – 31 July 2023. • At the September meeting the Committee also endorsed the related metrics as presented by the Interim Director of Digital Services. The metrics for digital systems infrastructure will be received (in line with the agreed reporting) on 13 November 2023.

	• An update on the progress against the Digital Strategy will likely be programmed for either the January or March 2024 meeting of the Committee, subject to discussions held at agenda setting. In September the Committee noted that the recent appointment of the new Director of Digital Services may affect the strategy implementation timeline.
Prior 2023/24 Committee Priority	
Focused oversight on the implementation of the Quality and Performance Management Framework (QPMF)	• As of September 2023, oversight of this has moved to the Audit Committee. The Committee's ToR require that it "*review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework*". • The Committee will remain responsible for reviewing of the effectiveness of the QPMF once the Framework has been implemented. The Committee Cycle of Business will be updated to reflect the change in oversight of implementation of the Framework to Audit Committee.

RECOMMENDATION

8. The Committee is asked to note the update.

PAPER	PRE-C'EE FORUM	FREQUENCY	MAY	JUL	SEP	NOV	JAN	MAR	LEAD	PURPOSE	COMMENTS
FINANCE AND PERFORMANCE COMMITTEE - CYCLE OF BUSINESS 2023/24											
See full cycle of business for reference to the duties in the terms of reference as they relate to Committee reports below											
MAIN ELEMENTS											
FINANCE											
Annual revenue budget	EMT	Annually							EDOF	Endorsement	
Annual capital budget	Capital M'ment Board	Annually							EDOF	Endorsement	Presented at May meeting (private session)
Financial report	EMT	Each meeting							EDOF	Assurance	
Financial Sustainability Programme	EMT	Each meeting							DPC	Assurance	Keep on each meeting for 23/24 and re-evaluate
Business cases over £500K	TBC	As required							EDOF	Endorsement	No business cases for May, July, Sept meetings
IMTP financial plan	STB/EMT	Annually							EDOF	Endorsement	
Value Based Healthcare Report	TBC	Every other meeting							DOF	Assurance	Papers for May, November and March
Assurance paper on PIR process	TBC	One off and then cyclical							EDSPP	Assurance	PIR process in July IMTP paper
Post Implementation Reviews	TBC	As required							Relevant Director	Assurance	No PIRs for May, July meetings; MDVS Gateway Review Sept meeting
Monitoring of key projects as requested from time to time	TBC	As required							Relevant Director	Assurance	Salus monitoring in closed.
PLANNING											
Refreshes of 2030 Delivering Excellence	EMT	Ad Hoc							EDSPP	Endorsement	No refreshes due
Service or Directorate Specific Plan New & Refreshes	EMT	Ad Hoc							EDSPP	Endorsement	No plans for revew May, July, Sept or Nov meetings
IMTP for following year	STB/EMT/Board	Annually							EDSPP	Endorsement	
Report on commissioning	TBC	TBC							EDSPP	Assurance	National Commissioning Review in September. Further update due in January
Demand and capacity reviews	EMT	Ad Hoc							EDSPP	Endorsement	Paper in May meeting; Winter 2023/24 Modelling paper inc for Nov '23 (added on 26.10.23)
PERFORMANCE											
Monthly Integrated Quality Performance report	EMT	Each meeting							EDSPP	Assurance	
MIQPR review of metrics	EMT/Board Committees	Annually							EDSPP	Endorsement	Delayed from May meeting to July
Annual HART KPI report	TBC	Annually							DO	Assurance	Reported in July meeting
IMTP progress updates	STB/EMT/Board	Each Meeting							EDSPP	Assurance	
ESTATES AND FLEET											
Estates and fleet strategy refreshes	TBC	Periodically as required							EDOF	Approval	No refreshes May, July, Sept, Nov meetings
Fleet replacement programme	Capital M'ment Board	Annual BJC see notes							EDOF	Approval/Endorsement	On closed November meeting
Fire safety update	EMT	Periodically as required							EDOF	Assurance	No update May, July, Sept, Nov meetings. TBC which meeting the annual report will be presented.
ENVIRONMENTAL AND SUSTAINABILITY											
Decarbonisation Update	Decarb Programme Board	Every other meeting									Reported in May and Sept meetings
Waste Management Update	Decarb Programme Board	Annually							EDOF	Assurance	Reported in Sept meeting
DIGITAL SYSTEMS AND STRATEGY											
Digital strategy	STB	Periodically as required							DD	Review and Endorse	No refreshes May, July, Sept meetings. Update on strategy direction in September meeting. Update before year end (Jan or March)?
Metrics for digital systems infrastructure	TBC	Each meeting							DD	Assurance	Reporting began from Sept meeting and will be bi-monthly from there
Review/Monitor of digital major projects	TBC	Ad Hoc							Relevant Director	Assurance	Salus (closed); MDVS Sept meeting
BUSINESS CONTINUITY											
WG Annual Emergency Planning Report	EMT/Board	Annually							EDO	Assurance	Reported in July meeting
Incident Response Plan Report	EMT	Annually							EDO	Assurance	Due to report in November 2023
Business Continuity Annual Report	EMT	Annually							EDO	Assurance	Not reported in July. Date TBC
Cyber Resilience and Cyber Security Reporting	TBC	TBC							DD	Assurance	Reporting commenced in closed in September
POLICIES AND RISK											
Report from policy group	Policy Grop	Annually							BS	Assurance	Policy Report presented July 2023 meeting
Policies for review and approval	Policy Grop	Ad Hoc							BS	Approval	No policies for review
Board Assurance Framework	Board	Each meeting							BS	Assurance	
Corporate Risk Register	Board	Each meeting							BS	Assurance	
Audit Recommendation Tracker	ADLT	Each meeting							BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc							Relevant Director	Assurance	
STANDARD ITEMS											
Quarterly operations update	TBC	Each meeting							EDQN	Information/Discussion	Only received in quarter, not at every FPC meeting (ADD IN THE MEETINGS TO BE RECEIVED)
GOVERNANCE											
Committee effectiveness review and annual report	Audit/Board	Annually							Board Sec.	Approval	
Review of Terms of Reference	Audit/Board	Annually							Board Sec.	Approval	
Committee cycle of business refresh	N/A	Annually							Board Sec.	Approval	
Committee Cycle of Business review	Audit/Board	Each meeting							Board Sec.	Approval	
Committee Review of Annual Priorities	None	Every other meeting							Chair	Review	
SUB-GROUPS											
Where applicable	N/A	Ad Hoc							N/A	N/A	No sub-groups established
PROMPTS											
External Reports	N/A	Ad Hoc							TBC	TBC	No external reports for review

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

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