Bundle Finance and Performance OPEN 18 March 2025

Agenda attachments

ITEM 00 FPC open Agenda 18 March 2025

0 09:30 - OPENING ITEMS

1 Chair's Welcome, Apols and Quorum

2 Declarations of Interest

ITEM 02 Board Member register of Interests 8 January 2025

3 Minutes of the Last Meeting: 16 January 2025

ITEM 03 2025-01-16 Draft OPEN F and P Minutes1

4 Action Log & Matters Arising

4.1 16 January 2025 Committee AAA Report (alerts)

ITEM 04 Action Log and Decisions (Public) FPC

ITEM 04.1 Finance and Performance Committee Highlight Report January 2025

5 09:35 - Committee 24/25 Effectiveness Review

ITEM 05 Effectiveness Review SBAR FPC

ITEM 05.1 Annex 1 - Committee remits delegated by Board 24-25

ITEM 05.2 Annex 2 - Finance and Performance Committee Terms of Reference 2024-25 - Approved by Trust Board 30052024

ITEM 05.3 Annex 3 Finance and Performance Committee Cycle of Business 2024-25

ITEM 05.3a Cycle Notes

ITEM 05.4 Annex 4 - Draft Finance and Performance Committee Annual Report 2024-25

6 10:35 - Financial Position for Months 10 and 11, 24/25

Item 6.2 Ciruclated by e mail

ITEM 06 Finance Report Month 10 24-25 FINAL

ITEM 06.1 Month 10 2024-25 - Welsh Ambulance Services NHS Trust - Monitoring Return - Final

7 10:50 - IMTP Delivery/Assurance - Progress Update 2024/27

ITEM 07 Executive Summary - IMTP Delivery & Assurance Report - March 2025

7.1 11:05 - COMFORT BREAK

8 11:20 - IMTP 2025/28 including three year Financial Plan for 2025/28

ITEM 08 Executive Summary - IMTP 2025-28 180325 Final

ITEM 08a WAST IMTP 2025-2028 Narrative draft v0.4

ITEM 08b Appendix 3 - Challenges and opportunities v0.1

ITEM 08c Appendix 4 - EQIA IMTP 25-28 v2 7.3.25

ITEM 08d Appendix 5 - Financial plan 2025-26 v5

8.1 11:35 - Wellbeing Objectives

ITEM 08.1 FPCWellbeingObjectivesMarch25

ITEM 08.1a Our Wellbeing Objectives - WAST - February 2025

ITEM 08.1b Ein Hamcanion Llesiant - WAST - Chwefror 2025

9 11:55 - Initial 2025/26 Revenue Budget

ITEM 09 WAST Initial Revenue Budget 2025-26 - FPC - FINAL

10 12:10 - Quality and Performance Management Framework- Refresh

ITEM 10 QPMF Refresh 2025-28 for FPC March 2025

ITEM 10.1 QPMF V2 ELT Approved 20250305

11 12:25 - Monthly Integrated Quality Performance Report

ITEM 11 MIQPR SBAR FPC Jan25 Feb25

ITEM 11.1 MIQPR FPC Jan25 Feb25

12 12:35 - Digital Reporting (Metrics for Digital Systems Infrastructure)

ITEM 12 Digital Reporting March 2025 - Cover Paper

ITEM 12.1 Digital Reporting March 2025 - Metrics

13 12:50 - Information Governance Report

ITEM 13 Information Governance Reporting March 2025

13.1 13:05 - LUNCH

14 13:45 - Internal Audit Report: Vehicle Accident Management

ITEM 14 WAST_2425-04_Vehicle Accident Management_Final Report_Trust Issue
ITEM 14.1 Internal Audit Report Feedback from ARAC - Vehicle Accident Management

15 13:55 - Audit Tracker
ITEM 15 SBAR Audit Tracker to Committees - Q3 Reporting (October-December 2024) - FPC Open Mar25
ITEM 15.2 Internal Audit up to 2024-25
ITEM 15.3 Audit Wales HIW up to 2023-24

16 14:05 - Risk Management and Board Assurance Framework Report
ITEM 16 Executive Summary Risk Management Report FPC 180325

17 Committee Priorities and Cycle Monitoring Report
ITEM 17 FPC Priorities and Cycle Monitoring Report - March 2025
ITEM 17.1 Annex 3 Finance and Performance Committee Cycle of Business 2024-25
ITEM 17.1a Cycle Notes

17.1 CONSENT ITEMS (None)

18 14:15 - Reflections and Summary of Decisions/Actions

19 Any Other Business

20 Date & Time of the Next Meeting: 20 May 2025

Length of Meeting:	04:50	Agenda Status:	[OPEN] FINANCE AND PERFORMANCE COMMITTEE - 18 MARCH 2025						Deadline: 07/03/25
Time	**Mins allotted**	**Agendum**	**Title**	**Format**	**Item for**	**Item requested by**	**Paper prepared by**	**Item presented by**	**Colleagues to cc**
			OPENING ITEMS						
		1	Chair's Welcome, Apols and Quorum	Verbal	Information	Standing	n/a	Chair	n/a
		2	Declarations of Interest	Verbal	To State Conflicts	Standing	n/a	Chair	n/a
09:30	00:05	3	Minutes of the Last Meeting: 16 January 2025	Paper	Approval	Standing	n/a	Chair	n/a
		4	Action Log & Matters Arising	Paper	Discussion	Standing	n/a	Chair	n/a
		4.1	16 January 2025 Committee AAA Report (alerts)	Paper	Discussion	Standing	n/a	Chair	Trish Mills
			FOR APPROVAL, ASSURANCE AND DISCUSSION						
09:35	01:00	5	Committee 24/25 Effectiveness Review	Paper	Endorsement	CoB	Gov	Trish Mills	Alex Payne
10:35	00:15	6	Financial Position for Month 10, 24/25 Financial Position for Month 11, 24/25	Paper Presentation	Assurance	CoB	FinCor	Chris Turley Ed Roberts	Ed Roberts
10:50	00:15	7	IMTP Delivery/Assurance - Progress Update 2024/27	Paper	Assurance	CoB	SPP	Rachel Marsh	Alex Crawford
11:05	00:15		COMFORT BREAK						
		8	IMTP 2025/28 including Financial Plan for 2025/26	Paper	Endorsement	CoB	SPP	Rachel Marsh, Chris Turley	Alex Crawford, Ed Roberts
11:20	00:45	8.1	Wellbeing Objectives	Paper	Endorsement	Ad Hoc	SPP	Estelle Hitchon	Alex Crawford
		9	Initial 2025/26 Revenue Budget	Paper	Endorsement	CoB	FinCor	Chris Turley Ed Roberts	Ed Roberts
12:05	00:15	10	Quality and Performance Management Framework- Refresh	Paper	Endorsement	Forward Planner	SPP	Rachel Marsh	Hugh Bennett
12:20	00:10	11	Monthly Integrated Quality Performance Report	Paper	Assurance	CoB	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Melanie O'Connor
12:30	00:15	12	Digital Reporting (Metrics for Digital Systems Infrastructure)	Paper	Assurance	CoB	Digital	Jonny Sammut	Leanne Smith
12:45	00:15	13	Information Governance Report	Paper	Assurance	CoB	Digital	Jonny Sammut	Leanne Smith
13:00	00:40		LUNCH						
13:40	00:10	14	Internal Audit Report: Vehicle Accident Management	Paper	Assurance	CoB	Gov	Chris Turley Ed Roberts	Lisa Trounce
13:50	00:10	15	Audit Tracker	Paper	Assurance	CoB	Gov	Trish Mills	Lisa Trounce
14:00	00:10	16	Risk Management and Board Assurance Framework Report	Paper	Assurance	CoB	Gov	Julie Boalch	n/a
14:10	00:05	17	Committee Priorities and Cycle Monitoring Report	Paper	Assurance	CoB	Gov	Trish Mills	Alex Payne
			CONSENT ITEMS (No 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.						
			CLOSING ITEMS						
		18	Reflections and Summary of Decisions/Actions	Verbal	Discussion	Standing	n/a	Chair	n/a
14:15	00:05	19	Any Other Business	Verbal	Discussion	Standing	n/a	Chair	n/a
		20	Date & Time of the Next Meeting: 20 May 2025	Verbal	Information	Standing	n/a	Chair	n/a
14:20	**04:50**		**CLOSE**						

LEAD PRESENTERS

Name	Position
Jayne Beeslee	Chair and Non-Executive Director
Julie Boalch	Assistant Director of Corporate Governance and Risk
Estelle Hitchon	Director of Partnerships and Engagement

Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Jonny Sammut	Director of Digital Services
Ed Roberts	Interim Assistant Director of Finance
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BEAUMONT-WOOD, Rhiannon	**Non-Executive Director** * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	Dorset Integrated Care Board (NHS Dorset), Non-Executive Director	Financial Interest	May 2023		
		Nursing and Midwifery Council (NMC), Designated Council Member for Wales	Financial Interest	June 2024		
		RBW Executive and Professional Coaching Ltd, Company Director (Company No 14938585) and Shareholder	Financial Interest	June 2023		
		Currently on coaching framework with Health Education and Improvement Wales	Financial Interest	June 2024		
		Registered Nurse (NMC)	Non-Financial Professional	January 1995		
		Registered Specialist Community Public Health Nurse	Non-Financial Professional	September 1996		
		Member of the Royal College of Nursing	Non-Financial Professional	2007		
BEESLEE, Jayne	**Non-Executive Director** * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Employment for interim assignments via Public Sector Resourcing (an agency) regarding the review of major UK government programmes (remunerated net of tax via an Umbrella Company – Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Member Representative on the UK Civil Service Pension Board	Non-Financial Personal	01 October 2019		
		Governor on the Finance & General Purposes Committee of Cardiff and Vale Further Education College	Non-Financial Personal	01 February 2024		
		Fellow Chartered Institute of Personnel & Development	Non-Financial Personal	01 April 2006		
BROOKS, Lee	**Executive Director of Operations**	Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Volunteer – St John's Ambulance Cymru	Any Other Interest	06 April 2023		
		Council Member – St John's Ambulance Cymru Gwent Council	Any Other Interest	06 April 2023		
CURRAN, Peter	**Non-Executive Director** * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
		Company Director – Action for Children [04764232]	Directorships	01 February 2021		
		Company Director – Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director – National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Non-Executive Director for Taff Housing	Position in Charity or Voluntary Organisation	01 May 2022		
		Company Director – Team Police Ltd [12518812]	Directorships	01 January 2022	31 October 2024	
		Independent Board Member of the Project Board – National Contemporary Art Gallery for Wales	Any Other Interest	01 January 2024		
		Interim Finance Director for Torfaen Leisure Trust	Directorships	01 September 2023	29 February 2024	
		Interim Independent Member – Kaplan International Colleges UK Ltd [05268303	Directorships	01 March 2024		
		Independent Member – Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024		
DENNIS, Colin	**Chair of Trust Board and Non-Executive Director** * Chair of Remuneration Committee	Chair – Citizen Housing [Charity] (previously WM Housing Group)	Position in Charity or Voluntary Organisation	01 January 2015		
		Company Director – Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships	29 August 2017		
		Company Director – Citizen Treasury Vehicle Ltd	Directorships	04 September 2017		
		Chair – North Devon Homes	Position in Charity or Voluntary Organisation	01 October 2021		
		Company Director – North Devon Homes	Directorships	01 April 2022		
		Chair – Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation	26 March 2024		
		Company Director – LowCarbonLiving Homes Ltd [04207671]	Directorships	26 March 2024		
		Company Director – Green Square Estates Ltd [8719365]	Directorships	26 March 2024		
EVANS, Bethan	**Non-Executive Director** * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Managing Director (Employed) at My Choice Healthcare Limited.	Any Other Interest	01 June 2019		
		Non-Executive Board Member at RHA (Social Housing Organisation – Community Benefit Society)	Position in Charity or Voluntary Organisation	01 November 2019		
		Company Director – My Choice Healthcare South Wales Limited	Directorships	11 March 2020		
		Company Director – Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019		
		Company Director – Springfield (Barqoed) Limited.	Directorships	12 March 2020		
		Company Director – Homes of Excellence Limited	Directorships	19 March 2021		
		Company Director – Victoria House Care Property Limited	Directorships	05 March 2020		
		Company Director – My Choice Healthcare (Four) Limited	Directorships	27 April 2022		
		Company Director – Luk Ros Property Limited	Directorships	12 March 2020		
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	*Directorships*	*12 March 2020*		
		Company Director – Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	*Directorships*	*27 April 2022*		
		Company Director – Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director – Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director – Glyncornel Property Limited	Directorships	01 July 2022		
		Company Director – My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director – Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director – Towy Castle Property Limited	Directorships	01 September 2023		
HUTCHINGS, Hayley	**Non-Executive Director** * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Employed at Swansea University, Professor of Health Services Research	Financial Interest	17 June 1995		
HITCHON, Estelle	**Director of Partnerships and Engagement**	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
JACKSON, Ceri	**Non-Executive Director & Vice Chair of the Trust Board** * Chair of the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019		
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021		
		Charity Trustee - Stroke Association Trustee, Chair Wales Advisory Group.	Position in Charity or Voluntary Organisation	08 October 2020		
		Charitable Company - Stroke Association - Company Director	Directorships	08 October 2020		
KILLENS, Jason	**Chief Executive**	Honorary Professor - Swansea University	Personal or Departmental Sponsorship	2019		
		Chairperson – Association of Ambulance Chief Executives (AACE)	Non-Financial Professional	September 2024		
		Company Director of the Association of Ambulance Chief Executives (AACE), Co No. (07761209)	Directorships	September 2024		
		Officer of the Order of St John	Any Other Interest	January 2024		
		Member of the Order of St John	Any Other Interest	2009	2024	
KNEESHAW, Carl	**Director of People**	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020		
		Safeguarding Lead for local outreach charity, Brunstad Christian Church – Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018		
LEWIS, Angela	**Director of Culture Change**	Nil Declaration				
MARSH, Rachel	**Executive Director of Strategy, Planning and Performance**	Nil Declaration				
MILLS, Patricia (Trish)	**Director of Corporate Governance/ Board Secretary**	Nil Declaration				
PARRY, Hugh	**Trade Union Partner**	Nil Declaration				
ROWAN, Hannah	**Non-Executive Director** * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Trustee MAE Cymru (Christian charity which champions gender equality in church of Wales)	Position in Charity or Voluntary Organisation	13 November 2021	November 2023	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
		Relative (Parent) is a Non-Executive Director for Social Care Wales	Any Other Interest	01 April 2017		
SAMMUT, Jonathan (Jonny)	**Director of Digital Services [appointed 26.09.2023]**	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Panel Member of the UK CIO Advisory Panel – Digital Health	Any Other Interest	05 July 2023		
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
SWINBURN, Andrew (Andy)	**Executive Director of Paramedicine**	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	**Executive Director of Finance and Corporate Resources**	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
TURNER, Damon	**Trade Union Partner**	Nil Declaration				
WILLIAMS, Liam	**Executive Director of Quality and Nursing [from 01 August 2022]**	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		

MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 16 JANUARY 2025 IN THE CARDIFF MAKE READY DEPOT AND VIA TEAMS

Meeting started at 09:30

PRESENT:

Jayne Beeslee	Non-Executive Director and Chair
Peter Curran	Non-Executive Director

IN ATTENDANCE:

Lee Brooks	Executive Director of Operations
Penny Durrant	Deputy Director of Nursing
Carl Kneeshaw	Director of People
Osian Lloyd	Head of Internal Audit
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner

APOLOGIES:

Julie Boalch	Assistant Director of Corporate Governance and Risk
Bethan Evans	Non-Executive Director
Liam Williams	Executive Director of Quality and Nursing

OBSERVERS:

Aasha Cowey	Assistant Director of Digital Transformation and Innovation
Edward Roberts	Interim Assistant Director of Finance

01/25 PROCEDURAL MATTERS

Jayne Beeslee welcomed all to the meeting, notably, Aasha Cowey and Edward Roberts and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's Register of Interests.

Minutes: The minutes of the open session held on 19 November 2024 were considered by the Committee and confirmed as a correct record.

Action Log: Action 91/24: Audit Tracker, Data Quality Internal Audit. *For the FPC to proactively monitor the actions generated from the Data Quality Internal Audit (24/25) over the coming year, via the future Audit Tracker reports. This will allow the FPC to monitor the discussions / progress on recruitment in Digital and how issues of data quality might be addressed.* The Corporate Governance Team will ensure that the Audit Tracker is annotated to reflect this focus and the Committee's Cycle of Business (CoB)/Planner will be updated to reflect this agreed focus. Once the Audit Tracker and CoB/Planner artefacts have been updated this action can be proposed for closure. Trish Mills advised that part of the work involved the tracking and monitoring of actions to see what the impact was. The Audit Tracker paper being presented at the next meeting will provide an additional focus going forward. Action Closed

Committee Highlight report – 19 November 2024:
The Committee highlight report dated 19 November 2024 was received.

RESOLVED: The

(1) Minutes of the meeting held on 19 November 2024 were confirmed as a correct record.
(2) Action log was considered and updated as described above.
(3) Committee highlight report dated 19 November 2024 was received.

02/25 OPERATIONAL UPDATE QUARTER 3 (October – December 2024)

Lee Brooks presented the report and drew the Committee's attention to the following areas:

Specialist Operations Response Team (SORT). Additional funding has been secured from Welsh Government for SORT and efforts were underway to grow the team. The capital funding for vehicles cannot be spent in year with insufficient time for procurement and so colleagues are actively discussing roll over to next financial year.

Volunteering: The Volunteer team has successfully completed an Organisational Change Process (OCP) and was now operating in the new Function Based Model. In October, the Volunteer Conference was held in a new and successful hub and spoke format, with the conference held in Llandudno and streamed to Swansea with over 100 volunteers attending both events.

Manchester Arena Inquiry (MAI) Progress against the 68 recommendations, directly or through partnership working, that related to the Trust, continued. Work on the Grenfell Fire Inquiry report was complete and provided to Commissioners as supplementary to the Manchester Arena Inquiry submission. The report will be included in the Annual Emergency Preparedness Resilience and Response (EPPR) scrutiny papers for this Committee.

Red Code Breathing Problem: The Operations Quality team has been examining the increase in incidents related to ineffective breathing over an extended period. Numerous reports have been prepared for both the Operations Senior Leadership Team and the Executive Leadership Team, reviewing the rise in Red calls since 2019.

EMS Coordination Restructure and Reconfiguration: The restructure and reconfiguration programme went live on the week of the 25 November 2024. This was probably the most significant change control rooms have experienced in decades and marks the start of a new era for EMS Coordination with improved ways of working.

December Critical Incident: There was a critical incident declared on 30 December 2024 which was due to high patient queue numbers (340 at the time the incident was declared) with half of the ambulance fleet outside Emergency Departments. There will be some reflection on the broader system response to the critical incident. Whilst this was not a major incident it was felt that the system response was insufficient for the Trust to respond to the significant numbers of patients needing help.

Clinical Model Transformation: The Clinical Model Transformation (CMT) has continued to be a significant focus throughout this quarter. CMT changes in December have shown benefits for patients, with positive indications in consult and close rates. It was noted that more evaluation was underway.

Welsh Improvement Plan 2024: The 111 Service Welsh Improvement Plan 2024 addressed the challenges and measures implemented to enhance the performance of the 111 service in handling Welsh-language calls. Performance at the Start of 2024 answer rate ranged between 50–58% and has increased to 75%. During the summer, a targeted plan was developed to address the issues and improve the Welsh-language call handling this is ongoing, and work will continue to improve access for our Welsh speaking callers.

The Chair was reassured regarding the debrief in terms of the critical incident and noted that further information was contained in the MIQPR. He was also pleased to hear about the success of the volunteering conference.

Peter Curan sought clarity on the funding of a palliative care vehicle which supported the existing services in Swansea Bay and also sought clarity on the coverage area in Wales of the Mental Health Response Vehicles (MHRV). Lee Brooks commented that the Palliative Care Vehicle was supported in the Hywell Dda Health Board area. In terms of the MHSV, this covered the three South East Health Boards. Lee Brooks added that the decision to proceed with the MHRV and its coverage area was determined by the Trust, not directed by the Health Boards.

RESOLVED: The Quarter 3 (October – December 2024) operations update was noted.

03/25 FINANCIAL POSITION FOR MONTH EIGHT AND MONTH NINE 2024/25

Chris Turley gave a presentation on the financial position of the Trust as at month nine and drew attention to the following areas:

1. The cumulative year to date (Month 9, end of December 2024) revenue financial position reported was an underspend against budget of £0.042m.

2. The Capital plan was being progressed and the current planned expenditure of £20.449m is forecast to be fully spent by the end of the financial year.

3. Most directorates were in line with the budget plan for Month 09 2024/25.

4. There had previously been reported an in year risk related to the Emergency Medical Technician (EMT) Band 5 development, which has now reduced to zero in year. This was because the Trust has reached a point where it can cover the costs for the current year. The situation was not sustainable in the long-term however and will need to be considered within the 2025/26 financial planning. This will therefore remain a risk going into the next financial year.

5. Additionally, members noted there was a technical risk related to the pay awards for 2024/25. Welsh Government has requested invoices for 75% of the anticipated costs however not all costs will be received until the discrepancies between the actual and modelled figures (across NHS Wales) were sorted. This was however consider to be a low risk.

6. In terms of savings the Trust was overachieving on the recurrent elements and was forecasting to deliver the savings as described in the table within the report.

7. In terms of Capital spending, further money has started to flow through, but there have been a few variations in estate schemes since the November update. Today's agenda includes a fleet plan for the next five years, which includes the business case for next year's funding. Welsh Government funding indications of this being positively received provide flexibility to manage this over this financial year end. This might include the purchasing vehicles in March, using any year end variations in current funding, with the assurance of next year's funding to cover these purchases, alongside the associated conversions.

Peter Curran highlighted the difficulty of balancing the budget without making surpluses or deficits, commending the team for their achievement. Peter noted the EMT Band 5 position for this year and that it may not be sustainable in the future and will be discussed in next year's budget. He asked about the 75% government instruction, questioning if it was normal

and why it existed. Chris Turley explained it was a cash flow issue and was more relevant to Health Boards, with cash getting tighter as capital spending increased.

The Chair noted a small surplus was being reported which was encouraging and was assured particularly around the discipline of managing, forecasting and budgeting.

RESOLVED: That the Finance and Performance Committee:

(1) Noted and gained assurance in relation to the Month 8 revenue financial position and performance of the Trust as at 30th November 2024.
(2) Noted the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust.
(3) Noted the capital programme update for 2024/25, and
(4) Noted the Month 8 Welsh Government monitoring returns submission included within *Appendices 1 – 2* (as required by WG).
(5) Noted the update to the Month 9 position provided via the slide deck presented to the meeting.

04/25 FINANCIAL SUSTAINABILITY PROGRAMME POSITION PAPER

Carl Kneeshaw presented the report and drew attention to the following key points:

1. A savings target of £6.4m was set for the 2024/25 financial year, a £400,000 uplift on 2023/24.

2. Service and Provision Reviews: This area looked 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.

3. The Head of Commercial advert closed on 13 January with thirteen applications received - these were now in the process of being shortlisted. There will be an oversight group ensuring the Head of Commercial will have the necessary backing and guidance within the Trust.

Rachel Marsh mentioned that the Head of Commercial role was an arm of the wider financial sustainability program, focusing on income generation opportunities and business development. The role will involve looking for new markets and maximizing existing opportunities to generate profit, which will then be reinvested into the Trust. Rachel also noted that a consultancy firm had previously identified potential commercial opportunities, and the new Head of Commercial will build on this work. Additionally, there were plans to create an oversight group to support the Head of Commercial, leveraging the experience of other directors and individuals within the Trust.

Chris Turley elaborated on the financial sustainability program, emphasising that it has two main strands: income generation (including commercial activity) and expenditure

management (efficiency and cost savings). He highlighted that the commercial activity was a significant part of the income generation strand but not the only part. Chris Turley also mentioned the importance of the service review outcomes, which will help frame future financial sustainability efforts. He acknowledged that while the Trust has not had to press too hard on these aspects this year, the focus will likely shift significantly next year due to broader financial challenges.

It was requested that further detail and clarity was provided on the context and rationale of the strategic intent and integration of the financial sustainability programme with broader strategic objectives, potentially involving Angie Lewis for historical context and alignment with the IMTP. It was agreed an update would be provided to the Chair.

Peter Curran supported the overall direction, highlighting the important role the Head of Commercial will play. He also noted that there may be some parallels with the role of the Head of Charity.

Jonny Sammut added, touching on Peter's point about parallels, he noted an auxiliary benefit from exploring commercial opportunities. This could naturally lead to research, development, and innovation work.

Trish Mills commented that as the Trust prepared to set Risk Appetite Statements in the coming week, it was important to consider this discussion on how much it wanted to push boundaries and appetite for risk in this area.

Carl Kneeshaw commented that the discussion had been useful, especially as the Trust enters the next planning round for IMTP. A recurring theme was change saturation and the additional workload on staff. Prioritisation was needed to balance aspirations with realistic goals over the next few years, considering available resources. It was crucial to take the team along in this journey, focusing on financial sustainability and overall organisational sustainability. The feedback from this discussion will be incorporated into planning and proposals moving forward.

RESOLVED: The Finance and Performance Committee Noted the Month 8 and 9 Position Report.

05/25 INTEGRATED MEDIUM TERM PLAN (IMTP) DELIVERY/ASSURANCE - PROGRESS UPDATE 2024/27 and IMTP 2025/28

Rachel Marsh updated the Committee on the following reports:

Integrated Medium Term Plan (IMTP) Delivery/Assurance Progress Update 2024/27

Rachel Marsh presented the paper as read, commenting that it comprehensively outlined progress against last year's IMTP objectives and the Cabinet Secretary's priorities. It highlighted significant actions taken this year, though some areas have not progressed as much as desired due to various challenges. Overall, the Trust has set clear ambitions and

delivered on many goals. The paper was also reviewed recently in the Strategic Transformation Board.

The Chair referred to the regular meetings with Health Boards and raised a question about ensuring integration and awareness of plans being developed in other parts of the system, acknowledging the difficulty of being part of a larger system. Rachel Marsh explained there had been monthly or bimonthly meetings with Health Boards arranged via the Commissioner, which have been helpful. Recently, there have not been any meetings as the new Joint Commissioning Committee (JCC) was still establishing its structures. They plan to recreate these meetings next year, potentially at a regional level. To ensure wider engagement, senior leaders in the Operations Directorate, integrated care, and specific people in the Quality and Clinical Directorates were linked to Health Boards and attended regular meetings.

Following a query on the sickness rate, Carl Kneeshaw commented that staff sickness has increased slightly to about 8%, which was typical for this time of year due to seasonal flu and other viral conditions. The ongoing organisational changes and frontline demands were also contributing to exhaustion and burnout, affecting attendance levels. Well-being initiatives were in place to provide support and signposting, especially in areas with high sickness absence. Local managers were actively seeking feedback and adjusting work structures. The current sickness rate was consistent with other ambulance services across the country, and while it has increased over the festive period, the Trust was not an outlier.

RESOLVED: The Finance and Performance Committee:

(1) Noted the Clinical Model Transformation programme progress update.
(2) Noted the confirmed Directorate-led IMTP end of Q2 position.
(3) Noted the update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework.

Integrated Medium-Term Plan (IMTP) 2025 – 2028 - Progress In Developing The Plan

Rachel Marsh advised the Committee that the plans from each directorate have been reviewed. A meeting was planned on 3 February 2025 to align the plans with the associated finances with the aim to determine what can be afforded next year. The draft IMTP was being prepared for presentation to the Executive Leadership Team (ELT) on 12 February 2025 after which it will be circulated to the Board and Committee members. There will be a full discussion at this Committee in March focusing on the finances and outcomes.

Chris Turley advised the Committee that NHS Wales had issued the allocation letter on 20 December 2024, directed to Health Boards and Public Health Wales. As the Trust was commissioned by Health Boards, the general uplift for inflationary and cost pressures was expected to be passed through to providers. This instruction has been in place for several years. The 2025/26 funding and outlook was likely to be challenging due to the next year's uplift being 1.77%, down from 3.67% for this financial year. On top of this, there are financial planning guidelines issued by WG that state funding for the cost of the 2025/26 pay awards and the additional Employers National Insurance costs from 6th April 2025 should be

assumed. The 1.77% uplift, if fully passed through, will only cover the full-year effect of this year's cost increases and currently known unavoidable cost pressures for 2025/26.

However, it will not fully cover the costs of the Emergency Medical Technician (EMT) Band 5 positions for 2025/26, and there is currently no indication of separate funding for this change. Welsh Government (WG) has made it clear that this is a matter for negotiation between the Trust and the Commissioners. The prescribed 2% savings requirement also included in the Allocation Letter equates to about c£6.5 million. Currently, there is therefore a gap of c£3.5-4 million, but there was confidence that this can be closed through the further identification of savings between now and the plan submission. However, this would then leave no funding for any new commitments or other unavoidable costs from 1 April 2025. It is likely therefore at this stage that the underpinning financial plan within the IMTP, whilst hoping to still be presented as a revenue balanced financial plan, will have some residual financial gap and risk to further manage as we enter and go through the early parts of the 2025/26 financial year. This residual gap is likely to be in the region of a minimum of £2m.

Chris Turley highlighted several risks associated with not having a balanced financial for the next year.

1. The 1.77% uplift in funding was significantly lower than the previous year's 3.67%, which posed a challenge in covering the full-year effect of costs introduced this year and known inflationary and other unavoidable cost pressures.
2. The funding does not cover the costs of the EMT Band 5 development, and there was no indication that this will be separately funded next year.
3. There was a prescribed assumption that NHS organisations need to deliver at least a 2% savings requirement, which translated to about c£6.5 million for the Trust. Currently, there was a gap of about £3.5-4 million to achieve this, but this was expected to be closed before the plan submission at the end of March.
4. Without additional funding or further savings or in year cost management, there will be no capacity to support any new initiatives or any further unavoidable additional costs from April 1st, 2025.
5. If a balanced plan cannot be achieved, the Trust will need to inform the government and outline the consequences, including potential impacts on quality and patient safety.

Members recognised that the current landscape was challenging, highlighting that additional costs were unaffordable. It was clear that additional national cost pressures outside of the Trust's control should be externally funded. Chris Turley added that the challenge for next year was significantly greater due to the current cost pressures including in particular the recurring (and increasing) costs of the Emergency Ambulance Practitioner (EAP) B5 development. There was an option to create and present a plan that has the ability to balance in year, but that this will inevitably come at higher risk, and this would involve greater impacts and more difficult choices. The cost pressures and the gap to close were much larger with these costs in the system. The Trust was working through several options and their implications over the next month.

Trish Mills emphasised the importance of the Committee being forearmed with the challenges around next year's budget, given the timetable of the Board, the allocation letter, and the prioritisation exercise. She suggested drawing out these challenges in the AAA report for the Board to ensure they were aware immediately after this meeting and at the next Board meeting.

RESOLVED: The Finance and Performance Committee:

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

06/25 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT – OCTOBER/NOVEMBER 2024

Rachel Marsh presented the report and drew out the following key points:

1. Data quality issues have been identified and are being addressed within 111, Advanced Paramedic Practitioner (APP) and throughout the quality indicators, with the result that there are several Board approved metrics which were not available at this time.

2. The response times to 999 callers remained a key concern with Red 8 minute performance at 47.55 % in November 2024 and Amber 1 median at 1 hour and 56 minutes.

3. The Trust lost 20,995 hours to handover in November 2024. This level of lost capacity was difficult to compensate for, despite all the actions being taken by the Trust.

4. The 2024/25 budget includes further investment in activities designed to shift demand left and mitigate the impact of handover lost hours investing in clinical screening and APPs, which form part of the Clinical Model Transformation (CMT) Programme.

5. 111 call handling performance has stabilised post-delivery of the new 111 Clinical Assessment Software (CAS) and was improving, achieving the 5% abandonment rate in November 2024. Planned production for December has been boosted, based on demand forecasts, and as part of the Trust's winter planning.

6. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance was stable, with oncology remaining above target, however, renal performance dropping below target for the second consecutive month since March 2020.

7. The Trust continued to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People & Culture Plan. Sickness absence was 8% in November 2024 just maintaining the consistency of being below 8% since March 2024.

8. The Trust was continuing to deliver its CMT programme at pace, with key parts going live in December, in particular, remote clinical screening (RCS).

Lee Brooks advised the Committee of the December data which was caveated that it was not yet verified:

1. Emergency Medical Service (EMS) capacity remained strong, aided by sustaining the lower absenteeism compared to previous years. Additional third-party provision during Christmas Eve, Christmas Day and Boxing Day helped uplift UHP by 4-6%, attending 75 incidents.

2. December's Red performance was 47.6%, compared to 48.9% for December last year, and consistent with November 2024 performance. Red activity continued to grow, with a significant number of red breathing problems, with noticeable uplift experienced in the 0-4 age group. Interventions in 111 streaming helped reduce unnecessary 999 demand originating from 111.

3. Amber median response time in December was three hours, up from one hour and 40 minutes last year, due to high red activity and more than 25,000 hours lost to handover delays.

4. Respiratory Syncytial Virus (RSV) cases for 0-4 year olds peaked shortly before Christmas, but flu showed a double peak (first before Christmas, and the second occurring now), adding stress to hospitals and exacerbating handover delays.

5. Mobilisation times improved for the second consecutive month for both Emergency Ambulances and Cymru High Acuity Response Unit (CHARU) in red and amber categories.

6. The 999 Answer Rate dipped to 86% in six seconds in December, with 51,500 calls offered. Median answer times remained strong despite higher absenteeism in 999 call handling.

7. Positive indications of consult and close rates around 20%, pending validation. It offered some assurance that activity brought into the Trust with the removal of Can't Send from the Clinical Safety Plan, was being appropriately managed, with outcomes remaining consistently distributed across available dispositions.

8. Urgent Care Service (UCS) utilisation initially reduced following dispatch changes (to ensure staff attended only those patients within their scope or practice) but has picked

up again as changes to flow and removal of Can't Send from the Clinical Safety Plan was implemented, ensuring UCS responded to appropriate calls.

9. NHS Wales 111 Service abandonment rate increased to 14.7% in December due to higher activity. Clinical ring back times for P1 remained above 90%, but P2 and P3 showed some delays. It was explained to the committee how 111 has completed more clinical assessments in December than before, and that potentially removal of Can't Send may require additional capacity. Analysis by the operational team suggested that demand profiling for a weekend following a bank holiday may need uplifting.

10. Additional funding from the Joint Commissioning Committee (JCC) provided for Non Emergency Patient Transport Service (NEPTS) provision to help with flow until end of financial year.

The Chair's preference was to have the report a week before, even if it did not contain the latest data. The detailed update for December, with references to the previous year, was valuable for translation into the AAA report for the Board. The December data will be included, which will help focus discussions at the Board level.

RESOLVED: The Committee received the October/November 2024 update and the unverified December 2024 Integrated Quality and Performance Report and noted that it provided sufficient assurance for the Committee against progress against the performance indicators.

07/25 DIGITAL REPORTING

Jonny Sammut updated the Committee on the following areas:

1. The procurement exercise for the drones project has concluded with an anticipated operational go-live by end of March 2025.

2. The NHS Wales 111 website still receives good use; however, engagement rates have seen a decreasing trend. Enhancements to the website were ongoing and further work is being progressed via the digital front end and the CMT programme. An internal audit on the 111 website has commenced.

3. Records requests continue to be received at a sustained high level and showing similar levels of demand year-to-date as seen in 2023/24 (which was +10% increase on previous years). The average turnaround time for non-trivial requests to the IT service desk peaked in October to 47 days (40 days in the last reporting period), however that reduced to 28 days in November.

4. Good system availability performance was reported, with performance still above the UK industry standard of 99.9%.

5. The emergency services network outline business case was expected by the end of April 2025, with a separate deep dive session to be planned.

6. The CMT required significant input from various digital teams. These requirements were not known at the time of writing the Digital Plan, resulting in many pre-agreed priorities and timelines for 2024/25 being paused or at risk. Further detail on the impact will be presented at the March 2025 Committee meeting.

7. The Power Bi migration was now complete, and the Trust was in the process of decommissioning some of the old Qlik servers. This was going well and will have a positive impact in terms of the Trust's cybersecurity.

8. Cloud exploration was currently underway to move the on-premises data warehouse to a cloud-based solution. This transition aimed to improve cost, storage efficiency, and the speed of reporting platforms.

9. The cyber risk score was currently at 15 and was in the process of being increased to 20, primarily in response to global conditions This change will be formally communicated by the next Committee meeting. Further details will be discussed in the closed session of today's meeting.

10. The emergency services network outline business case, which covered communications between the contact centre and vehicles, will be presented around the end of April 2025. A separate session outside the formal committee will likely be hosted for a deep dive into this topic.

Trish Mills mentioned there was a Board Development session scheduled for February 2025, focusing on cyber security. An external provider will be coming in to offer more in-depth development specifically for this Committee.

Following a query in respect of drones and their use in the future, Jonny Sammut explained that the starting point involved clarifying procedures with the Civil Aviation Authority, establishing operating procedures, conducting pre-flight checks, and maintaining a good training cadence. The plan aims to ensure sufficient cover within the broader operational teams, with the long-term goal of achieving beyond visual line of sight delivery of equipment.

Jonny Sammut updated the Committee on the progress being made in terms of recruitment, with approximately 14 roles still to be filled. These roles were at various stages, with interviews occurring weekly.

Internal Audit- 111 Digital Operations

Jonny Sammut referred to the recent internal audit report on the 111 digital operation Clinical Assessment Software replacement tool which tested three areas: monitoring of digital services (reliability, security, data protection), staff usage (adoption, training, support, skills), and tool management (contracts, service provision). The audit provided substantial assurance, reflecting positively on the team's efforts. This will be presented to the Audit Committee, and the team was proud of the positive independent assessment.

Trish Mills added it was important to celebrate the substantial assurance, especially with no recommendations. This achievement was significant because it goes beyond just introducing a new software system. It will be highlighted in the alert section for the Board to recognise this good news.

RESOLVED: The Committee noted the contents of the Digital Report and the trends in metrics presented.

08/25 INFORMATION GOVERNANCE REPORTING

Jonny Sammut presented the report and drew the Committee's attention the following points:

1. Following an internal audit earlier in the year, several audit management actions related to Data Quality (DQ) and DQ Assurance need to be undertaken. In November 2024, the update highlighted outstanding actions, particularly one related to reporting routes. The group discussed the distinction between operational and clinical data quality, agreeing that specific elements of DQ should also pass through to the Quality & Performance Management Framework steering group as appropriate. Of the five actions due in Q3 2024/25, three were proposed for closure, and two requested date revisions due to capacity constraints.

2. Challenges related to lawful data sharing of patient information with the wider NHS Wales organisations via Digital Health and Care Wales (DHCW) were highlighted. This will be revisited following legal advice and further discussions with DHCW in particular related to the common law duty of confidentiality.

3. Records Management: Although some progress has been made with actions in the plan (e.g. review of the Records Management Policy), the plan itself and the timelines have not been able to be updated for several months due to a long-term absence in the team and increasing demand for records

4. Improvement actions on the Information Governance (IG) toolkit were achieved on target with the team working on the March 2025 toolkit submission.

5. IG Training compliance rate was at 78% in November 2024, which exceeded the previous year's 75% target, however the new target was 85%, and that was required to be met by March 2025 as part of the IG toolkit.

6. Members reviewed corporate risk 623 which related to failure to comply with data protection legislation (rated 15) and noted the importance of meeting standards on the IG Toolkit, particularly as it related to research.

7. Freedom of Information Act (FOI) requests increased from 43% in July to 72% in August and 64% in September, however this remained under target which is 90%. Resourcing has been a factor here as well as improvements needed to process which

will commence in 2025. The total number of questions received across all FOIs has increased, exacerbating the issues.

The Committee noted the clear rationale for changing some response dates in the audit report, and that progress was being made on the actions. The paper was comprehensive, and it was pleasing to hear about the progress on recruitment.

RESOLVED: The Committee noted the update.

09/25 ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE - AS AT DECEMBER 2024

Chris Turley presented the report as read and highlighted several key areas in the report for the Committee's attention:

1. The majority of the red rated actions on the Trust's Decarbonisation Action Plan (DAP) required further investment or were dependent on external factors.

2. The DAP risk 542 remained at a score of 16 and was regularly reviewed.

3. The most recent Decarbonisation Co-ordination Reporting (DCR) to NHS Wales Shared Services Partnership in October 2024 maintained an overall Amber status.

4. Various schemes were being delivered under the Welsh Government Estates and Facilities Advisory Board (EFAB) funding for 2024/25, with a significant portion of the funding awarded to the Trust. Updates on specific projects were provided to the committee with no escalations.

5. There will be one common single responder vehicle across all solo response EMS service lines, with a move from a car to a van to accommodate kit and provide a more generic vehicle.

6. In line with Trust's DAP commitment, the next 20 vehicles will be plug in hybrid, with a pilot of 10 full electric vehicles (cars/vans) planned for early 2025/26. Further work was being carried out to address operational practices, charging processes, and vehicle locations.

7. The overall aim of the DAP was to reduce emissions in line with the contribution to Welsh Government being at net zero by 2030. For the Trust that equated to a 33% reduction in the 2018 emissions baseline, with members noting this has been challenging to measure, not least due to changes to the baseline.

Peter Curran queried if the Trust had a baseline position, metrics, targets, and timelines associated with Decarbonisation. Chris Turley explained that WG had set a target for an initial 33% reduction in emissions from a 2018 baseline. However, the baseline has changed every year since 2018, making it difficult to measure progress. An annual report was provided in September, detailing the delivery of this target as accurately as possible.

Chris Turley added that the Trust was piloting 10 fully electric vehicles, transitioning from car-based to van-based single responder vehicles. This year, it was procuring 30 replacements, with 20 being plug-in hybrids and 10 fully electric. The pilot involved determining optimal placement, infrastructure, and charging logistics. Diesel vehicle backups will be available during the pilot phase to ensure operational continuity.

RESOLVED: The Committee noted the Environment, Decarbonisation and Sustainability update.

10/25 FIRE SAFETY ANNUAL REPORT

Chris Turley presented the Annual Fire Safety Compliance Report for the Trust's estate, which focused on emergency lighting, fire alarm systems, and fire risk assessments (FRAs). The report was proving to be of additional use to operational teams managing larger sites. There were no escalations to the Board, however of note:

1. All emergency lighting systems have been serviced and maintained, ensuring full compliance with statutory obligations. However, monthly 'flick' tests were not being carried out at all ambulance stations.

2. Bi-annual servicing and maintenance of fire alarm systems were being completed across all Trust owned sites. Weekly fire alarm testing was being conducted at larger corporate and contact centre sites.

3. All Trust sites have current FRAs, with several sites due for renewal in the new financial year. The FRAs provide an overview of each site's performance against statutory obligations and document recommendations in a remedial action plan.

4. Annual fire drills have been added to the 3i Studio Computer Aided Facility Management (CAFM) system, with Estates managing the annual program for fire drills across all Trust sites.

5. There has been a significant increase in the number of trained fire marshals across the Trust estate.

RESOLVED: The Committee:

(1) Received the 2024 Fire Safety Annual Report and noted the update and progress made since the appointment of a more dedicated facilities team to progress with the improvement of fire safety compliance across all Trust sites.
(2) Noted the appointment of a new Fire safety advisor, namely Anolex Fire.
(3) Noted the changes made to the training of fire marshals through Thomas Carroll Management Services.

11/25 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

Trish Mills, prior to the updated highlighted an error in the report: paragraph four in the Executive Summary sates this was the same Board Assurance Framework (BAF received in November, it is not, it is the same BAF that the Board received in November.

Members received assurance on the risks within the Committee's remit as well as the Trust's two highest scoring risks within the Quality Patient and Experience Safety Committee (QuEST) remit for oversight, noting that the data was the same as that presented to Trust Board in November 2024 due to reporting cycles.

Risk 594 (civil contingency risk) has reduced in score in the latest review from 20 to 15.

A new risk was added to the corporate risk register and will be presented to the January board meeting. This was Risk 641 related to the Manchester Arena Inquiry with a score of 20. Members noted that a considerable number of Inquiry recommendations have been implemented without additional investment, which has allowed for a reduction in the initial risk score. The remaining recommendations required external support and financial investment to be fully implemented. The scale of the investment was significant and formal discussions with Commissioners will begin this month.

Other Risks Raised:
A risk of physical security risk related to loss and theft of equipment has been drafted with a rating of 12. This was being progressed through usual risk management cycles.

The annual fire safety report noted several actions arising from fire risk assessments. These risks were being managed and addressed through various measures, including the appointment of a dedicated facilities team, the new fire safety advisor Anolex Fire, and changes to fire marshal training.

Lee Brooks further updated the Committee on the new risk 641, which has involved significant work to transition from project resources to a business-as-usual approach for monitoring outstanding matters from the Manchester Arena inquiry. The inquiry has highlighted areas of vulnerability, and while many recommendations have been implemented, gaps remain that required external support. Some recommendations will be closed by March 2025, but others depended on external funding. A detailed breakdown of recommendations will be discussed in closed sessions. Any significant changes will be reported to the Board, as progress depended on financial investment.

Peter Curran expressed his concern about the uncertainty of funding, with Welsh Government and Commissioners batting back and forth on who will pay. It was important to use this situation effectively to ensure all stakeholders recognise the risks of not receiving additional funding. Lee Brooks added the risk was highlighted to ensure it was addressed by the Trust Board by the end of the month, as conversations with Commissioners were intensifying.

RESOLVED: The Committee:

(1) Noted the contents of the report and endorsed the addition of Risk 641 (*the Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident*) on the Corporate Risk Register.

(2) Were expected to receive details on the potential changes in the risk in terms of Cyber.

12/25 COMMITTEE PRIORITIES AND CYCLE MONITORING REPORT

The report was noted.

RESOLVED: The Committee noted the update.

13/25 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

Financial Sustainability Programme: Further detail and clarity was sought on the context and rationale of the strategic intent and integration of the financial sustainability programme with broader strategic objectives, potentially involving Angie Lewis for historical context and alignment with the IMTP. It was agreed an update would be provided to the Chair.

The Hybrid meeting worked well, papers were well presented and there needs to be an overview of timings for each item.

Rachel Marsh noted there were challenges in performance areas, particularly where more information was needed to understand why performance was not meeting expectations. She emphasised the importance of having detailed discussions on specific metrics relevant to the Committee to better understand and address areas where performance was lacking.

Peter Curan reflected it was a very comprehensive and insightful meeting. Balancing the budget and ensuring efficient resource deployment were significant challenges, especially with external factors at play. Given the upcoming challenges, focusing on financial sustainability and exploring income generation options would be crucial.

Trish Mills added that at the next meeting the Committee would spend more time on Committee effectiveness.

Meeting concluded at 12:15

Date of Next Meeting: 18 March 2025.

ACTION LOG - CURRENT
FINANCE AND PERFORMANCE COMMITTEE

Action Number	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
04/25	16 January 2025	Financial Sustainability Programme	Further detail and clarity was sought on the context and rationale of the strategic intent and integration of the financial sustainability programme with broader strategic objectives, potentially involving Angie Lewis for historical context and alignment with the IMTP. It was agreed an update would be provided to the Chair.	Chris Turley Carl Kneeshaw	18 March 2025	Update 18 March 2025 Carl Kneeshaw to meet with the Chair and provide an update. NB Meeting was originally scheduled for 10 May, however due to other diary commitments this was now being rearranged.	Open

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. The papers for these meetings can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	30 January 2025
Committee Meeting Date	16 January 2025
Chair	Jayne Beeslee

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Members discussed the **financial allocation for 2025/26**, noting an uplift to Health Boards of 1.77% compared to 3.67% this year. It is expected that this uplift will be passed through to providers, as has been the case in previous years. The only other funding assumed within the financial planning principles is for pay awards and the impact of the increase to employers National Insurance. The allocation letter also prescribes a savings target of at least 2%, which amounts to about £6.5 million for WAST.

2. The challenges that this poses for planning as part of the 2025-28 IMTP were stressed, including the fact that the allocation does not fully cover EMT band 5 costs, and there is no indication that these will be separately funded this year. Welsh Government has made it clear that this will not be for them to fund direct, and that it needs to be discussed and negotiated with Commissioners (Health Boards) as part of the overall Resource Envelope being made available for WAST for 2025/26 and beyond.. Members were advised that currently we are unable to commit to any additionality in 2025/26 beyond that which we are currently obligated to do, without an agreed funding source, or offsetting savings delivery (over and above the c£6.5m currently required to balance committed expenditure). Accountable Officer (AO) letters are due to Welsh Government by 14 February therefore further prioritisation and costing of the IMTP is underway, following which it will need to be agreed how any such AO letter from WAST is framed. Whilst there is a route to a balanced budget for 2025-26, this does not include additionality without further stretching the savings target. The board will receive a further update at its 30 January meeting.

3. The Internal Audit on **111 Digital Operations** focused on the new 111 system, provided by MIS Emergency Systems Ltd and Priority Dispatch Solutions (CAS replacement tool). **The audit returned substantial assurance** overall with no recommendations for action. Members commended the teams on this excellent result, particularly given the challenges in implementing the new system. Board members will note the following from the report:

- The system has been successfully implemented onto a secure architecture which provides improved security and resilience.
- There are processes for monitoring performance of the system to prevent incidents and an appropriate system administration process in place.
- Training was provided to all staff prior to implementation, and enhanced support was available to staff in the early stages. Ongoing training is provided to new staff and performance of users is monitored.
- The contract sets out the required system performance and there are regular review meetings between WAST and the supplier to ensure system performance is appropriate and to discuss any identified issues.

ADVISE

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

4. An update on the progress of developing the **IMTP for 2025-28** was received detailing the planning cycle and feedback from the Collaborative Planning Workshop event held in October, the board development session held in December and the prioritisation exercise held on 8 January. The draft IMTP will be circulated to board members for review and comment in February ahead of its presentation for endorsement at the March committee meeting, and for approval at the March board meeting. The challenge of the 2025/26 financial allocation and the resulting impact on the affordability of the emerging IMPT is outlined in the alert section above.

5. Members received the **Operations Quarterly Report for Q3.** Lee Brooks provided a comprehensive update on various operational aspects, highlighting progress, challenges, and future plans. Of note:

   - Additional funding has been secured from Welsh Government for the Specialist Operations Response Team (SORT) and efforts are underway to grow the team. The capital funding for vehicles cannot be spent in year with insufficient time for procurement and so colleagues are actively discussing roll over to next financial year.
   - The Volunteer Conference in October was well-received and it is intended to provide a conference later in 2025.
   - Work on the Grenfell Fire Inquiry report is complete and provided to commissioners as supplementary to the Manchester Arena Inquiry submission, and the report will be included in the annual EPRR scrutiny papers for this committee.
   - Development of the corporate risk related to the Manchester Arena inquiry is progressing, with 18 recommendations connected to submissions (see further below).
   - News that the first workshop for E-timesheets is underway was welcomed.
   - The Emergency Medical Services Coordination (EMSC) reconfiguration, including new management structures and a single allocator model, is complete. There is recognition that there is a need to now give EMSC some respite from changes save for those associated with estate moves in North Wales, and change associated with our evolving Clinical Services Model.
   - The critical incident declared on 30th December was due to high patient queue numbers (340 at the time the incident was declared) with half of the ambulance fleet outside Emergency Departments. There will be some reflection on the broader system response to the critical incident. Whilst this was not a major incident it was felt that the system response was insufficient for WAST

to respond to the significant numbers of patients needing our help and we do already have a corporate risk associated with this challenge.

- Clinical Model Transformation (CMT) changes in December have shown benefits for patients, with positive indications in consult close rates. More evaluation is underway.
- The Welsh language answer rate in 111 has recovered after a dip with answer rates up to 70%.

6. Members **reflected** that the hybrid meeting approach worked well with just over half of participants online. Papers were clear and well presented, however there is a desire to ensure that sufficient time is allocated to items so that the meeting runs to time (which it did). The question as to whether deep dives are needed on aspects of the MIQPR to ensure that the committee is challenging where there is poor performance was posed, and the Chair will raise this with NEDs. Members commended the assurance received from directors and noted that 2025/26 will be a more challenging year, stressing there was a need to be clear on what was in, and outside of, our control. The committee welcomed observers who commented that they felt welcomed and enjoyed the discussion.

ASSURE

(Detail here assurance items the Committee receives)

The following items will also be presented to board at their 30 January meeting however members may benefit from the following points of discussion from the committee:

Financial Position for Months 8 and 9 2024/25

7. Members noted that the year to date position shows a £43, 000 underspend, with forecasted breakeven by the end of the financial year. The capital spend has begun to flow as expected towards quarter four, and savings continue to be delivered as planned. The overall financial position is stable, with few variations in the delegated budgets.

8. There is an in year risk related to the EMT Band 5 development, which has reduced to zero. This is because the organisation has reached a point where it can cover the costs for the current year. The situation is not sustainable in the long-term however and will need be considered within the 2025/26 financial planning. This will therefore remain a risk going into the next financial year.

9. Additionally, members noted that there is a technical risk related to the pay awards for 2024/25. Welsh Government has requested invoices for 75% of the anticipated costs however not all costs will be received until the discrepancies between the actual and modelled figures (across NHS Wales). This is considered to be a technical risk because receipt of the remaining 25% is not at a material risk.

Monthly Integrated Quality and Performance Report (MIQPR) for October/November 2024.

10. December 2024 data was not available in the MIQPR for this committee (but will be for January board). The committee were updated on activity and performance during this crucial period, noting:

- Emergency Medical Service (EMS) capacity remained strong, aided by sustaining the lower absenteeism compared to previous years. Additional third-party provision during Christmas Eve, Christmas Day and Boxing Day helped uplift UHP by 4-6%, attending 75 incidents.

- December data was caveated that it was not yet verified. December's red performance was 47.6%, compared to 48.9% for December last year, and consistent with November 2024 performance. Red activity continues to grow, with a significant number of red breathing problems, with noticeable uplift experienced in the 0-4 age group. Interventions in 111 streaming helped reduce unnecessary 999 demand originating from 111.
- Amber median response time in December was three hours, up from one hour and 40 minutes last year, due to high red activity and more than 25,000 hours lost to handover delays.
- Respiratory Syncytial Virus (RSV) cases for 0-4 year olds peaked shortly before Christmas, but flu shows a double peak (first before Christmas, and the second occurring now), adding stress to hospitals and exacerbating handover delays.
- Mobilisation times improved for the second consecutive month for both Emergency Ambulances and CHARU in red and amber categories.
- 999 Answer Rate dipped to 86% in six seconds in December, with 51,500 calls offered. Median answer times remained strong despite higher absenteeism in 999 call handling.
- Positive indications of consult and close rates around 20%, pending validation. It offers some assurance that activity brought into the Trust with the removal of Can't Send from the Clinical Safety Plan, is being appropriately managed, with outcomes remaining consistently distributed across available dispositions.
- Urgent Care Service (UCS) utilisation initially reduced following dispatch changes (to ensure staff attended only those patients within their scope or practice) but has picked up again as changes to flow and removal of Can't Send from the Clinical Safety Plan was implemented, ensuring UCS responded to appropriate calls.
- NHS Wales 111 Service abandonment rate increased to 14.7% in December due to higher activity. Clinical ring back times for P1 remained above 90%, but P2 and P3 showed some delays. It was explained to the committee how 111 has completed more clinical assessments in December than before, and that potentially removal of Can't Send may require additional capacity. Analysis by the operational team suggests that our demand profiling for a weekend following a bank holiday may need uplifting.
- Additional funding from JCC provided for NEPTS provision to help with flow until end of financial year.
- Committee noted that there will be an expected dip in PADR and statutory and mandatory compliance due to operational priorities during winter pressures.

11. The **Integrated Medium Term Plan (IMTP) Delivery and Assurance Report** included the confirmed Q3 2024/25 position. The Board will receive the assurance report at its January meeting. Members discussed the risk in regular meetings with Health Boards (HBs) via the Commissioner being paused in recent months due to the establishment of the new Joint Commissioning Committee (JCC). There is a commitment to re-establish these meetings next year, potentially at a regional level rather than at the HB level, which could be beneficial. Assurance on broader engagement is provided through the Strategic Planning & Performance and Senior Operations, Clinical, and Quality teams, who are linked to HBs and attend regular meetings. This ensures that we remain connected to planning at the HB level in the absence of the paused meetings.

The following items were only presented to this committee and assurance is provided to the board as follows:

12. There were no **escalations** from the workstreams of achieving efficiency or income generation in the **financial sustainability programme** (FSP). Competing priorities with the CMT work have resulted in

slowed progress since the last reporting period, however as of M8 FY2024/25, there is a total overperformance of £446,000 (£5.086m) against the established planned M8 position (YTD) of £4.640m. Key areas of current focus for the FSP include:

Achieving Efficiency:

- Service and provision reviews, which will be further reviewed at a workshop on 11th February with senior leaders. The session aims to balance maintaining business as usual, focusing on IMTP strategic priorities, and exploring new possibilities. The outcome will be a smart program of activity and action plan, detailing next steps, priorities, additional resources needed, and alignment with IMTP priorities
- Short and long-term efficiency savings
- Process efficiencies

Income Generation:

- Scope and deliver 'small win' schemes
- Dedicated structures for delivery and oversight of commercial opportunities
- Commercial and financial mindset training and development.

13. The Head of Commercial advert closed on 13th January with 13 applications received - these are now in the process of being shortlisted. Members discussed the current scope of the **commercial programme**, which includes income generation opportunities, business development, and maximising existing profit-generating activities. There will be an oversight group ensuring the Head of Commercial will have the necessary backing and guidance within the organisation. The committee briefly explored the future strategic intent of financial sustainability and welcomed the opportunity for further deliberation on future focus and alignment with WASTs strategic objectives.

14. The **Digital KPIs** relating to data and analytics, ICT systems, digital services, projects & programmes, and progress against the recently refreshed Digital Plan were presented. Of note:

- The CMT requires significant input from various digital teams. These requirements were not known at the time of writing the Digital Plan, resulting in many pre-agreed priorities and timelines for 2024/25 being paused or at risk. Further detail on the impact will come to the March meeting.
- Noting the alert to board in the November AAA, the committee were assured that recruitment into the new Digital posts following additional investment this year is progressing well.
- The procurement exercise for the drones project has concluded with an anticipated operational go-live by end of March 2025.
- The NHS Wales 111 website still receives good use, however engagement rates have seen a decreasing trend. Enhancements to the website are ongoing and further work is being progressed via the digital front end and the CMT programme. An internal audit on the 111 website has commenced.
- The average turnaround time for non-trivial requests to the IT service desk peaked in October to 47 days (40 days in the last reporting period), however that reduced to 28 days in November.
- High volume of records requests continues. Two new records officers joined in December and whilst compliance to target remains at risk, the improvement plan was recently refreshed with

internal monitoring.

- Good system availability performance was reported, with performance still above the UK industry standard of 99.9%.
- The emergency services network outline business case is expected by the end of April, with a separate deep dive session to be planned.

15. The **Information Governance Report** (IG) for Q3 highlighting ongoing efforts to enhance information governance and data protection within the Trust, addressing both compliance requirements and operational challenges. Of note for the board:

    - Challenges related to lawful data sharing of patient information with the wider NHS Wales organisations via Digital Health and Care Wales (DHCW) were highlighted. This will be revisited following legal advice and further discussions with DHCW in particular related to the common law duty of confidentiality.
    - Improvement actions on the IG toolkit were achieved on target with the team working on the March toolkit submission.
    - IG Training compliance rate was at 78% in November, which exceeds the previous year's 75% target, however the new target is 85%, and that is required to be met by March as part of the IG toolkit.
    - Members reviewed corporate risk 623 related to failure to comply with data protection legislation (rated 15) and noted the importance of meeting standards on the IG Toolkit, particularly as it relates to research.
    - Freedom of Information Act (FOI) requests increased from 43% in July to 72% in August and 64% in September, however this remains under target which is 90%. Resourcing has been a factor here as well as improvements needed to process which will commence in 2025. The total number of questions received across all FOIs has increased, exacerbating the issues.

16. The **Environmental, Decarbonisation and Sustainability Update** reported as follows, with no escalations to the board:

    - The majority of the red rated actions on the Trust's Decarbonisation Action Plan (DAP) require further investment or are dependent on external factors.
    - The DAP risk 542 remains at a score of 16 and is regularly reviewed.
    - The most recent Decarbonisation Co-ordination Reporting (DCR) to NHS Wales Shared Services Partnership in October 2024 maintains an overall Amber status.
    - Various schemes are being delivered under the Welsh Government Estates and Facilities Advisory Board (EFAB) funding for 2024/25, with a significant portion of the funding awarded to the Trust. Updates on specific projects were provided to the committee with no escalations.
    - There will be one common single responder vehicle across all solo response EMS service lines, with a move from a car to a van to accommodate kit and provide a more generic vehicle.
    - In line with WAST's DAP commitment, the next 20 vehicles will be plug in hybrid, with a pilot of 10 full electric vehicles (cars/vans) planned for early 2025/26. Further work is being done to address operational practices, charging processes, and vehicle locations.
    - The overall aim of the DAP is to reduce emissions in line with our contribution to Welsh Government being at net zero by 2030. For WAST that equates to a 33% reduction in the 2018 emissions baseline, with members noting this has been challenging to measure, not least due to

changes to the baseline.
- The organisation has more staff, facilities, and vehicles than in 2018, impacting emissions.

17. The Annual **Fire Safety Compliance Report** for the Trust's estate was received, focusing on emergency lighting, fire alarm systems, and fire risk assessments (FRAs). The report was proving to be of additional use to operational teams managing larger sites. There are no escalations to the board, however of note:

    - All emergency lighting systems have been serviced and maintained, ensuring full compliance with statutory obligations. However, monthly 'flick' tests are not being carried out at all ambulance stations.
    - Bi-annual servicing and maintenance of fire alarm systems are being completed across all WAST-owned sites. Weekly fire alarm testing is being conducted at larger corporate and contact centre sites.
    - All WAST sites have current FRAs, with several sites due for renewal in the new financial year. The FRAs provide an overview of each site's performance against statutory obligations and document recommendations in a remedial action plan.
    - Annual fire drills have been added to the 3i Studio CAFM system, with Estates managing the annual program for fire drills across all Trust sites.
    - There has been a significant increase in the number of trained fire marshals across the Trust estate.

18. Members received the **Committee Cycle of Business Monitoring Report and Committee Priorities** update with no escalations for the board.

19. In **closed session** members received the Fleet Procurement Strategy and an update on the cyber KPIs.

RISKS

Risks Discussed:

Board Assurance Framework Risks:

Members received assurance on the risks within the Committee's remit as well as the Trust's two highest scoring risks within QuEST's remit for oversight, noting that the data is the same as that presented to Trust Board in November 2025 due to reporting cycles.

Risk 594 (civil contingency risk) has reduced in score in the latest review from 20 to 15.

A new risk was added to the corporate risk register and will be presented to the January board meeting. This is **Risk 641** related to the Manchester Arena Inquiry with a score of 20. Members noted that a significant number of Inquiry recommendations have been implemented without additional investment, which has allowed for a reduction in the initial risk score. The remaining recommendations require external support and financial investment to be fully implemented. The scale of the investment is

significant and formal discussions with Commissioners will begin this month.

Other Risks Raised:

A risk of physical security risk related to loss and theft of equipment has been drafted with a rating of 12. This is being progressed through usual risk management cycles.

The annual fire safety report noted several actions arising from fire risk assessments. These risks are being managed and addressed through various measures, including the appointment of a dedicated facilities team, the new fire safety advisor Anolex Fire, and changes to fire marshal training.

COMMITTEE AGENDA FOR MEETING		
Operations Update Q2	Financial position Months 8 & 9 2024/25	Financial Sustainability Report
IMTP Delivery/Assurance – Progress Update 2024-27 IMTP 2025-28	Monthly Integrated Quality and Performance Report	Digital reporting Internal audit – 111 Digital Operations
Information Governance	Environment, Decarbonisation and Sustainability Update	Fire safety annual report
Risk management and board assurance framework	Committee Priorities and Cycle Monitoring Report	Reflections

COMMITTEE ATTENDANCE						
Name	**14 MAY 2024**	**16 JULY 2024**	**17 SEPT 2024**	**19 NOV 2024**	**16 JAN 2025**	**18 MAR 2025**
Joga Singh (Chair)						
Jayne Beeslee (Chair)						
Kevin Davies		Chair				
Bethan Evans						
Peter Curran			Chair			
Chris Turley						
Rachel Marsh	Hugh Bennett	Hugh Bennett	Hugh Bennett	Hugh Bennett		
Lee Brooks						
Liam Williams				From Item 7	Penny Durrant	
Angie Lewis						
Carl Kneeshaw						
Jonny Sammut						
Trish Mills	Julie Boalch					
Hugh Parry						
Damon Turner						

	Attended
	Deputy attended
	Apologies received
	No longer member

AGENDA ITEM No	**5**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**4**

2024/25 COMMITTEE EFFECTIVENESS REVIEW

MEETING	18 March 2025
DATE	Finance and Performance Committee
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Trust's Standing Orders and committee terms of reference require that board committees evaluate their effectiveness annually and prepare an annual report to the Trust Board.

2. The approach for the 2024/25 effectiveness review for this committee sees a move away from the lengthy questionnaires of the past, and a focus on its delegated remit and the assurance reporting in particular that it receives on a regular basis.

3. The board has established this committee to support it in discharging its responsibilities effectively. The operating arrangements of this committee should allow it to spend time to delve deeper into issues within its remit, identify assurance gaps, and set the necessary context for informed decision-making. It is vital therefore that that time is spent effectively and that the delegated remit is both appropriate and manageable. Essential to this is a clear work programme and robust reporting.

4. A presentation will accompany this paper in committee; however, members are requested to review the committee's remit (summarised below and in full in the current attached terms of reference) and its cycle of business ahead of the meeting.

RECOMMENDATION

5. Members are invited to assess whether the committee's remit, as outlined below and in its terms of reference, remains appropriate for 2025/26. Consideration should be given to any desired amendments, additions (such as

commercial/business development), or removals, as well as any areas that might be better addressed by another committee.

6. Members are invited to evaluate the cycle of business included in this pack. Reflecting on the hallmarks of effective assurance reporting, members are asked to propose potential improvements to enhance the strength and efficiency of assurance processes for the committee, including any individual reports.

7. Additionally, members are asked to take part in a short Mentimeter quiz[1] during the meeting to answer the following questions:

   (a) What would help you as report writers/reviewers/receivers of assurance
   (b) What works well in this committee
   (c) What improvements could we make in this committee

8. The Committee is requested to review the draft Annual Report and provide any comments ahead of it being finalised and circulated for email approval by Chair's Action.

KEY ISSUES/IMPLICATIONS

As set out above

REPORT APPROVAL ROUTE

Terms of reference and final annual report to be approved by way of Chair's Action following this meeting and presented to ARAC and the board thereafter.

REPORT APPENDICES

Annex 1 – Committee remits for 2024/25
Annex 2 – Committee terms of reference
Annex 3 – Committee cycle of business
Annex 4 – Draft committee annual report

[1] This can be accessed during the meeting via the QR code and accessing it on mobile phone browser or via Menti.com on your desktop. The code to access the survey will not be made available until the day, however it could be helpful to have Menti.com open on your laptop should you prefer using this over a mobile.

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

2024/25 COMMITTEE EFFECTIVENESS REVIEW

SITUATION

1. Annual effectiveness reviews are designed to evaluate the efficacy of the committee, review operating arrangements, and propose changes to improve its support, challenge, scrutiny and oversight responsibilities.

2. Whilst our commitment to the duty means we adopt a continuous improvement methodology throughout the year, this annual effectiveness review is an opportunity to formally review this committee's remit and membership, consider the reports it receives, and look back at the work of the Committee in 2024/25.

BACKGROUND

Role of the Board and its Committees

3. The Trust Board is accountable for governance, risk management and internal controls at WAST. It focuses on the following key areas:

    - Developing the **strategy, vision, and purpose** of the Trust. Identifying priorities, establishing goals and objectives, applying resources, understanding risks to the achievement of objectives, and allocating funds to support the decisions that need to be made around strategic planning.

    - Shaping the **culture** of the Trust in several ways, including the way in which it engages with our people, our patients and stakeholders, the way it manages its agenda, by the nature of the discussions at the Board and the relative emphasis given to different performance criteria, by the visibility of its members in the organisation, and by where it chooses to invest time and resources. Board and committee members must live up to the highest ethical standards of integrity and probity and abide by the Nolan Principles.

    - Setting organisation wide expectations and accountability for high performance and compliance with the **duty of quality** and the **duty of candour** as set out in the Health and Care (Quality and Engagement) (Wales) Act 2020. Ensuring that all staff understand their role in the effective and high-quality provision of care in a governance framework that ensures a balance between trust, constructive debate, and effective challenge in a culture of openness and learning.

- Ensuring there is a robust system of **risk management and internal controls** in place, and that the board are sighted on the mitigations in place for the principal risks to the delivery of the strategy.

- **Holding to account,** and being held to account, for the delivery of the strategy in accordance with the strategic and performance frameworks developed by the Board.

4. The board has established several committees to support it in discharging its responsibilities effectively. These committees are designed to undertake the detailed work required to provide robust assurance, explore risks and performance issues, and examine key matters within their specific remits. By doing this 'heavy lifting,' they have the capacity to delve deeper into issues, identify assurance gaps, and set the necessary context for informed decision-making. Attached at **Annex 1** is a snapshot of the remits of all six committees of the Trust Board, and the Corporate Trustee framework.

5. Committees meet for extended periods, allowing them to afford the time and attention to critical matters that the full board cannot. This structure ensures that items are thoroughly examined and discussed, enabling a more expert understanding of their implications. Following each meeting, committees report back to the board and corporate trustee on the assurance they have received and escalate any significant issues or concerns for further consideration. This approach ensures that the board is well-informed and able to focus on strategic oversight.

<u>Effectiveness</u>

6. The Trust's Standing Orders, committee terms of reference, and codes of governance provide that boards should routinely assess the effectiveness of their governance arrangements, of which this committee forms an integral part. Each committee is required to submit an annual report to the board setting out its activities during the year and a review of its performance.

7. In 2022/23 and in 2023/24 these reviews consisted of a lengthy questionnaire completed by members, and a pre-review of the terms of reference and questionnaire responses by the committee Chair, Executive Lead and Corporate Governance Team. These were then presented to the committee with proposed changes to both the remit and operating arrangements. The survey and the presentation of results in the committee meeting garnered waning engagement as reviews progressed through the seven committees. This was in part because of the time of year these were undertaken (which was during the busy winter period

for the Trust), and because there is duplicative membership across several committees.

8. In April 2024 the Audit, Risk and Assurance Committee (ARAC) agreed a different approach to these reviews for the 2024/25 year to garner further engagement of members.

9. The new approach for committees other than ARAC[2] centres on discussion in the meeting on the delegated remit of the committee and assurance reporting. The pre-submitted questionnaire will be replaced by a few simple questions for the interactive committee session on best practice and improvements that could be made.

ASSESSMENT

10. This committee's terms of reference are attached at **Annex 2**.

<u>The Remit of this Committee</u>

11. The terms of reference set out its purpose, membership, operating arrangements, members' commitment to the duty of quality, and its delegated duties and remit. The purpose of the Finance and Performance Committee (the committee) is to enable scrutiny and review of the Trust's arrangements in respect of the:

    - overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties;
    - ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP);
    - monitoring of the IMTP and ensuring achievement of key milestones;
    - robustness of any cost improvement measures and delivery of key strategies and plans;
    - ensure development of the long term strategy and delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking;
    - scrutinise business cases for capital and other investment;
    - oversight of the development and implementation of the digital, estates, fleet, and environmental strategies;
    - information governance and information security; and business continuity including emergency preparedness, resilience and response, cyber security, and cyber resilience.

[2] ARAC follows the National Audit Office questionnaires as best practice

The Work Programme of this Committee

12. The terms of reference are accompanied by a cycle of business (otherwise known as a work programme) for each committee. This committee's cycle is attached at **Annex 3**. The text in red is a direct lift from the terms of reference narrative and what follows then is the reporting that has been agreed will provide the necessary assurance and/or opportunities for scrutiny and challenge on the duties delegated to this committee by the board. This cycle of business and its accompanying notes were approved by the committee in May 2024.

13. Cycles of business play a pivotal role in the effectiveness and efficiency of the committee. They are the basis upon which agenda are drafted to inform a fulsome commissioning of papers. The notes section contains context added from a number of sources including audit reports, directions from the committee, agreed approaches or policy positions.

14. The cycle of business should aim to cover 90% of the items expected to come before the committee. This framework enables directors and their teams to plan the internal governance pathways that each report should follow before reaching the committee.

15. The cycle of business is accompanied by a detailed schedule of submission deadlines, ensuring papers are lodged with the Corporate Governance Team in a timely manner for each committee meeting and published in line with the Trust's Standing Orders.

Internal Governance and Flows of Assurance

16. With the exception of the People and Culture Committee and the Charity Committee, the board has not established sub-committees reporting to its committees. Instead, the Trust has implemented internal governance structures that serve as integral components of the broader governance framework. These structures link operational management activities with the strategic oversight provided by the board and its committees. Importantly, these forums (outlined below) do not report directly to any board committee:

    - **Organisational Governance**
      Includes governance forums reporting to the Executive Leadership Team (ELT), along with their sub-committees and task-and-finish groups.

    - **Strategy Development and Delivery**
      Encompasses the Strategic Transformation Board, its sub-committees, and working groups.

- **Directorate Governance**
  Refers to governance structures established by individual directors within their directorates.

17. These forums enable directors to:

- Address specific portfolio areas effectively;
- Foster a collaborative approach across the Trust;
- Establish robust monitoring and assurance processes;
- Escalate issues for resolution as needed;
- Formulate assurance reports to meet their accountability responsibilities to the board and relevant committees.

A well-defined cycle of business for the committee is essential to support directors in creating appropriate forums, providing clarity to report writers, and ensuring the smooth flow of reporting.

18. The cycle of business will guide the type of reporting needed; however, all assurance reporting must meet high standards to support effective decision-making. The hallmarks of a good board or committee paper include:

- Clarity and accessibility, ensuring the paper is:
  - free from jargon and accessible to all board and committee members, regardless of technical expertise;
  - presented with a clear, logical structure and relevant headings;
  - focused on key issues within the committee's remit, avoiding unnecessary detail;
  - complimented by an executive summary highlighting key points for quick reference; and
  - not duplicative.

- Strategically aligned and clearly identifies key risks, their potential impact, and how these risks are managed or mitigated.

- Evidence-based and balanced, ensuring it:
  - Is drawn from robust, reliable data and evidence;
  - provides a balanced view by presenting both positive and negative findings; and
  - includes trends and comparisons (e.g., performance over time or against benchmarks).

- Offers actionable recommendations for addressing issues or enhancing performance, clearly defining next steps and responsibility for implementation.

- Uses visual aids (e.g., charts, graphs, dashboards) to present data clearly.

- Highlights the implications of findings for patients and other key stakeholders.

- Demonstrates learning from incidents, audits, and external inspections, showing how findings contribute to a culture of improvement and excellence.

By adhering to these principles, the Trust can ensure that assurance reports effectively supports the board and its committees in making informed and strategic decisions.

19. While it is essential to define the bulk of the work to be received by a board committee through the cycle of business, it is equally important to recognise that not all items received by the committee serve as assurance. Some reports provide valuable context for complex issues or deliver information that, while not strictly assurance, supports a broader understanding of the Trust's operations and strategic priorities.

20. Assurance itself extends beyond formal reporting. It includes qualitative inputs such as patient and staff stories, which bring a human perspective to the committee's work. Additionally, the triangulation that occurs during board visits - when members engage directly with our people and patients - provides invaluable insights that complement formal assurance processes. Together, these elements enrich the committee's ability to make informed and well-rounded decisions.

21. Bearing the above in mind, members are invited to consider the reporting that the committee receives on a regular basis in particular and reflect on and suggest improvements that may be made to strengthen and/or streamline assurance to the committee.

Annual Report

22. The committee's annual report has been prepared in draft and is attached at **Annex 4**. The report provides assurance to the board on the discharge of the committee's responsibilities through the year, progress against priorities, and membership/quorum.

23. Following this committee meeting, any amendments to the terms of reference and feedback from members on its effectiveness will be incorporated into a revised draft, which will be circulated to members for review.

Next Steps

24. ARAC, at its May2025 meeting, will review the committee's annual report and its effectiveness evaluation, as well as any proposed changes to its terms of reference and operating arrangements. ARAC will be asked to assure the board at its May 2025 meeting that the arrangements the board has in place for its committee structure and spread of delegations is appropriate and manageable into 2025/26.

25. The next meeting of this committee falls after the May 2025 ARAC meeting, therefore any changes to the terms of reference and the annual report will be circulated to the committee for email approval by Chair's Action following this meeting. The Committee Chair will also propose priorities for 2025/26 as result of the discussions from today's meeting.

RECOMMENDATION

26. Members are invited to assess whether the committee's remit, as outlined below, remains appropriate for 2025/26. Consideration should be given to any necessary amendments, additions (such as commercial/business development), or removals, as well as any areas that might be better addressed by another committee.

27. Members are invited to evaluate the cycle of business included in this pack. Reflecting on the hallmarks of effective assurance reporting, members are asked to propose potential improvements to enhance the strength and efficiency of assurance processes for the committee.

28. Members are asked to take part in a short Mentimeter quiz in the meeting answering the following questions:

    (d) What would help you as report writers/reviewers/receivers of assurance
    (e) What works well in this committee
    (f) What improvements could we make in this committee

29. The Committee is requested to review the draft Annual Report and provide any comments ahead of it being finalised and circulated for email approval by Chair's Action.

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services University NHS Trust

WAST BOARD COMMITTEE REMITS – 2024/25

Quality, Patient Experience and Safety Committee

- Duty of Quality and Duty of Candour
- KPIs in remit
- Clinical & quality plans
- Health and Care Quality Standards
- Quality Impact Assessment
- Mental health
- Infection prevention and control
- Safeguarding
- Continual quality improvements
- Learning
- Mortality reviews
- Putting Things Right
- Clinical negligence & personal injury
- Clinical effectiveness
- Clinical audit
- Citizens voice & patient experience
- Clinical and quality governance
- Risks, audits, policies in remit

People and Culture Committee

- People & Culture plan and metrics
- KPIs in remit
- Trust Behaviours
- Health and wellbeing
- Staff & volunteer experience
- Speaking up safely
- Equality, diversity, and inclusion
- Recruitment and retention
- Trade Union relationships
- Leadership & development
- Succession plans
- Welsh language
- Health and safety
- Health and Care Standards in remit
- Registration and revalidation
- Partnerships and engagement
- Risks, audits, policies in remit

Advisory Group (WASPT) reports to this Committee with onward reporting to Board via the AAA

Finance and Performance Committee

- Long term strategic direction
- Long term financial direction
- Capital and revenue monitoring
- Financial sustainability
- Business cases and PIRs
- Compliance with statutory duties
- IMTP endorsement and delivery
- Value based healthcare
- Performance against targets set by Commissioners and Welsh Gov.
- Quality &Performance Management Framework (QPMF) outcomes
- Trust wide KPIs (MIQPR)
- Recovery plans for performance
- Demand and capacity
- Estates
- Fleet
- Environment and sustainability
- Digital systems
- Digital plan direction
- Information governance
- Information security
- Major Incident Plan and Business Continuity Plan
- Cyber resilience & security
- Risks, audits, policies in remit

Audit, Risk and Assurance Committee

- Governance and assurance
- Effective systems of good governance, risk management and internal control
- Board Assurance Framework
- Annual Report
- Audited financial accounts
- Standing Orders and SFIs
- Accounting policies
- Assurance processes
- Policies for reg. compliance
- Schedule of losses & special payments
- Single tender actions
- Internal audit (inc annual plan; reports; HOIA Opinion)
- Audit Wales (inc annual plan; ISA260; structured assessment; reports;
- QPMF implementation
- Audit management responses
- Local Counter Fraud Service
- Standards of business conduct
- Whistleblowing processes
- Patient's property
- Policies in remit

Remuneration Committee

- Contractual arrangements for staff
- Appointment, termination, remuneration, terms of service and appraisal for Chief Executive; Executive Directors (including interim); Very Senior Managers
- Redundancy, VERs, Settlement settlements

Academic Partnerships Committee

- Strategic collaboration with education providers and commercial partners
- Collaboration with partners in health, social care, local authority and third sector
- Partnership arrangements
- University Trust Status
- Plans to build capacity of whole workforce
- Research governance framework
- Risks, audits, policies in remit

Charity Committee (Corporate Trustees)

- Charity strategic direction
- Charitable funds monitoring including systems and processes
- Review by Audit Wales of accounts
  Fundraising
- Bursary Panel
- Promote the charity
- Annual Report and Financial Accounts
- Approve expenditure over £5,000
- Bids Panel
- Risks, audits, policies in remit

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services University NHS Trust

FINANCE AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS 2024/25

1. INTRODUCTION

1.1. The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2. In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Finance and Performance Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

1.3. The Board Committees play an important role in supporting the Board in fulfilling its responsibilities by:

- providing advice on strategic development and performance within the terms of reference;
- undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
- carrying out specific responsibilities on the Board's behalf; and
- providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the Board on the issues within the Committee's remit allow for more focused discussions by the Board.

2. PURPOSE

The purpose of the Finance and Performance Committee (the Committee) is to enable scrutiny and review of the Trust's arrangements in respect of the:

2.1 overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties;

2.2 ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP);

2.3 monitoring of the IMTP and ensuring achievement of key milestones;

2.4 robustness of any cost improvement measures and delivery of key strategies and plans;

2.5 ensure development of the long term strategy and delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking;

2.6 scrutinise business cases for capital and other investment;

2.7 oversight of the development and implementation of the digital, estates, fleet, and environmental strategies;

2.8 information governance and information security; and

2.9 business continuity including emergency preparedness, resilience and response, cyber security, and cyber resilience.

2.10 The committee shall, in carrying out its functions and responsibilities, consider how their decisions secure an improvement in the quality of health services (the duty of quality) as outlined in The Health and Social Care (Quality and Engagement) (Wales) Act 2020. This includes but is not limited to ensuring the provision of high-quality, safe, and effective healthcare services that meet the needs of patients, service users, and their families.

2.11 The committee shall demonstrate the duty of quality through its own operating arrangements, ensuring that its processes, procedures, and decision-making mechanisms uphold the highest standards of transparency, accountability, and governance. It shall regularly review and refine its operating procedures to align with best practices and legal requirements, fostering an environment of continuous improvement. Furthermore, the committee shall monitor, assess, and report on the implementation of Health and Care Quality Standards, outcomes, and performance indicators where relevant within their remit.

3. DELEGATED POWERS AND AUTHORITY

With regard to its role in providing advice and assurance to the Board, the Committee will specifically:

Finance

3.1 Oversee and contribute to the medium and long term financial strategy, in relation to both revenue and capital;

3.2 Monitor the Trust's in-year and forecast revenue financial position against budget and review and make appropriate recommendations for corrective action to address imbalances;

3.3 Review progress against the Trust's annual operating framework and make recommendations to the Board in relation to development of the annual financial plan and budget setting and long term financial strategy and financial sustainability programmes, efficiency review implementation and required savings targets;

3.4 Monitor progress against the Trust's capital programme, scrutinise, approve or recommend for approval (where appropriate) business cases for capital investment. This will include those then submitted to Welsh Government for approval via Trust Board;

3.5 Receive assurance that a business case post implementation review is in place and is effective; review post implementation reviews on specific business cases and capital investment schemes from time to time;

3.6 Receive, review and ensure mitigation of financial risks of delivery of plans;

3.7 Monitor progress against a range of key developments and capital schemes, either in development through the business case process or in implementation;

3.8 Review performance against the relevant Welsh Government financial requirements;

Value Based Healthcare

3.9 Receive assurance on delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting;

Performance

3.10 Review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance quality indicators;

3.11 Monitor and review progress against the Trust's Integrated Medium Term Plan and obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams;

3.12 Review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework, noting that in 2024/25 the Audit Committee will receive assurance on the implementation of the framework;

3.13 Endorse and monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets;

3.14 Monitor and review plans to recover areas of underperformance, reviewing where appropriate associated KPIs as part of any deep dives, and providing assurance to the Board and escalating as required;

Planning

3.15 oversee and contribute to the development of the Trust's long term strategy 'Delivering Excellence: Our vision for 2030', and make recommendations to the Board for its approval/amendment;

3.16 Oversee and contribute to the development of the Trust's Integrated Medium Term Plan (IMTP) and ensure alignment of that plan with Delivering Excellence: Our vision for 2030;

3.17 Monitor the effectiveness of commissioning arrangements with the Local Health Boards via the appropriate commissioning forums;

3.18 Hold a central overview of all service or directorate specific long term plans that align to the long term strategy. These plans will be reviewed for alignment by the relevant Committee first and their implementation will be guided by the IMTP or relevant local directorate plans;

3.19 Review and consider matters relating to demand and capacity including proposals for reviews in this area and recommendations arising from such reviews.

Estates and Fleet

3.20 Oversee, contribute to, and receive assurance on the implementation of, the Estate Plan.

3.21 Oversee, contribute to, and receive assurance on the implementation of, the Fleet Plan.

3.22 Review proposals for acquisition, disposal, and change of use of land/buildings.

Environmental and Sustainability

3.23 Oversee, contribute to, and receive assurance on the implementation of the Environmental Strategy

3.24 Receive assurance on compliance with environmental regulations and national targets

Digital Systems and Strategy

3.25 Oversee, contribute to, and receive assurance on the implementation of, the Digital Plan;

3.26 Review projects and monitor implementation and delivery of benefits of major digital and information/reporting projects.

Business Continuity and Cyber

3.27 Oversight and scrutiny of the Major Incident Plan and Business Continuity Plan and receive assurance that such plans are effective.

3.28 Oversight and scrutiny of cyber resilience including assurance on awareness and training of WAST staff and volunteers; maintenance of upgrades/updates of systems, and replacement of legacy/high-risk systems; and

3.29 Oversight and scrutiny of cyber security including assurance of regular monitoring of risks and threats, business continuity planning and engagement with national cyber centres and stakeholders.

Information Governance and Information Security

3.30 Receive assurance the information governance and information security arrangements are appropriately designed and operating effectively to ensure the reliability, integrity, safety, and security of information to support the delivery of high quality, safe healthcare across the organisation.

3.31 Review progress of measures to improve information security and adherence to Caldicott principles against the Information Governance Toolkit, Network and Information Systems (NIS) Directive (2018), Data Protection Act (2018), and receive assurance on compliance with relevant standards, legislation and regulations.

3.32 Receive assurance on, and review effectiveness of the Trust's information security protocols.

3.33 Review performance of the Trust in relation to statutory and mandatory information requests and reporting requirements including but not limited to freedom of information requests, data breaches, police requests and subject access requests.

Policies

3.34 Approval of policies within the remit of the Committee

Corporate Risks and Audit

3.35 The Committee will monitor the principal risks relevant to its remit and consider the controls and mitigations of related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

3.36 The Committee will receive and gain assurance from internal and external audits in their remit. It will also monitor management actions to address recommendations via the audit tracker and where appropriate scrutinise the impact of actions in response to audit recommendations.

Authority

3.37 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records, or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.38 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

3.39 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Chair's Action

3.2 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. This is most likely, but not exclusively, to arise with respect to approval of policies particularly given the current backlog.

3.3 In these circumstances, the Chair, and the Lead Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee after first consulting with at least two other Members (Non-Executive Directors).

3.4 The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Sub-Committees

3.40 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee should include at least one member of the Trust's Audit Committee and will comprise:

Chair	Non-Executive Director
Members	Three further Non Executive Directors of the Board.

Prescribed Attendees

4.2 The membership will be supported routinely by the following core attendees:

- Executive Director of Finance and Corporate Resources (Joint Committee Lead)
- Executive Director of Strategy, Planning and Performance (Joint Committee Lead)
- Executive Director of Operations
- Executive Director of Quality and Nursing
- Director of People and Culture
- Director of Digital
- Trade Union Partners (x 2)
- Board Secretary
- Chairs of Sub-Committees (if any)

4.3 The Trust Board Chair and Chief Executive will have a permanent standing invite to attend the Committee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

(a) arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and

(b) ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of People and Culture.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held bi-monthly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less than seven days prior to each meeting.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub-groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities, and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

(a) report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;

(b) bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and

(c) ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

PAPER	PRE-C'EE FORUM	FREQUENCY	MAY	JUL	SEP	NOV	JAN	MAR	LEAD	PURPOSE	COMMENT/COMPLIANCE
FINANCE AND PERFORMANCE COMMITTEE - CYCLE OF BUSINESS 2024/25											
TERMS OF REFERENCE NOTED IN RED TEXT											
FINANCE											
3.1 Oversee and contribute to the medium and long term financial strategy, in relation to both revenue and capital											
Annual revenue budget	ELT	Annually							EDOF	Endorsement	SFI 4.2.2 - Boards must approve balanced revenue and capital plans before the start of the year
Annual capital budget	Capital M'ment Board	Annually							EDOF	Endorsement	Private session
3.2 Monitor the Trust's in-year and forecast revenue financial position against budget and review and make appropriate recommendations for corrective action to address imbalances											
3.4 Monitor progress against the Trust's capital programme, scrutinise, approve or recommend for approval (where appropriate) business cases for capital investment. This will include those then submitted to Welsh Government for approval via Trust Board											
3.5 Receive assurance that a business case post implementation review is in place and is effective; review post implementation reviews on specific business cases and capital investment schemes from time to time											
3.6 Receive, review and ensure mitigation of financial risks of delivery of plans											
3.8 Review performance against the relevant Welsh Government financial requirements											
3.3 Review progress against the Trust's annual operating framework and make recommendations to the Board in relation to development of the annual financial plan and budget setting and long term financial strategy and financial sustainability programmes, efficiency review implementation and required savings targets											
Financial report	ELT	Each meeting							EDOF	Assurance	Financial sustainability report may be included in this report or separately throughout the year; year end report May
Year end M12 report (same time as M1 in new year)	ELT	May meeting							EDOF	Assurance	
Business cases over £500K	TBC	As required							EDOF	Endorsement	To include pre-tender estimate and variance commentary where applicable (in reference to VRP internal audit recommendations).
IMTP financial plan	STB/ELT	Annually							EDOF	Endorsement	
3.5 Ensure delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting											
Value Based Healthcare Report	TBC	Every other meeting							EDOF	Assurance	See Note 2
3.7 Monitor progress against a range of key developments and capital schemes, either in development through the business case process or in implementation											
3.5 Assurance that a business case post implementation review is in place and is effective; review post implementation reviews on specific business cases and capital investment schemes from time to time											
3.9 Receive assurance on delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting;											
Assurance paper on PIR process	TBC	One off and then cyclical							EDSPP	Assurance	To demonstrate the PIR process is embedded in planning cycle and business planning, with cyclical reviews.
Post Implementation Reviews	TBC	As required							Relevant Director	Assurance	
Monitoring of key projects as requested from time to time	TBC	As required							Relevant Director	Assurance	
Financial Sustainability Report	TBC	Each meeting							DPC	Assurance	Agreed at 18.09.23 FPC to include quarterly updates on the Financial Sustainability Programme (FSP) for future meetings.
PLANNING											
3.18 Hold a central overview of all service or directorate specific long term plans that align to the long term strategy. These plans will be reviewed for alignment by the relevant Committee first and their implementation will be guided by the IMTP or relevant local directorate plans;											
3.15 Oversee and contribute to the development of the Trust's long term strategy 'Deliverinig Excellence: Our Vision for 2030' and make recommendations to the Board for its approval/amendment											
Refreshes of 2030 Delivering Excellence	ELT	Ad Hoc							EDSPP	Endorsement	
Service or Directorate Specific Plans: New & Refreshes	ELT	Ad Hoc							EDSPP	Endorsement	Long term service or directorate specific plans from time to time See Note 9
3.16 Oversee and contribute to the development of the Trust's Integrated Medium Term Plan (IMTP) and ensure alignment of that plan with Delivering Excellence: Our Vision for 2030											
IMTP for following year	STB/ELT/Board	Annually							EDSPP	Endorsement	NB: IMTP will also go to Board Committees such as PCC and Quest for areas within their remit prior to FPC
3.17 Monitor the effectiveness of commissioning arrangements with the Local Health Boards via the appropriate commissioning forums;											
3.10 Review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance quality indicators											
Report on commissioning	TBC	TBC							EDSPP	Assurance	Scope of this element to be developed - see Note 3
3.20 Review and consider matters relating to demand and capacity including proposals for reviews in this area and recommendations arising from such reviews											
Demand and capacity reviews	ELT	Ad Hoc							EDSPP	Endorsement	See Note 6
PERFORMANCE											
3.13 Endorse and monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets											
3.14 Monitor and review plans to recover areas of underperformance, reviewing where appropriate associated KPIs as part of any deep dives, and providing assurance to the Board and escalating as required - See Note 4											
Monthly Integrated Quality Performance report	ELT	Each meeting							EDSPP	Assurance	
MIQPR review of metrics	ELT/Board Committees	Annually							EDSPP	Endorsement	KPIs relevant to PCC and Quest reviewed by those Committee in Q4 prior to presentation to FPC
Annual HART KPI report	TBC	Annually							EDO	Assurance	HART Internal Audit Nov 22 recommended annual reporting of HART KPIs which was accepted. See July FPC on HART KPIs
3.11 Monitor and review progress against the Trust's Integrated Medium Term Plan and obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams											
3.16 Obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams											
IMTP progress updates	STB/ELT/Board	Each Meeting							EDSPP	Assurance	IMTP outturn position in May
3.12 Review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework, noting that in 2024/25 the Audit Committee will receive assurance on the implementation of the framework											
QPMF update report	QPMF Steering Group	Bi-annually							EDSPP	Assurance	Assurance on the value of outcomes produced by the framework and effectiveness. TBC reporting as implementation going to AC in 24/25
ESTATES AND FLEET											
3.20 Oversee, contribute to, and receive assurance on monitor the implementation of, the Estate Plan.											
3.21Oversee, contribute to, and monitor receive assurance on the implementation of, the Fleet Plan.											
3.22 Review proposals for acquisition, disposal, and change of use of land/buildings.											
Estates Condition and Backlog Maintenance Update [EFPMS Data/Rep	TBC	Annually							EDOF	Assurance	This was added in as a future requirement (following initial receipt in September 2024) by CorGov.
Estates and fleet strategy refreshes	TBC	Periodically as required							EDOF	Approval	Estates and Fleet strategies refreshed Mar 21. Potential fleet re-write 24/25 and estates 25/26
Fleet replacement programme	Capital M'ment Board	Annual BJC see notes							EDOF	Approval/Endorsement	2018/19 ten year fleet strategic outline proposal (SOP) with annual business justification cases calls down on that SOP (private session)
Fire safety annual report	ELT/Board	Annually							EDOF	Assurance	Timing of annual report TBC (annual compliance report was presented in Jan 24). By exception reporting outside cycle.
Fire safety exception report	TBC	Periodically as required							EDOF	Assurance	By exception outside of annual report
ENVIRONMENTAL AND SUSTAINABILITY											
3.23 Oversee, contribute to, and receive asurance on the implementation of the Environmental Strategy											
3.24 Receive assurance on compliance with environmental regulations and national targets											
Decarbonisation Update	Decarb Programme Board	Every other meeting							EDOF		Progress also against WG action plan and Trust Plan; metrics in development. Annually to include update on waste management. See Note 7
Waste Management Update	Decarb Programme Board	Annually							EDOF	Assurance	Annual update aligned with Internal Audit recommendations. First report in September 2023.
Sustainability Report	Decarb Programme Board	Annually							EDOF	Assurance/Endorse	Annual update - as per Manual for Accounts. See Note 7. Also approved by Board and audited(?)
DIGITAL SYSTEMS AND STRATEGY											
3.25 Oversee, contribute to, and receive assurance on the implementation of, the Digital Plan;											
3.26 Review projects and monitor implementation and delivery of benefits of major digital and information/reporting projects											
Digital Plan - new and refreshed	STB	Periodically as required							DD	Review and Endorse	Implementation through IMTP; strategy/plan refreshes as required - See Note 1
Metrics for digital systems infrastructure	TBC	Three times a year							DD	Assurance	Digital reporting first presented to Sept 23 meeting and will be presented at each meeting - see note 1.
Review/Monitor of major projects	TBC	Ad Hoc							Relevant Director	Assurance	Including WG PARs and gateway reviews
BUSINESS CONTINUITY AND CYBER											
3.27 Oversight and scrutiny of the Major Incident Plan and Business Continuity Plan and receive assurance that such plans are effective											
WG Annual Emergency Planning Report	ELT/Board	Annually							EDO	Assurance	Report provides for compliance with Civil Contingencies Act 2004; exercises carried out; learning from incidents/exercises/debriefs.
Incident Response Plan Report [closed session]	ELT	Annually							EDO	Assurance	Externally reported - See Note 5
Business Continuity Annual Report	ELT	Annually							EDO	Assurance	See Note 5
3.28 Oversight and scrutiny of cyber resilience including assurance on awareness and training of WAST staff and volunteers; maintenance of upgrades/updates of systems, and replacement of legacy/high-risk systems											
3.29 Oversight and scrutiny of cyber security including assurance of regular monitoring of risks and threats, business continuity planning and engagement with national cyber centres and stakeholders											
Cyber Resilience and Cyber Security Reporting	TBC	TBC							DD	Assurance	Reporting developing in 23/24 - start off at 3 times a year reporting; intention to bring to every meeting if possible.
INFORMATION GOVERANANCE AND INFORMATION SECURITY											

3.30 Receive assurance the information governance and information security arrangements are appropriately designed and operating effectively to ensure the reliability, integrity, safety, and security of information to support the delivery of high quality, safe healthcare across the organisation.											
3.31 Review progress of measures to improve information security and adherence to Caldicott principles against the Information Governance Toolkit, Network and Information Systems (NIS) Directive (2018), Data Protection Act (2018), and receive assurance on compliance with relevant standards, legislation and regulations.											
3.32 Receive assurance on, and review effectiveness of the Trust's information security protocols.											
3.33 Review performance of the Trust in relation to statutory and mandatory information requests and reporting requirements including but not limited to freedom of information requests, data breaches, police requests and subject access requests.											
Information Governance Toolkit	IGSC	Annually							DD	Assurance	
Information Governance Report	IGSC	Each meeting							DD	Assurance	
POLICIES											
3.34 Approval of policies within the remit of the Committee											
Report from policy group	Policy Group	Annually							BS	Assurance	
Policies for review and approval	Policy Group	Ad Hoc							BS	Approval	
CORPORATE RISKS AND AUDIT											
3.35 The Committee will monitor the principal risks relevant to its remit and consider the controls and mitigations of ~~high level~~ related risks and provide assurance to the Board that such risks are being effectively controlled and managed.											
3.36 The Committee will receive and gain assurance from internal and external audits in their remit. It will also monitor management actions to address recommendations via the audit tracker and where appropriate scrutinise the impact of actions in response to audit recommendations.											
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							EDO	Information/Discussion	Only received in quarter, not at every FPC meeting (if it would otherwise be a duplicate from previous meeting)
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-committees - but may set up task and finish groups from time to time
PROMPTS											
External Reports	N/A	Ad Hoc							TBC	TBC	

EDOF - Exec Director of Finance and Corporate Resources
EDO - Exec Director of Operations
EDSPP - Exec Director of Strategy, Planning and Performance
DD - Digital Director
BS - Board Secretary

Cycled for each meeting
Ad hoc item - prompt for agenda setting
Reporting developing

1	**Digital**	IA raised need to be explicit and define intended timescales for delivery of digital strategy phases. Digital strategic outline case September 2022; focus on baseline and business usual in November 2022; SOP and resourcing September 2022 (in IMTP); digital governance Digital reporting presented to Sept 23 meeting and will be presented bi-monthly. Includes data and analytics status, ICT systems status, service provision and quality, summary of IMTP contributions, spotlight item, and people FPC = reporting on technology & process related metrics i.e. where Digital Directorate is responsible oE.g. Provision of training, provision of exercises / campaigns, infrastructure, physical barriers etc. oThis would include near misses related to software, suppliers, network, technology.
2	**Value Based Healthcare**	VBH is part of the financial sustainability programme and deliverables for IMTP 23-26 set out. Includes PLICS, PROMS and PREMS. Could be part of IMTP reporting generally, but propose a bi-annual update.
3	**Commissioning**	Review of commissioning standards is the commissioning intentions met as part of IMTP. AQIs published monthly to EASC. Key AQIs included in the 28 KPIs.
4	**MIQPR**	FPC is primary Committee for review of performance across all four quadrants of the MIQPR. The Committee will commission deep dives or refer such deep dives to other Committees
5	**Emergency Preparedness**	The Trust is classed as a category one responder under the Civil Contingencies Act (2004) and as a result there is a legislative obligation for us to address 6 key responsibilities, which are - Assess local risks and use this to inform emergency planning - Put in place emergency plans - Put in place Business Continuity Management arrangements - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency - Share information with other local responders to enhance co-ordination - Co-operate with other local responders to enhance co-ordination and efficiency CCA Part one devolved to Wales. WAST is a category 1 responder under the Civil Contingencies Act (2004) and Regulations (2005). Category 1 responders are required to maintain plans for preventing emergencies; reducing, controlling or mitigating the effects of emergencies in both the response and recovery phases, and has a duty to ensure business continuity plans are in place. Trust is working towards ISO22301 accreditation. Internal Audit on Major Incidents - September 2022 AC - raised F&P review of incident response plan when reviewed next. NHS Emergency Planning Annual Report: return that is signed by JK. Comes to FPC for assurance. One element is assurance the board has received the IRP which FPC does on behalf of the board. WG compile into an All Wales return and in September 2024 the first meeting of the Health Executives for EPRR has been called by WG and likely they will be the primary reviewer of these. Incident Response Plan Report: WG report accompanied by assurance that Incident Response Plan (IRP) in place and approved by ELT. SBAR includes detail of staff training in place, compliance levels, and resourcing for assurance; list of plans that underpin IRP are in date and regularly reviewed. IRP provides guidance and support to commanders on a range of incidents. Moved from July to November as that is the date of review. Taken in closed session due to sensitivities
6	**Demand and Capacity**	May 2023 paper to FPC foreshadowed the development of a demand and capacity framework (as per EASC commissioning intentions) however there are current capacity issues. Strategic D&Cs are key documents for the Trust providing a modelled route map of how the Trust can most effectively meet patient demand. D&Cs are not plans or business cases, but are an important aid for senior decision makers inside and
7	**Decarbonisation**	WAST Decarbonisation Action Plan (DAP) supports delivery of the national NHS Wales Decarbonisaton Strategic Delivery Plan. IMTP sets out DAP details. Every second year IMTP must include copy of DAP and update - next 24-27. Decarbonisation reporting to WG as follows, however the reporting to FPC will draw from these reports and may or may not append them: (a) WG Public Sector Carbon Report (annual quantitative report). Demonstrates progress against plans and targets through annual quantitative reporting. Deadline is first Monday of September. This is the Trust carbon emissions for the previous financial year - set guidance for completion and timelines for reporting. Reliant upon data from NWSSP. No requirement for this report to be 'approved' by FPC. Can be signed off by internal governance at discretion of WAST. (b) 2 x Qualitative reports. Narrative update - no data. The qualitative reporting submitted by NHS organisations provides the National Programme Board with assurance on the progress underway at organisational level. Usually complied by Jo Williams who takes the report through FPC. Looks like there may be a move for an annual qualitative report for 23/24 aligned to IMTP timetables. (c) 4 x Decarbonisation Coordination Reporting (DCR). This is reporting on our decarbonisation action plan (DAP) this is a new requirement where we will need to report updates to our DAP via NWSSP who collate and send to WG as a whole of NHS update. This report is being agreed by the Decarbonisation project Board. There are discussions relating to the need of any further governance routes - this is new. (d) Sustainability Report contained in the Performance Report if the data is available. Amalgamation of quantitative and qualitative reports. Otherwise it is a separate report with a reference to the report being on the publication sectoin of the website. This developed from the data provided in the Quantitative Report above.
8	**Fire safety reporting**	Updated in January 2024 following compliance report to Committee. Report will be annual report from 24/25 (timing TBC) with exception reporting outside of that where appropriate.
9	**Service or Directorate Plans**	Committee with related remit to gain assurance on alignment of specific plans to Delivering Excellence. FPC to maintain overall view of aligned strategies. Suggest this is by way of an organogram showing the various plans aligned to the long term strategy and their revision dates

10 **Information Governance**

Information Governance (IG) is a framework for managing information processes and procedures in accordance with the law and associated standards. It describes the approach within which accountability, standards, policies and procedures are developed, implemented and maintained to ensure that all types of information used in the Trust are sourced, stored and used appropriately, legally, and securely.

The Information Governance Steering Group oversees the Information Governance and Security strategy, policies, systems, processes and practices across the Trust and provides assurance that the organisation is compliant, and managing any risk to compliance. The strategic management of Information Governance forms part of the Digital Directorate under the leadership of the Director of Digital Services who holds the position of Senior Information Risk Owner (SIRO). Includes FOI (targeted percentage); Subject Access Request and Access to Health Records Requests (targeted percentage); Police Requests (no regulatory target).Data security and protection incidents: must notify ICO of personal data breaches within 72 hours.

WG notified of significant impact on continuity of essential services under the Network and Information Systems Regulations (NIS Regs). H&C Standards x 3 related to IG and identified metrics against these (see annual report).

The Welsh IG Toolkit for NHS is an assessment tool that allows organisations to measure their performance against agreed national information governance and data security standards and legislation. All organisation that have access to NHS patient data and systems must use the toolkit to demonstrates compliance with DPA 2018; expected data security standards for health and social care for processing personal data; and readiness to access secure health and digital methods of information sharing such as NHS Email, Welsh healthcare records and systems and local information sharing solutions and agreements. The Trust is required to demonstrate whether it complies with each of the 225 evidence items with each item weighted and a level of compliance generated (foundation stage; satisfactory stage; competent stage). IGSG monitors the toolkit improvement plan. Information Commissioner's Office (ICO) monitors compliance with key legislation (DPA 2018, UK GDPR and FOIAct).

FINANCE AND PERFORMANCE COMMITTEE
ANNUAL REPORT 2024/25

INTRODUCTION

1. The Trust's Standing Orders and committee terms of reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.

3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.

4. The committee met on 18 March 2025 and through a facilitated discussion reviewed its effectiveness, its terms of reference, and its operating arrangements. This Annual Report reflects on the effectiveness of the committee in 2024/25 and proposes changes to terms of reference.

PURPOSE OF THE COMMITTEE

5. The committee is established to enable scrutiny and review of the Trust's arrangements in respect of the:

- overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties.
- ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP).
- monitoring of the IMTP and ensuring achievement of key milestones.

- robustness of any cost improvement measures and delivery of key strategies and plans.
- ensure development of the long term strategy and delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking.
- scrutinise business cases for capital and other investment.
- oversight of the development and implementation of the digital, estates, fleet, and environmental strategies.
- business continuity including emergency preparedness, resilience and response, cyber security, and cyber resilience.

MEMBERSHIP AND ATTENDANCE

6. The committee met six times in private and in public as scheduled in 2024/25 and was quorate on each occasion.

7. The committee is supported by the chair and three non-executive directors as members, and several prescribed attendees with good attendance.

8. The chart below illustrates attendance of members and prescribed attendees as listed in the terms of reference for 2024/25. The committee welcomed non prescribed attendees at various meetings as well as external guests.

9. The membership of the committee changed in year, as did the committee chair. Jayne Beeslee became Chair of the Committee effective 01 September 2024. The number of non-executive directors was reduced in year from four to three, with these changes.

COMMITTEE ATTENDANCE						
Name	**14 MAY 2024**	**16 JULY 2024**	**17 SEPT 2024**	**19 NOV 2024**	**16 JAN 2025**	**18 MAR 2025**
Joga Singh (Chair)						
Jayne Beeslee (Chair)						
Kevin Davies		Chair				
Bethan Evans						
Peter Curran			Chair			
Chris Turley						
Rachel Marsh	Hugh Bennett	Hugh Bennett	Hugh Bennett	Hugh Bennett		
Lee Brooks						
Liam Williams				From Item 7	Penny Durrant	
Angie Lewis						
Carl Kneeshaw						
Jonny Sammut						
Trish Mills	Julie Boalch					
Hugh Parry						
Damon Turner						

	Attended
	Deputy attended
	Apologies received
	No longer member

COMMITTEE'S VIEWS ON EFFECTIVENESS

The committee's effectiveness was assessed through a facilitated discussion held at the meeting on the 18 March 2025, which included a review of its terms of reference and cycle of business.

[insert here following the 18 March meeting the views of the members on the effectiveness of the committee]

10. The committee has a cycle of business that is aligned to its terms of reference. All matters scheduled for oversight and review have been brought to the Committee other than the second Value Based Healthcare report (details below). The committee's business in 2024/25 included the following, full details of which are in the committee's AAA reports and minutes provided to the Board:

10.1. **Operational updates** are received at each meeting and often generate a good deal of discussion, particularly related to system pressures. In September the committee were assured that the **EMS Operational Transformation Programme** purpose had been delivered, closed and evaluated. The committee noted that this was a significant initiative driven by the 2019 Demand and Capacity Review.

10.2. The proposed **Board and Committee Level Key Performance Indicators for 2024/25** were presented to the Committee and endorsed at their July meeting. Additionally, the **MIQPR** is monitored at each meeting, with a particular focus on handover delays, lost hours and system pressures and the effect of this on performance. Notwithstanding this, good performance was noted throughout the year on ROSC (return of spontaneous circulation), Ambulance Care, and 111 performance.

10.3. Following the meeting in September the board were made aware that that certain **Key Performance Indicators** were missing from the July/August 2024 Monthly Integrated Quality and Performance Report (MIQPR). These metrics include 111 clinical triage callback times (P1), National Reportable Incidents, timely responses to concerns within 30 days, implementation of the Duty of Candour, successful consult and close outcomes, NHS 111 dental calls, and consult and close volumes for NHS 111. This was due to data quality issues which had been identified within the 111 system, Advanced Practice Paramedics, and other quality indicators which were being addressed.

10.4. In May the committee were assured that the **commissioning intention arrangements for EMS and NEPTS** are built into the planning cycles, quarterly assurance cycles and support the work towards our strategic ambitions and transformational plans and monitoring of that will be included in the IMTP delivery reports.

10.5. **Financial performance** was monitored at each meeting, including budget position on revenue and capital. In addition to reviewing risk 139 (*the failure to deliver our statutory financial duties in accordance with legislation)* at each meeting. In September the committee noted that the EMT Band 5 business case had been submitted to the board. The risks relating to this were highlighted in the financial presentation and the Welsh Government monitoring return. The non-recurrent nature of this was stressed and the fact that this would not be sustainable going into 2025/26.

10.6. The risks in relation to the **EMT band 5 business case** continued to be highted to the committee throughout 2024/25 and were discussed in detail in January. The challenges that this poses for planning as part of the 2025/28 IMTP were stressed, including the fact that the allocation does

not fully cover EMT band 5 costs, and there is no indication that these will be separately funded this year.

10.7. In January the committee discussed the **financial allocation for 2025/26**, noting an uplift to Health Boards of 1.77% compared to 3.67% this year. It is expected that this uplift will be passed through to providers, as has been the case in previous years. The only other funding assumed within the financial planning principles is for pay awards and the impact of the increase to employers National Insurance. The allocation letter also prescribes a savings target of at least 2%, which amounts to about £6.5 million for WAST. The Initial **2025/26 Revenue Budget** was received and endorsed by the Committee in March 2025.

10.8. The final 2023/24 **financial performance report for Month 12** was presented at the May 2024 meeting with a small surplus of £85k and the capital expenditure of £22m being fully spent. Gross savings of £6.546m have been achieved against a target of £6.000m and the Public Sector Payment Policy was on track with performance, against a target of 95%, of 96.4% for the number, and 98.5% of the value of non-NHS invoices paid within 30 days. The committee congratulated all directorates for achieving this year end position.

10.9. An Audit Wales report, '**Review of Cost Savings Arrangements**' was received in November. This assessment was carried out across all NHS Wales bodies, and it looked at our approach to identifying, delivering, and monitoring sustainable cost savings opportunities. Overall, Audit Wales found that the Trust exceeded its overall 2023-24 savings target and continues to enhance its arrangements for identifying, delivering, and monitoring efficiencies and sustainable cost savings. The committee commended the teams on a positive report and noted that opportunities exist to reduce reliance on non-recurrent savings, strengthen financial capabilities across the organisation, and refine savings reporting to the board.

10.10. The committee received regular reporting on the **financial sustainability programme** and the identified initiatives including the support services review; service review; recruitment control panel; operations savings group; and income generation group.

10.11. The committee received an update on the delivery of the **Integrated Medium Term Plan** (IMTP) 2024-27 at each meeting with issues of delivery escalated where necessary. In May 2024 it reviewed the end of year position with respect to the 2023-26 IMTP and congratulated the team for the significant amount of work that was achieved. Updates on the development of the IMTP 2025-28 were received, as was the final version for endorsement to the Board in March 2025. Reports in year focused on the clinical model transformation and provided updates on the changes to the governance structures for the **Strategic Transformation Board** and its programmes, regarding the IMTP delivery structures. The committee took assurance from the detail regarding the revised structures, which consolidate the existing programme structures into a broader programme, framed around the revised clinical transformation model.

10.12. In March the committee received the proposed **IMTP 2025/28, which included the financial plan for 2025/26**. At this meeting the committee also received the draft Wellbeing Objectives for the Trust, which were under consultation.

10.13. In March the committee received an update/refresh to **the Quality and Performance Management Framework** for consideration. Related to this in November the committee received the internal audit on the **Quality and Performance Management Framework which** returned an overall reasonable assurance rating, and one high priority recommendation related to the work programme and local frameworks.

10.14. The Committee received a number of reports on **Emergency Preparedness, Resilience and Response (EPRR)** and were assured as to EPRR arrangements and leadership. The **Welsh Government Annual Emergency Planning Report for 2023/24** was also reviewed regarding the Trust's compliance and readiness to meet its obligations under the Civil Contingencies Act 2004. This report highlighted capability gaps found through the Manchester Arena Inquiry work, a detailed series of papers on which were taken by the committee in closed session. Later in the year risk 594 (the Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death) increased in score from 15 to 20 and was escalated to the Board.

10.15. The Trust's **Incident Response Plan** was presented in July 2024 which sets out the framework for the Trust to respond to a range of incidents including mass casualty incidents and those requiring a specialist response. The committee had reviewed a significant re-write of the plan in October which took account of Manchester Arena Inquiry recommendations.

10.16. The **Business Continuity Annual Report 2023/24** was received in July 2024 and also presented at Board. The Committee were assured that the necessary plans and business continuity arrangements are in place for the most significant risks. A revised business continuity structure is in place to provide for senior management overview.

10.17. An update on the Decarbonisation Action Plan (DAP) was received by way of the **Environment, Decarbonisation and Sustainability Update** for May 2024 and September 2024 and January 2025. The committee noted the continuing progress of the Trust's Decarbonisation Action Plan (DAP) in response to the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan (NHSW- DSDP) which is overseen by the Decarbonisation Programme Board. The DAP has a range of actions which frame the Trust's decarbonisation response. Members were assured that an escalation plan is in development to ensure the Trust is undertaking all possible actions against identified risks and wider environmental considerations. In September the committee heard that the Trust has been successful in securing a proportionately higher share of government funding for decarbonisation projects, demonstrating efficient use of funds and delivery capabilities. Additionally, the service has been re-accredited with ISO 14001, marking it as the only ambulance service in the UK to hold this accreditation, reflecting its commitment to environmental management standards.

10.18. In September the committee received an update against the **2023/24 Estates Backlog Maintenance Update**, which demonstrated a significant reduction in backlog maintenance from over £15 million several years ago to the current levels, with a focus on reducing high and significant risk areas.

10.19. In September the committee received the annual **Waste Management Update for 2023/24,** which included compliance with changes to waste legislation in Wales (April 2024) require the Trust to recycle into four

segregated waste streams, a move from two previously. Challenges with the requirements of the new Act were noted, including issues experienced with the contractor in the roll-out.

10.20. The annual **Fire Safety Compliance** report was received by the Committee in January 2025 with no issues to escalate to the Board.

10.21. **A value based healthcare update** was received in September 2024 which set out the progress of the key workstreams within its portfolio. A further update was not provided in the year as work was underway with external partners to develop this further. The work programme includes the following seven workstreams – Patient Recorded Outcome Measures (PROMS), Patient Data Linkage, Patient Recorded Experience Measures (PREMS), Patient Level Information and Costing System (PLICS), Revenue Business Case Process, Evaluation Framework & Methodology, and Benchmarking. The portfolio for value based healthcare moved to the Executive Director of Quality and Nursing in year.

10.22. In September 2024 the committee received a deep dive overview of the **Cymru High Acuity Response Unit (CHARU),** highlighting its evolution, purpose, and current measurement. The committee found the presentation highly informative and particularly impactful, particularly with respect to utilisation and the cross-over to the clinical indicators being reported in the MIQPR.

10.23. In September a report was received on the activities undertaken by the Trust's **Hazardous Area Response Team (HART) and Special Operations Response Team (SORT),** a report against which is submitted to Welsh Government every quarter under the HART/SORT Service Level Agreement. The committee reviewed the annual report at this meeting.

10.24. In November the committee received an update on the **Mobile Data Vehicle Solution Project** following a survey that was delivered in summer 2024 with operational colleagues to gather feedback on the solution. Feedback highlighted key issues such as routing, graphical user interface design, mapping, incident management, and voice notifications and was not overall positive of the solution. These were shared and whilst many of these were already on their long-term plan as being common issues across all Trusts.

10.25. The committee reviewed the following internal audit reports in year:

- Data Quality (reasonable assurance);
- Quality and Performance Management Framework (reasonable assurance);
- Overtime Controls (reasonable assurance);
- 111 Digital Operations (substantial assurance);
- Vehicle Accident Management (limited assurance).

10.26. In May 2024 the committee received the draft **Digital Plan 2024-29,** which considered options to address essential resource gaps in our day to day digital services provision, and advancement of key digital transformation initiatives supporting our IMTP and broader strategy. The final Plan was received for endorsement by the committee in July 2024, with the supporting Equality Impact Assessment.

10.27. Members received regular updates on the Trust's **Information Governance Toolkit**, which was undertaken to test the secure handling of patient data and compliance against legal and regulatory requirements. An improvement plan was in place, progress against which was reported to the committee throughout the year. Additionally regular **information governance reports** were received.

10.28. Updates were given in year regarding the implementation of the **Clinical Assessment Software** replacement, which went live on the 30 April 2024.

10.29. Regular updates were received on the **Digital KPIs** relating to data and analytics, ICT systems, service provision and projects within the IMTP.

10.30. Members **reflections** after each meeting included:

- In May the committee thanked colleagues and their respective teams for the effort in preparing well written papers and supporting good opportunities for scrutiny, challenge and support.
- In July the committee noted that it was the last meeting for the outgoing chair Joga Singh, who was thanked for his support and commitment to the Trust. Additionally, members agreed that the papers were of a high quality and there was feedback regarding how the agenda could be adjusted to better support meeting flow.

- In September the committee reflected that papers and presentations demonstrated transparency and good teamwork and integration across all areas, and the good progress being made.
- In November members reflected that the hybrid meeting worked well with a different room configuration and limiting use of the chat function. The papers were noted to be of a good quality and provided a good level of assurance.
- In January members reflected that the hybrid meeting approach worked well, and the papers were well presented and clear. However, there is a desire to ensure that sufficient time is allocated to items so that the meeting runs to time. Members commended the assurance received from directors and noted that 2025/26 will be a more challenging year, stressing there was a need to be clear on what was in, and outside of, our control. The committee welcomed observers who commented that they felt welcomed and enjoyed the discussion.
- In March [insert after meeting]

10.31. As suite of **policies** were presented and approved in year. These were: Purchase Card Policy, the Waste Management Policy, Data Quality Policy, Records Management and the NHS Wales Procedure for Recovery of Overpayments (Salary and Expenses)

10.32. The committee **cycle of business** was approved.

10.33. **Risks** relevant to this Committee are reviewed at each meeting and the agenda is driven by these risks. The highest rated risks, 139 (failure to deliver our statutory financial duties in accordance with legislation) and 594 (the Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death), were the focus and drive agenda setting. Other risks related to cyber security, loss of critical IT systems, and recurrent funding from commissioners were reviewed regularly. A new risk was added to the corporate risk register in year and was presented to the board at its meeting in January. This is Risk 641 related to the **Manchester Arena Inquiry** with a score of 20. Members noted that a significant number of Inquiry recommendations had been implemented without additional investment, which has allowed for a reduction in the initial risk score.

10.34. The **annual effectiveness review** was conducted in the March 2025 meeting.

10.35. The **Audit tracker** was reviewed at each meeting, and good progress is being made to close management recommendations.

10.36. The **committee's priorities for 2024/25** are reviewed at each meeting and a more detailed update appears later in this report. The committee also reviews progress against its cycle of business at each meeting.

11. In private session the Committee took matters that were commercially sensitive and confidential. Most matters made their way to the Trust Board private session and where appropriate were reported in open session in accordance with the Standing Orders. Other matters taken in private session included updates on the Manchester Arena Inquiry recommendations, as well as cyber key performance indicators and closed business cases.

12. The board received a highlight (AAA) report from this committee by email circulation following each meeting which included alerts, advice, and areas of assurance. Where there was a shorter proximity of the meeting of this committee and the Board meeting, that report was provided verbally by the Chair and captured in the Trust Board minutes.

13. The committee is not serviced by any sub-committees or task and finish groups that this time.

PROPOSED CHANGES TO THE TERMS OF REFERENCE

14. The proposed changes to terms of reference for this committee for 2024/25 are marked up in [Annex 1] and include XXX.

[to be completed following the 04 February meeting]

15. In addition, there will be some changes to operating arrangements which include:

[to be completed following the 04 February meeting]

COMMITTEE PRIORITIES

16. The Committee received an update on progress against its priorities at each meeting. The 2024/25 priorities were:

Priority	Progress
PRIORITY HAS BEEN FULFILLED • The development and approval of the Digital Plan.	2024/25 Progress • At its meeting on in May 2024 the Committee received the Digital Plan Refresh 2024-29 and considered the options presented. The Committee noted that the funding for this Plan was included in the digital revenue allocation approved by the Executive Finance Group and included in the 2024/25 IMTP submission. • At its meeting in July 2024 the Committee received final Digital Plan 2024-29 which was endorsement, and it was approved by the Trust Board on the 25 July 2024. This priority has been fulfilled by the Committee. 2023/24 Progress • 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 2023 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.

Priority	Progress
	• In September 2023 the Committee noted that the recent appointment of the new Director of Digital Services may affect the strategy implementation timeline. • In November 2023 the Committee noted that an update on the progress against the Digital Strategy would likely be programmed for either the January or March 2024 meeting of the Committee. • Receipt of an update on the implementation of the Digital Strategy was programmed for the March 2024 meeting of the Committee (a position confirmed with the Director of Digital Services early in 2024).
• Oversight of the potential commercialisation streams in the Financial Sustainability Programme.	• An update on the Financial Sustainability Programme was received at the Committee meeting in January 2025. It was noted that the interviews were intended to be held in late January 2025; however, the Trust is in the process of going back out to advert for the role. • At the September 2024 meeting of the Committee an update was given on the development of a Head of Commercial role, whose responsibilities will include developing a commercial strategy for the Trust. It was noted that there has been some slippage in the recruitment for this role. • It has been agreed that an update on the Financial Sustainability Programme will be received at every other meeting of the Committee, and as such has been programmed

Priority	Progress
	for September 2024 and January 2025 (on the Committee Cycle of Business). • It is noted that no report was programmed for the July 2024 meeting; a related update was included in the Finance presentation. The update at the May 2024 meeting noted that commercialisation workstream will be progressed later in 2024/25.
• Focus on the new elements of its terms of reference relating to Information Governance and Information Security.	• Receipt of the Information Governance Toolkit and Information Governance (IG) Reports have been included on the Committee's Cycle of Business for 2024/25. The IG Report has / will be received at each meeting of the Committee in open session. The Data Quality Internal Audit Report will be received by the Committee in November 2024. • The Committee received a deep-dive item on cyber-security risks in closed session at its meeting in July 2024. It is noted that the wider cyber-security and resilience reporting is in development and will be considered through the meeting agenda setting meetings throughout the year.

17. It is good practice for committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the committee has agreed the following priorities for 2025/26:
[to be completed following the March meeting]

18. Progress on priorities will be reported to the committee quarterly and to the Board through its highlight report.

NEXT STEPS

19. The next steps are as follows:

(a) Ensure changes to operating arrangements agreed at paragraph 15 are cycled into work programme for review in 2025/26;
(b) Update the cycle of business with revised terms of reference.

RECOMMENDATION

20. The Trust Board is requested to

(a) Receive and note the contents of the Committee Annual Report for 2024/25 and analysis of its effectiveness; and
(b) Approve the changes to the Terms of Reference.

AGENDA ITEM No	**6**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**3**

Financial Performance as at Month 10 – 2024/25

MEETING	Finance & Performance Committee
DATE	18 March 2025
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Edward Roberts (Interim Assistant Director of Finance) Steph Taylor (Assistant Head of Capital Planning)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Committee the latest Financial Performance Report of the 2024/25 financial year, the reported position as at Month 10 (January 2025).

The Committee is asked to review, comment, note and receive assurance on the financial position and 2024/25 outlook and forecast of the Trust, noting the risks to in year delivery in doing so.

KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue surplus (£42k) for month 10 2024/25;
- In line with the balanced financial plan approved as part of the submitted 2023-26 IMTP, the Trust is currently forecasting to breakeven for the 2024/25 financial year;
- Capital expenditure plans are on track to fully deliver spend plans in year;
- In line with the financial plans that support the IMTP, gross savings of £5.924m have been achieved in month 10 against a target of £5.531m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.7% for the number, and 98.7% of the value of non-NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE
• ELT – 12th February – verbal update on initial M10 outturn

REPORT APPENDICES
Appendices 1 – 2 *– Monitoring returns submitted to Welsh Government for month 10 – as required by WG* ***Appendix 3*** *– Savings performance*

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

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST
FINANCE & PERFORMANCE COMMITTEE
FINANCIAL PERFORMANCE AS AT MONTH 10 2024/25

INTRODUCTION

1. This report provides the Committee with a summary of the revenue financial performance of the Trust as at 31st January 2025 (Month 10 2024/25), along with an update on the 2024/25 capital programme.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for month 10 2024/25** (1st April 2024 – 31st January 2025) are that:

   - The cumulative revenue financial position reported is a small **underspend against budget of £0.042m,** based on some key assumptions consistent with that within the IMTP financial plan and the Board approved budget for 2024/25. The underlying year-end forecast for 2024/25 is currently a balanced position;

   - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of **£5.924m** have been achieved against a target of **£5.531m**. The future phasing of residual savings requirements as we progress through the remainder of the financial year will be key to the continuing delivery of a balanced position and forecast. Now included within this paper is a more detailed analysis of savings including the recurring / non-recurring nature of their delivery;

   - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.7% for the number, and 98.7% of the value** of non-NHS invoices paid within 30 days.

3. Whilst continuing to be broadly balanced at this stage of the financial year, which is clearly encouraging, it is key to continue to note the key assumptions that were made at the outset of the financial year within the balanced financial plan and budget set. These have been fully detailed in previous in year financial performance updates, so are not repeated again here, but the reporting of this current and forecast position has continued to be set in this context.

4. As Committee members will be aware, the Trust did escalate one financial risk in its reporting to Welsh Government early in the financial year (in month 2) – that in relation to EMT / technician level posts re-banding. Following detailed work over the past few months and the net impact of the Trust previously holding circa 100 WTE positions and thus the reduction in potential backpay for these elements, along with mitigation associated with the roll out of the training wrap around, this

risk had been reduced in stages through the financial year, including when it became clear from WG / commissioners that no additional in year funding would be made available for these additional costs. Discussions continue with commissioners around this issue, along with the more significant impact of future year's cost increases and resulting funding pressure previously highlighted through the submitted business case. It is pleasing to report that we have been able to update the residual risk in relation to this issue, which has now been reduced to zero, with any remaining costs being managed in year through controlling other variable spends. This is unlikely to be the position for 2025/26 onwards though, not least due to the fact that the costs significantly increase in future years. This is being picked up as part of the ongoing work on the 2025/26 financial plan as part of the 2025-28 IMTP therefore.

REVENUE FINANCIAL PERFORMANCE – MONTH 10 2024/25

5. The table below presents an overview of the financial position for the period 1st April 2024 to 31st January 2025.

Revenue Financial Position for the period 1st April - 31st January				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-308,646	-254,547	-254,746	-199
Expenditure				
Pay	223,697	185,273	183,574	-1,699
Non-pay	63,851	51,692	54,113	2,421
Total pay & non-pay expenditure	287,548	236,965	237,687	722
Depreciation & Impairments / interest payable & receivable	21,098	17,582	17,017	-565
Total	**0**	**0**	**-42**	**-42**

Income

6. Reported Income against the initial budget set to Month 10 shows an overachievement of **£0.199m**.

Pay Costs

7. Overall, the total pay variance at Month 10 is an underspend of **£1.699m**.

Non-pay Costs

8. The overall non-pay position at Month 10 is an overspend of **£1.856m**.

Savings

9. As above, the 2024/25 financial plan identifies that a minimum of **£6.421m** of planned savings (including Income generation) are required to achieve financial

balance in 2024/25, this equates to c2.2% of the Trusts discretionary income. Of this, **£3.646m** is recurrent and **£2.775m** is currently deemed non recurrent.

10. Month 10 in month performance was, plan of £0.447m and £0.443m achieved, therefore an underachievement of £0.004m (recurrent underachievement of £0.027m and non recurrent overachievement of £0.023m). Cumulative performance was plan of £5.531m and £5.924m achieved, therefore an over achievement of £0.393m* (£0.434m recurrent and -£0.041m non recurrent), as per the below table.

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Recurrent Schemes / Themes	3,646	238	211	-27	3,172	3,606	434	3,646	4,045	399
Non Recurrent Schemes / Themes	2,775	208	231	23	2,359	2,318	-41	2,775	2,605	-170
Overall Total	**6,421**	**447**	**443**	**-4**	**5,531**	**5,924**	**393**	**6,421**	**6,650**	**229**

**Please note figures are rounded to the nearest whole number*

11. Hence, 86% of the plan has been phased in for Month 10 which is slightly higher than flatline and 92% of the 2024/25 overall plan value of £6.421m has been achieved.

12. Forecast year end position is an overachievement of £0.229m, this is made up of planned underachievement of non recurrent savings of £0.170m and a planned overachievement in year on recurrent savings of £0.399m.

13. ***Appendix 3*** provides the overall detail for Month 10 by theme. This is now further split over recurring and non-recurring schemes.

14. Main variances by scheme in Month 10 are as follows.

- Interest receivable overachieved in M10 by £0.015m, YTD now overachieved by £0.436m. FYF is an over achievement of £0.466m based on cashflow projections.
- Over achievement on corporate vacancies in M10 was £0.025m, YTD overachieved by £0.180m. FYF is assumed an overachievement of £0.067m due to the assumption that posts will be recruited in future months.
- Fuel forecourt prices continue to be lower than budgeted and hence has overachieved target by £0.017m for M10, YTD overachieved by £0.363m. FYF is assumed at an overachievement of £0.397m with the assumption of fuel price rises broadly remaining at current levels but appreciate this is a variable area due to global issues and hence out of WAST control and hence will be reviewed on a monthly basis.
- For the planned apprenticeship programmes, higher than anticipated income was received in M10 which showed an overachievement of £0.008m, YTD now reports an overachievement of £0.059m. FYF is assuming an over achievement of £0.063m.

- Workforce efficiencies in M10 was an under recovery £0.017m with YTD underachievement of £0.054m and YEF as £0.087m.
- Non pay local schemes in Corporate and Operations under recovered in M10 by £0.036m. YTD is reporting an underachievement of £0.269m with a FYF of £0.320m.
- MS office VAT rebate is now assumed as not being achieved this financial year, so this is reporting a FYF underachievement of £0.300m of which £0.280m of this is in the M10 reported position.
- Fleet repair position continues to be challenging with current reduced capital investment in vehicles for 2024/25 so for M10, YTD and YEF this is showing a small achievement of its savings target to date of £0.043m and a shortfall for the FYF of £0.057m.

Financial Performance by Directorate

15. Whilst there is a small surplus reported at Month 10 there are some small variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. These are fairly minor in nature and will be continued to be closely monitored throughout the remainder of the financial year.

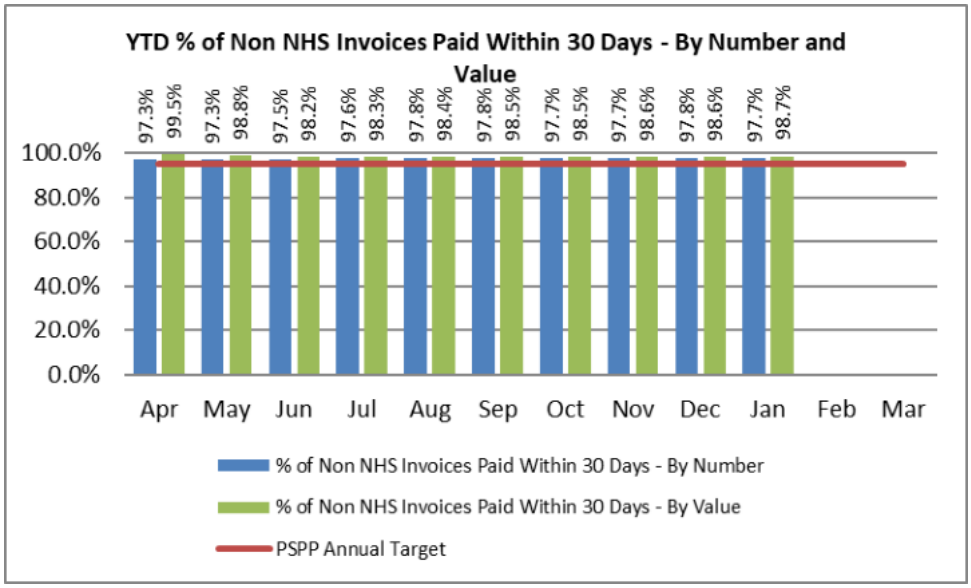
Financial position by Directorate @ 31st January	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
Directorate					
Operations Directorate	212,073	175,535	174,340	-1,195	-0.7%
Chief Executive Directorate	1,927	1,624	1,753	128	7.9%
Board Secretary	667	523	526	3	0.5%
Partnerships & Engagement Directorate	522	427	427	0	0.0%
Finance and Corporate Resources Directorate	35,683	30,100	30,827	727	2.4%
Planning and Performance Directorate	2,913	2,380	2,412	32	1.3%
Quality, Safety and Patient Experience Directorate	6,575	5,360	5,419	59	1.1%
Digital Directorate	14,796	11,688	11,694	6	0.1%
People and Culture	5,686	4,605	4,400	-204	-4.4%
Medical & Clinical Services Directorate	3,860	3,111	3,161	50	1.6%
Trust Reserves	2,006	123	476	353	287.3%
Trust Income (mainly JCC)	-286,709	-235,477	-235,477	0	0.0%
Overall Trust Position	**0**	**0**	**-42**	**-42**	

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

- Most directorates broadly in line with budget plan for Month 10;
- Operations (EMS Response) - Continue to develop modelling around the year end pay position considering workforce planning figures and overtime requirements. Elements of budgets for future cost pressures held in future months;
- Finance & Corporate Resources - pressures on fleet maintenance budget linked to lengthened age of fleet and increase in losses claims;
- Reserves – Includes budget for IMTP developments which are reviewed as part of forecast exercise to identify any potential slippages. YTD variance is due to technical VAT adjustments on agency staff and balance sheet movements for pay related provisions.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

17. Public Sector Payment Policy (PSPP) compliance to Month 10 was **97.7%** against the **95%** WG target set for non-NHS invoices by number and **98.7%** by value.



2024-25 CAPITAL PROGRAMME

18. At Month 10, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2024/25 is **£20.449m**. This includes **£14.994m** of All Wales Approved schemes and **£5.455m** for Discretionary schemes.

19. The breakdown of the current confirmed All Wales Capital funding and to date expenditure is shown below:

	Actual £'000	Plan £'000
All Wales Capital Programme: Schemes:		
ESMCP - Control Room Solutions	58	164
Efab - Infrastructure	303	303
Efab - Fire	327	333
Efab - Decarbonisation	0	596
MDVS	46	46
2024-25 Ambulance Vehicle Replacement Programme	5,427	12,487
Maintenance Backlog 2024-25	0	635
Special Operational Response Teams (SORT) Enhancement Equipment	0	430
Sub Total	**6,161**	**14,994**

20. As is the case in most of the past financial years, whilst the spend to date against both the All Wales Capital Schemes and the discretionary capital plan may appear low in relation to the overall budget, this is broadly as profiled and the expectation remains, as per previous years, that the capital plan will be fully spent by the end of the financial year, subject to any adjustments to the Trust's CEL.

21. During month 10, and as we head towards the financial year end, a further detailed review was undertaken to establish the ability to spend in line with existing budgets following a small number of additional issues emerging outside of the Trust's control, including around planning delays, tendering and legal issues, along with savings generated from the competitive tending processes. The outcome of this review, set against the last detailed reported update to Committee (November 2024) and the remaining budget to spend contained within this at the time, is summarised in the table below:

	£m
Finance and Performance Nov-24	
Unallocated Budget	**0.060**
Adjustments	
Approved Expenditure	
ESMCP ADJUSTMENT	- 0.010
ICMG Approved - Wrexham New ramps	- 0.030
Port Talbot Roof	- 0.114
Slippage/underspends	
Returned - Airwave Upgrade Clinical Logistics Hub	0.033
SORT underspend	0.089
Bangor Workshop	0.466
Asset derec	0.107
VAT recovery - brokered into 25-26	0.480
Bennett Street tender saving	0.050
Roofing tender saving	0.041
Fleet - SRV / Infranstructure works	0.400
Dolgellau - Landlord delays	0.170
Monmouth - Planning delays	0.065
Decarb underspend	0.136
Minor roundings adjustment	- 0.004
Revised unallocated	**1.939**

22. The outcome of the exercise resulted in c£1.9m being identified now, with the preferred option for this to accelerate spend against the 2025/26 Fleet BJC, this internal brokerage allows for this money to then be returned in 2025/26, to enable the Trust to complete the schemes that slipped / straddled the financial year end. This approach was approved at a meeting of the Capital Management Board on 14th February and will see 28 EA chassis ordered and receipted now by the 31st March, with the added benefit being of these will now be available for conversion early in the 2025/26.

23. This process did also identify that due to the savings identified above, this would result in c£0.200m to being available, subject to the finalisation of the year end, to be reinvested into the discretionary capital programme in 2025/26.

RISKS AND ASSUMPTIONS

24. Risks continue to be reviewed on a monthly basis and in reporting through to WG it is considered that there are currently no individual high likelihood risks but, as we move through the final few months of the financial year, we will continue to review

the risks to ensure that the level of likelihood is assessed along with the financial value.

25. However, there are a still number of risks that either need to be documented within this reported financial position, or updated on in relation to previously identified risks, which aligns to that fully described within the financial plan submitted as part of the IMTP. As always, the Trust will actively monitor these risks and adjust throughout the financial year when they can.

26. Given the current planned overachievement of our saving schemes the Trust had in month 7 reduced the risk around non achievement of identified savings to zero, this risk has now been removed.

27. Previously included in the table was a risk in relation to the current financial climate, this relates to the risk associated with energy and, in particular, vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk had been included for these. Following an assessment, this was reduced to zero in month 9, but as with above has now been removed.

28. Given the pressures the Trust feels every winter, the Trust had included a figure of £1.000m to cover any unfunded winter pressures, however following discussions with the commissioner this risk had been reduced to zero in month 4, however this has also been fully removed.

29. A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) of £0.850m. Matched funding for this highly volatile area is provided by WG on an annual basis.

30. As already described above, the risk in relation to costs associated with revised EMT / Technician level posts has been reduced to zero for 2024/25. However it is key that the Committee note that whilst this is no longer a risk for 2024/25 it is certainly a risk for 2025/26 and beyond, and will be picked up as a key element in the financial plan within the 2025-28 IMTP.

31. Following further confirmation from WG on funding, the previously stated risk around the 2024/25 pay award and additional spinal points for 8a and above, has been removed from the tables for month 10.

32. Previously included were two remaining unquantified risks, these are still being worked through internally, and relate to the following:

    I. Costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and, if these recommendations are to be taken forward, additional funding would be required in order to deliver on them. An output relating to twenty recommendations has concluded our internal governance processes, and has

also now been submitted into commissioners and WG (as is a requirement of the recommendations).

II. Cost associated with the previously submitted business case for the Connected Support Cymru project, which will only be progressed should the business case be supported and additional funding made available.

33. These were highlighted at this stage as being low risk, and from a purely financial perspective they are, as costs have not been committed for these and are arguably not unavoidable – should these not be funded, costs for each of these cannot be incurred. However, the wider impact of such decisions may be argued as being of a higher than low risk, non-financially.

34. Alongside all this, the risk of non-delivery of statutory financial duties will also continue to be reviewed as part of the overall management of risks on the Trust's Corporate Risk Register.

RECOMMENDED that the Committee:

(1) Notes and gains assurance in relation to the Month 10 revenue financial position and performance of the Trust as at 31 January 2025.
(2) Notes the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust.
(3) Notes the brief capital programme update for 2024/25, and
(4) Notes the Month 10 Welsh Government monitoring returns submission included within *Appendices 1 – 2* (as required by WG).

Appendix 1

Monitoring return

Appendix 2

Monitoring tables (circulated by e mail separately)

Appendix 3

The first table is the total savings delivery, which is then broken down into that being delivered recurringly and that which is non recurrent, in the subsequent two tables.

Welsh Ambulance Services NHS Trust

Savings Performance by Theme 24-25

Reporting Month 10

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Apprenticeships	200	17	25	8	167	226	59	200	263	63
Fleet Repair	80	7	0	-7	67	23	-43	80	23	-57
Fuel Efficiencies	249	20	37	17	205	568	363	249	646	397
HEIW CPD Provision	140	12	12	0	117	117	0	140	140	0
Interest Receivable	300	25	40	15	250	686	436	300	766	466
MS Office VAT Rebate	300	10	0	-10	280	0	-280	300	0	-300
Non-pay Local Schemes - Corporate	600	58	38	-21	483	286	-197	600	383	-217
Non-pay Local Schemes - Operations	515	41	26	-15	433	362	-71	515	412	-103
Vacancy Management Corporate Teams	2,275	181	207	25	1,912	2,092	180	2,275	2,342	67
Workforce Efficiencies & Transformation	1,062	17	17	0	1,031	1,007	-24	1,062	1,038	-24
Workforce Efficiencies & Transformation Variable	700	59	42	-17	587	557	-30	700	637	-63
Totals	**6,421**	**447**	**443**	**-4**	**5,531**	**5,924**	**393**	**6,421**	**6,650**	**229**

Savings Performance by Theme 24-25 - Recurrent

Reporting Month 10

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Apprenticeships	0	0	0	0	0	0	0	0	0	0
Fleet Repair	80	7	0	-7	67	23	-43	80	23	-57
Fuel Efficiencies	249	20	37	17	205	568	363	249	646	397
HEIW CPD Provision	140	12	12	0	117	117	0	140	140	0
Interest Receivable	300	25	40	15	250	686	436	300	766	466
MS Office VAT Rebate	0	0	0	0	0	0	0	0	0	0
Non-pay Local Schemes - Corporate	600	58	38	-21	483	286	-197	600	383	-217
Non-pay Local Schemes - Operations	515	41	26	-15	433	362	-71	515	412	-103
Vacancy Management Corporate Teams	0	0	0	0	0	0	0	0	0	0
Workforce Efficiencies & Transformation	1,062	17	17	0	1,031	1,007	-24	1,062	1,038	-24
Workforce Efficiencies & Transformation Variable	700	59	42	-17	587	557	-30	700	637	-63
Totals	**3,646**	**238**	**211**	**-27**	**3,172**	**3,606**	**434**	**3,646**	**4,045**	**399**

Savings Performance by Theme 24-25 - Non Recurrent

Reporting Month 10

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Apprenticeships	200	17	25	8	167	226	59	200	263	63
Fleet Repair	0	0	0	0	0	0	0	0	0	0
Fuel Efficiencies	0	0	0	0	0	0	0	0	0	0
HEIW CPD Provision	0	0	0	0	0	0	0	0	0	0
Interest Receivable	0	0	0	0	0	0	0	0	0	0
MS Office VAT Rebate	300	10	0	-10	280	0	-280	300	0	-300
Non-pay Local Schemes - Corporate	0	0	0	0	0	0	0	0	0	0
Non-pay Local Schemes - Operations	0	0	0	0	0	0	0	0	0	0
Vacancy Management Corporate Teams	2,275	181	207	25	1,912	2,092	180	2,275	2,342	67
Workforce Efficiencies & Transformation	0	0	0	0	0	0	0	0	0	0
Workforce Efficiencies & Transformation Variable	0	0	0	0	0	0	0	0	0	0
Totals	**2,775**	**208**	**231**	**23**	**2,359**	**2,318**	**-41**	**2,775**	**2,605**	**-170**

Please note figures are rounded to the nearest whole number

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

13th February 2025

Your ref:

Dear Andrea,

Re: JANUARY 2025 (MONTH 10 2024/25) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services University NHS Trust for January 2025.

All automatic validation rules incorporated in the reporting template have been successfully passed, and the Trust can confirm that the revised template has been used.

In line with our submitted IMTP, our opening budgets and financial plan for the year reflected the level of assumed funding, expenditure plans and savings requirement included and submitted and supported by our commissioners and approved by the Trust Board in March 2024.

The Trust's performance against financial targets for Month 10 2024/25 is as follows: -

1. **Actual Year to Date 2024/25 (Tables A, B & B2)**

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the Trust's detailed budget setting. The key funding assumptions at the outset of 2024/25 being that the 2023/24 funding is, where applicable, fully recurrent, and the 2024/25 funding will include: -

- The nationally made available 3.67% uplift for core cost growth, which excludes any funding to meet the 2024/25 pay award costs, (which will be subject to a future additional funding allocation).
- Impact of previously agreed developments/other adjustments including income support, in line with support by Commissioners in previous and current IMTPs, along with funding for other nationally delivered projects.

Included within the income assumptions is the full pass through of 2023/24 pay funding including the VSM uplift, which was provided in the latter months of 2023/24.

The resulting reported performance at Month 10 as per Table B, is a small underspend against budget / surplus of **£0.042m**

The reported total pay variance against plan as at Month 10 is an underspend of **£1.699m**, set against the budgets.

The non-pay position at Month 10 is a reported overspend of **£1.856m.**

Income at Month 10 shows an over achievement of **£0.199m**.

2. Movement (Table A)

The Movement table has been completed in accordance with the new guidance, incorporating the submitted Annual Plan (AOP) data.

3. Underlying Position (Table A1)

This table has been revised following the comments in the month 1 reply letter and the impact of the non-recurrent savings are now shown in column G.

4. Risk (Table A2)

The risks reported in Table A2 continue to be fully assessed, however at present it is considered that there are no individually high likelihood risks, but as we move through the final few months of the year, we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value, alongside ensuring that the Trust Board and the Finance & Performance Committee remain fully appraised of such risks and any mitigating actions.

However, there are still risks that either need to be documented within this reported financial position, or updated on in relation to previously identified risks, and which aligns to that fully described within the financial plan submitted as part of the IMTP. As always, the Trust will actively monitor these risks and adjust throughout the financial year when they can**.**

Following the request at month 9 the risks which had previously been reduced to zero, given where we are in the financial year these risks have now been fully removed from the tables **(Action Point 9.1)**

A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) £0.850m. Matched funding for this highly volatile area is provided by WG on an annual basis, arranged between Jillian Gill and Jackie Salmon, this has been adjusted in month based on the latest correspondence.

Whilst the risk around the EMT3 Band 5 implementation has been removed from the risk table, given the impact in 24-25 has been mitigated, I feel it is prudent to still provide an update on assumed funding for 25-26 and beyond, given the magnitude of the implications of this national (UK) decision, conversations continue with the commissioner around the significant impact of future years cost pressure previously reported in detail through these monthly monitoring returns. Whilst the position is currently that there is no future years funding for these costs, conversations continue, not least because the costs significantly increase in future years, this was again flagged at the Touchpoint meeting and additional joint meetings with the commissioner and the HBs.

The Trust had included the amount yet to be invoiced for the approved 24-25 pay increase, the Trust is still awaiting confirmation of when WG would like the Trust to invoice for this value, which is 25% of the previous agreed amount along with the full amount of the additional costs incurred for the 8A and above additional pay increments. Given discussions at multiple meetings, including at the last DoFs meeting where assurances over this funding was received, this risk has been removed this month, but it is important that we receive clarity on the outstanding invoicing arrangements ASAP.

Previously included on the risk tables were 2 remaining unquantified risks, these are still being worked through internally, and relate to the following:

- Costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and if these recommendations are to be taken forward additional funding would be required to deliver on them. An output relating to twenty recommendations has concluded

our internal governance processes and has also now been submitted into commissioners and WG (as is a requirement of the recommendations).
- Costs associated with the previously submitted business case for the Connected Support Cymru project, which will only be progressed should the business case be supported and additional funding made available.

As noted within the previous returns, these were highlighted at this stage as being low risk, and from a purely financial perspective they are, as costs have not been committed for these and are arguably not unavoidable – should these not be funded, costs for each of these cannot be incurred. However, the wider impact of such decisions may be argued as being of a higher than low risk, non-financially.

Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties is included, alongside a more detailed review of this risk on the Trust's Corporate Risk Register.

5. Monthly Profiles (Table B)

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

The new band 5 rates commenced in November 2024 in relation to the rebanding of staff from the EMT3 and average costs per month to March 2025 are £150k per month. Arrears payments were then made in January 2025 totalling £1.7m **(Action Point 9.2)**

Quarter 4 costs include additionality from the implementation of the Clinical Model as well as recruitment into core vacancies of Newly Qualified Paramedics and EMT which while in training adds to our pay costs. Costs are refined monthly, and Month 10 reflects the current estimates for Month 11 & Month 12 **(Action Point 9.3)**

6. Pay and Agency/Locum (premium) Expenditure (Table B2)

Agency costs for Month 10 totalled £0.133m. The current percentage of agency costs against the total pay figure remains very small, at 0.6%. This is to cover a small number of vacancies, in areas across the Trust which the Trust is having difficulties recruiting into. It should also be noted that digital agency staff have now started on a non-recurrent basis to assist in the delivery of agreed IMTP deliverables, hence the increase in spend in month and future months, again this is largely due to the difficulties in recruiting to such a specialist area.

7. COVID-19 (Table B3)

Table B3 has been completed (nil return).

8. Saving Plans (Table C, C1, C2 & C3)

For Month 10 the Trust is reporting planned savings (including Income generation) of £5.864m and actual savings of £5.924m.

As can be seen from Table C3, the Trust overachieved its savings target in month 10 and is now forecasting to overachieve the total savings target for the year by £0.229m, this is made up of planned underachievement of Non recurrent savings of £0.170m and a planned overachievement in year on recurrent savings of £0.399m.

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

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

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

At Month 10 there was 1 invoice over 17 weeks, which was paid following the closing of the period. There are 4 invoices over 11 weeks, one again was paid following the closing of the period, also two have no queries logged against them, however, the Trusts would like to draw you attention to invoice 143601, whilst the Trust has explored all available options in relation to this invoice, the HB is refusing to pay despite the service having been provided, there are ongoing conversations to ensure this invoice is paid before the Arbitration date.

The Trust reviews these tables monthly, and based on the latest information believes these are inline with current assumptions. **(Action Point 9.4)**

11. Cash flow (Table G)

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

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	16	13	13	9	14	14	11	12	14	15	13	13	157
Other Non NHS Income	242	144	278	253	449	127	189	156	92	310	355	349	2,944
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	754	0	112	200	522	454	307	349	716	498	339	349	4,600
Risk Pool Refund	0	0	975	0	55	0	40	0	131	0	0	0	1,201
Total	1,012	157	1,378	462	1,040	595	547	517	953	823	707	711	8,902

12. Public Sector Payment Compliance (Table H)

This table has been completed in accordance with the guidance. The Trust endeavours to ensure that NHS invoices along with non-NHS invoices are paid within targets.

The quarter 3 cumulative percentage of non-NHS invoices paid within 30 days by number was 97.9% against a target of 95%. This will again be updated in the March return.

13. Capital (Tables I, J and K)

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

Detailed work continues with Programme managers to establish final cash flows that reflect the profiles of approved projects now for this financial year, works are progressing well and contingency plans are in motion should schemes not deliver fully in line with plan.

14. IFRS 16 & CAME

We can confirm that the forecasted depreciation included within table B has now been adjusted to align with the amount included within table Q **(Action Point 9.5)**

Following last month's submission, the invoice for IFRS 16 DEL baseline Depreciation has now been raised. **(Action Point 7.4)**

15. Committee to receive Financial Monitoring Return

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

The Month 10 Financial Monitoring Return will be presented to the Finance and Performance Committee on 18th March 2025.

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

16. Other Issues

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

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

Yours sincerely

Chris Turley
Executive Director of Finance & Corporate Resources

Jason Killens
Chief Executive

Enc cc:
Mr C Dennis, Chairman
Non-Executive Directors Executive Directors

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

Integrated Medium Term Plan (IMTP) Delivery/Assurance Progress Update

MEETING	Finance & Performance Committee
DATE	18 March 2025
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation Heather Holden, Head of Transformation Deborah Kingsbury, Senior Planning & Performance Business Partner
CONTACT	alexander.crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this paper is to provide the Committee with an update on IMTP delivery and assurance following approval of revised arrangements for 2024-27.

This paper provides an update on the Clinical Model Transformation (CMT) programme and interim position for quarter 4 (Q4) position on the Directorate-led IMTP portfolio, including the Ministerial (now Cabinet Secretary) Priorities set by Welsh Government.

RECOMMENDED: That the Committee

1. **Notes the progress in identifying 'what good looks like' through the continuing development of high level outcomes measures;**
2. **Notes the CMT programme progress update;**
3. **Notes the confirmed Directorate-led IMTP interim position for Q4;**
4. **Notes the update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework;**
5. **Advised of any further assurance needed for the Board.**

KEY ISSUES/IMPLICATIONS

The WAST IMTP for 2024-27 was approved by Trust Board on 28 March 2024 and submitted to Welsh Government the same day. Welsh Government approved the IMTP subject to accountability conditions on 9 August 2024. The accountability conditions set out the following:

- Continue with the development of the clinical model, liaising with wider services including health boards, to provide the evidence base and impact expected;
- Continue to derisk the financial assumptions in the plan to secure the organisation's position; and
- Ensure delivery is maintained against the commitments within the plan, including ensuring the availability of the detail behind the plan is available if needed.

This report will set out in detail how the Clinical Model Transformation programme has been established to deliver our commitment to refreshing the current clinical model and how the wider IMTP is being delivered through a directorate led approach. Our plan set out a break even position with a savings target in excess of £6m. The Trust continues to focus on delivery against its savings target and remains cognisant of its role in supporting efficiency across the NHS in Wales and continues to work with Health Boards at a local level on joint plans to deliver improvements in care for patients and efficiencies.

Clinical Model Transformation (CMT) Programme

The CMT programme continues to strengthen, with key advancements in digitising programme management through an MS365-enabled solution, improving oversight of Risks, Issues, and Decisions. Governance has been reinforced with Programme Board approval of the risk management approach, benefits realisation framework, and impact assessment methodology.

A two-day workshop in January 2025 enabled reflection on progress, strengthened collaboration, and set key priorities for Phase 2, including improved connectivity across Health Care Professional Flows, RICS, Urgent Community Response, and Health Transport. Workstream deliverables for FY25/26 have been agreed for inclusion in the IMTP, with detailed planning underway.

Efforts continue to enhance communication, manage workload pressures, and provide clarity on deliverables, supported by a new Senior Responsible Owners group, touchpoint newsletters, and development of a SharePoint intranet page for the Programme Board. The programme remains **YELLOW** (cautionary) due to ongoing challenges related to documentation and workload pressures arising from the pace of change.

Directorate-led IMTP Portfolio

The Planning Team continues to work with Directorates to ensure assurance through directorate plans to the CEO and Strategic Transformation Board (STB) and enabling a structured approach to planning through the Integrated Planning and Development Group (ISPD). Work has commenced to explore digitising Directorate plans in conjunction with the developments for the Transformation Programme.

The assurance report in Appendix 1 sets out the end of interim 4 position (i.e. Mid-February position). The delivery confidence has been updated to reflect progress in Q4. A number of deliverables at directorate level remain **AMBER** (in progress, off track) with many rolling over

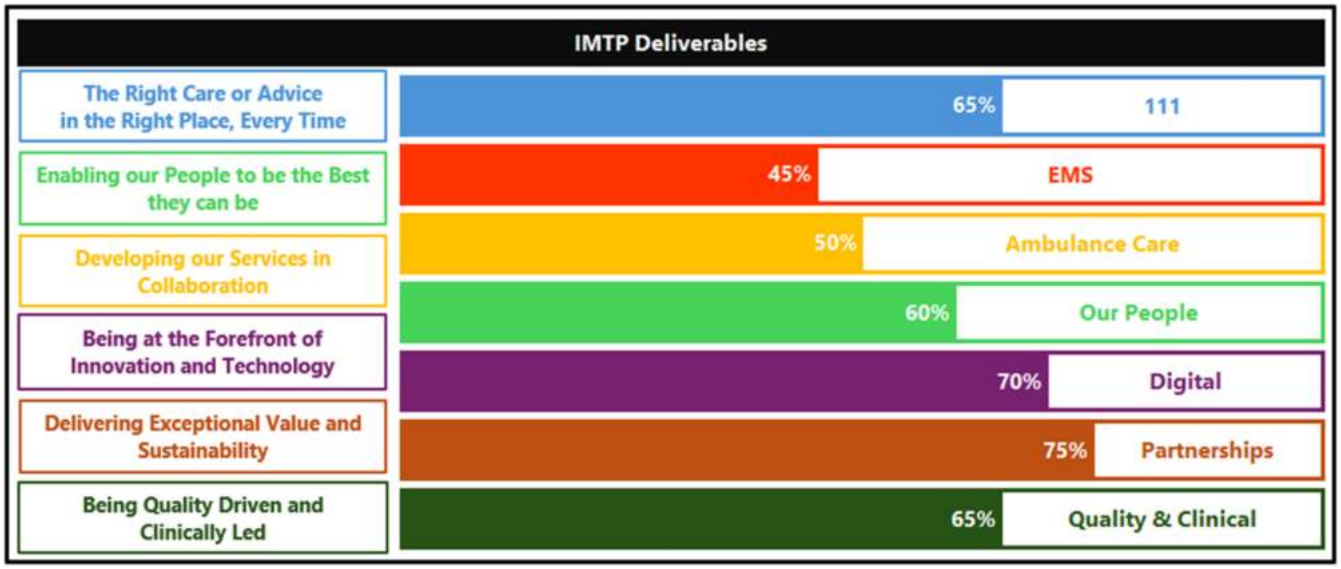
into next years IMTP. However, there are a number of key pieces of work **COMPLETE** and progress on track (**GREEN**) in a number of areas where delivery is across multiple years.

Appendix 1 directorate delivery tables also set out the delivery confidence for the remainder of the year as we start to transition to the next IMTP for 2025-28.

Appendix 2 sets out how we are progressing against ministerial priorities set out in the last NHS Planning Framework.

Outcomes measures

This report has drawn on available data from the MIQPR and through directorate level monitoring where available. Detailed metrics for each area of the IMTP that has 'what good looks like' statements is contained within appendix 1. The following visual gives an overview of progress of the plan in terms of the outcomes set out in the IMTP 2024/25.



The graphic focuses on 'What Good Looks Like' for 2024/25, based up to the end of Quarter 3 for that year, and then 'What will be Different' in 2025/26 (noting that this has been changed mid-year). It concentrates not only on new initiatives or processes that are yet to be implemented, but also on how we are progressing against existing targets and ambitions.

The 2025/26 IMTP will include updated 'what good looks like' statements and associated metrics.

REPORT APPROVAL ROUTE
Strategic Transformation Board (STB) 24 February 2025

REPORT APPENDICES
Appendix 1 – IMTP Delivery Assurance Report **Appendix 2 - Assurance against the Cabinet Secretary's priorities 2024/25**

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

Appendix 1 - IMTP Delivery Assurance Report

SITUATION

1. The purpose of this paper is to provide the Finance & Performance Committee with an update on IMTP delivery and assurance following approval of revised arrangements for 2024-27. This SBAR sets out the Clinical Model Transformation Programme progress, directorate led IMTP delivery and our assessment against ministerial priorities.

BACKGROUND

Clinical Model Transformation (CMT) Programme Management Progress Update and Next Steps

2. Delivery and assurance arrangements for the CMT programme continue to strengthen, with significant progress made in digitising programme management through an MS365-enabled solution. This transition is replacing outdated Excel-based project controls, including Risks, Issues, and Decisions, to enhance efficiency and oversight. The Programme Board has approved the latest programme risk management approach, benefits realisation framework, and impact assessment methodology.

3. A two-day workshop in January 2025 provided an opportunity to reflect on progress since the first CMT workshops in May 2024. It highlighted achievements, strengthened collaboration across workstreams, and identified key priorities for Phase 2. These include enhancing connectivity between services such as Health Care Professional Flows, Remote Integrated Care (RICS), Urgent Community Response, and Health Transport. Following the workshops, workstream deliverables for FY25/26 were developed and agreed for inclusion in the IMTP, and detailed planning will now commence.

4. Programme leadership remains committed to ensuring that all colleagues feel valued and empowered, with ongoing efforts to enhance communication, streamline workload pressures, and provide clarity on programme deliverables. Steps are being taken to address these concerns, including the establishment of a Senior Responsible Owners group, the introduction of touchpoint newsletters, and the development of a SharePoint intranet page for enhanced communication.

5. From a management perspective, the overall status of the programme remains **YELLOW** (cautionary) due to ongoing challenges related to documentation and workload pressures arising from the pace of change.

ASSESSMENT

Clinical Model Transformation (CMT) Workstream and Enabling Working Group Updates

CORE CLINICAL MODEL TRANFORMATION (CMT) WORKSTREAMS	
DIGITAL FRONT-END	**↑ Green**
On Track: The procurement process for RoboticsAI's Virtual Assistant is complete, with contracts signed and development in progress. Weekly supplier updates are scheduled to track progress. Initial work is focused on ensuring accurate clinical and non-clinical responses, while discussions continue around the Virtual Assistant's name, visual design, and tone. A demo version of the Virtual Assistant is currently being tested by the project team and key stakeholders. We have received a quote to develop a web-based version of the Call Prioritisation Streaming System (CPSS) used in the NHS 111 telephony service. This would allow NHS111.Wales users to independently navigate care pathways, ensuring they access the right care and advice more efficiently. The first draft of the Digital Front-End Business Case is complete and is being reviewed by project team members for initial comments and feedback. The Business Case will be key to delivering transformative improvements to the current website, including procurement of the Online Symptom Checker tool and an improved Content Management System (CMS) to ensure that users have access to current and accurate clinical content.	
RAPID CLINICAL SCREENING	**↔ Green**
On Track: The implementation of Rapid Clinical Screening continues to progress, with Amber 2 calls launched in December and Amber 1 screening successfully launched in February. The Clinical Navigator Team is now fully established, ensuring a strong daily staffing profile to manage the call stack effectively. Clinical Navigators can now send incidents directly to Clinical Triage, ensuring that higher-risk patients are identified and escalated swiftly. These changes are already making a significant impact, streamlining call flow and strengthening clinical decision-making. Early data is encouraging, with over 74% of calls screened being directed to Integrated Care for remote assessment. A ministerial announcement is due on the 11th March in relation to the proposed changes to existing RED category. In anticipation of the announcement, the Call Flow Implementation Task & Finish group will be reestablished to convene a series of workshops to develop a specification against Welsh Government recommendations.	
URGENT COMMUNITY RESPONSE	**↑ Green**
On Track: The first draft of the Urgent Community Response Service Specification has been written and circulated to UCRS workstream members for comments and feedback. The Mental	

Health Response Vehicle Power BI dashboard is now operational via Launchpad with V2 due to be launched imminently. The APP Restructure OCP is now complete and Senior APPs (SAPPs) have now transitioned to the Clinical Directorate with formal inductions underway w/c 17th February.

A face-to-face workshop has been arranged in March and will provide an opportunity to reassess the workstream structure and ensure it remains fit for purpose for progression into Phase Two of programme delivery. The aim is to implement the most effective workstream and project structure moving forward, align delivery ambitions with anticipated dependencies across other workstreams, and identify key risks carried over from Phase One to ensure a coordinated and sustainable approach.

Outcomes: Turning the dial

In the IMTP we set out what good would look like for 999 callers over the next 3 years. These workstreams within the Clinical Model Transformation more or less cover what is currently the traditional 999 response, and the IMTP set out that the following metrics would determine the positive impacts of our plan:

- 65% red target
- Reducing unmet demand by half
- Doubling the number of patients safely managed at home or in the community
- An increase in ROSC rates

Performance Overview	RAG Rating
During quarter 1 2024/25, 46.8% of **Red calls were responded to within 8-minutes**, which was below the 65% target. This was also a reduction from the 54.1% achieved during quarter 1 2023/24. The ability to achieve the 65% target is still being negatively impacted by the high number of lost hours being recorded outside Emergency Departments as well as a sustained increase in Red demand over the past 2-years. The actual number of Red incidents being attended within 8-minutes has increased by 8.9% (n=191) in June 2024 compared to June 2023, but Red demand increased by 27.8% over the same period.	
Unmet EMS demand is defined by the Trust as patient cancellations and clinical safety plan (CSP) 'can't sends, with the aim to reduce these levels to those seen in the 2019 EMS Demand & Capacity Review. In quarter 3 2024/25 there were 36,546 patient cancellations and can't sends compared to 31,003 during the same period last year, indicating a 17.9% increase. The 2023 EMS Demand & Capacity Review modelled the current levels returning to pre-pandemic levels, which equates to a 50% reduction. Achieving this reduction is dependent on the **Trust's transformation of the clinical response model** and a reduction in handover lost hours to 7,500 per month. In December 2024 lost hours stood at 27,212.	
Early IDS assured data indicates a step change in the **Consult & Close rate** as a result of ongoing transformation in integrated care, with an initial estimate showing a figure over 20%. A further 18.7% of patients responded to being managed via **See & Treat**, with no requirement for a conveyance of any kind. Over the same period 63.9% of responded to patients required a conveyance of some type. This compares to 13.9% for Consult & Close and 16.9% See & Treat during quarter 3 2023/24. During that quarter, 66.8% of responded to patients were conveyed. This indicates a small improvement in performance when comparing quarter 3 year on year.	
ROSC rates for quarter 3 2024/25 were 19.8%, which was an improvement on the 18.7% achieved during quarter 3 2023/24. However, they remain below the ROSC rate ambition of 25-30%. The main factors that directly influence this metric are response times, bystander resuscitation and response type/numbers.	

The Committee is able to scrutinise this data in more depth in the MIQPR.

REMOTE INTEGRATED CARE	↔ Yellow

Yellow (cautionary status) overall: The January workshops included a focus on Remote Integrated Care (RICS), including insights from the Assistant Director of Integrated Care, who reflected on our achievements and shared the vision for the future.

Over the past eight months, **significant progress** has been made across key areas, including:

- **Operational alignment** – improving collaboration and coordination across remote clinical teams
- **Pathway optimisation** – making care more efficient and accessible
- **Digital development** – enhancing our technological capabilities

- **Innovative work in Care Planning** – improving patient-centred support

The session also acknowledged the growing demand on Integrated Care Teams and highlighted the adaptability and resilience of our colleagues in meeting these challenges.

One of the most exciting developments is the early success of the Call Prioritisation Streaming System (CPSS) for a broader range of presentations, enabling NHS 111 Call Handlers to assess 999-originating calls that do not require an immediate ambulance response. Early findings are highly promising with approximately 28% of CPSS triaged call being signposted to alternative services, and 31% assigned to the Patient Encounter Queue (PEQ) for clinician triage in priority order.

To help drive progress, short-term project support has been commissioned from South Central and West Commissioning Support Unit, bringing in extra expertise to guide and implement key deliverables. This includes a review of the workstream delivery structure with the aim to streamline current delivery and assurance arrangements to support workstream delivery and management of the wider Integrated Care portfolio.

As we transition into Phase 2 of the programme, the need for additional support and investment in RICS has been recognised to ensure that our establishment aligns with the growing demand on integrated care teams. ORH has recently completed revised modelling, providing recommendations on FTE requirements based on this increased demand. These recommendations are currently under consideration by the Executive Leadership Team.

Outcomes: Turning the dial

In the IMTP we set out what good would look like for 111 callers over the next 3 years. The RICS workstream within the Clinical Model Transformation more or less cover what is currently the traditional 111 response (noting that the CSD element of Integrated Care is covered above), and the IMTP set out that the following metrics would determine the positive impacts of our plan:

- 111 Call Abandonment Rate
- Improved patient satisfaction
- Increase in calls closed with no follow up required
- Increased proportion of next steps booked for the patient

Performance Overview	RAG Rating
The **111-call abandonment rate** for quarter 3 2024/25 was 9.4%, which is higher than the 5% target. The target has not been achieved in any month since January 2024 having been negatively affected by the transition onto the new 111 CAD system in April 2024 and a resultant high number of abstractions amongst staff for training on the new system. Prior to this the 5% target was achieved in 7 of the preceding 12 months.	
During December 2024, **111 patient survey data**, showed that 49% of people 'found the 111-service helpful', which had fallen from 88% in July 2024. 59% said 'they complied with the advice provided, down from 90% in July 2024 and 62% said 'they would consider using the service again'. However, this data was based on just 21 responses during the month (this is the highest response during the quarter), with proactive work ongoing to increase the number of people who take part in completing the survey.	
During 2024 the average daily number of visits to the website was 15,087, an 11.2% increase on the average daily hits in 2023 (n=13,398). The number of **symptom checkers started** also increased from 217,987 in 2023 to 242,659 in 2024 although the percentage of those completed dropped slightly from 69.1% in 2023 to 67.9% in 2024.	
The number of **111 calls 'stopped at source'** in quarter 3 2024/25 was 19,515, or 8.9% of all call outcomes for that period. This was an improvement on the 16,292 closed with no further follow up in quarter 1 2024/25, which equated to 8.4% of the total.	
This ambition is largely dependent on **WG's future vision** for the 111 service. WG are due to issue a quality statement which will help the Trust understand what their policy vision is for 111, but the Trust expects it to be supportive of direct booking by 111 into other parts of the health care system within Wales.	

The Committee is able to scrutinise this data in more depth in the MIQPR.

HEALTH TRANSPORT	↔ Yellow

Yellow (cautionary status) overall: Internal discussions are ongoing around the vision for Ambulance Care Services and the specific deliverables that form part of the CMT programme, however there is increasing clarity on the vision for Health Transport services following a series of operationally led workshops.

Following confirmation of changes in commissioning intentions—specifically, the decision not to pursue a nationally commissioned separate Transfer & Discharge service through a new framework—the project team is now exploring options. Various modelling scenarios for dedicated transfer services were presented to the CMT Programme Board, highlighting the significant investment required and the difficulties in meeting performance targets. These scenarios provide a roadmap for potential improvements and necessary investments and will continue to be explored by key stakeholders with a focus on enhancing dedicated clinical response, collaborating with specialist transfer providers, and using MTPS to monitor demand more closely.

Outcomes: Turning the dial

In the IMTP we set out what good would look like for users of Ambulance Care services. Whilst the programme for Health Transport continues to develop and whilst commissioners and WAST work to develop a new vision for non-emergency transport and Ambulance Care services, operational improvements and some of the IMTP delivery actions are contributing to the following metrics:

- Timeliness
- Fewer on the day cancellations
- Inter-site transfers provided within the time required
- Increased patient satisfaction

Performance Overview	RAG Rating
Targets on timeliness continue to perform well within Ambulance Care, with Oncology journeys for quarter 3 2024/25 seeing 77.5% of journeys arrive on time and Renal journeys 74.3%. Both achieved the 70% target. Discharge and transfer journeys booked in advance, at 77.3% for the quarter, did not achieve its 95% target.	
The percentage of **on the day cancellations** has increased slightly over the past year, recording a figure of 13.6% in quarter 3 2024/25, compared to 13.1% over the same period last year. This trend will need to reverse over the next year to realise the planned efficiency improvements.	
In July 2024, the service introduced the **Medical Transfer Protocol Suite (MTPS),** which consists of three new Medical Priority Dispatch System (MPDS) protocols to process inter-facility transfers from HCPs. The three additional protocols will provide more granularity to the assessment and coding of transfers for step up of care, routine inter facility transfers and mental health transfers. The new protocols will improve understanding on the nature and urgency of transfer demand and the resources required to complete them in a timely manner.	
In terms of **patient satisfaction rates**, in December 2024, 96% of patients were 'happy with the transport they received' and 84% were happy when asked 'how long did you wait for your transport to take you home after your appointment'. Both were improvements on the responses received in July 2024. The survey was also based on 286 responses, which is a significant improvement on the sample size of previous surveys.	

The Committee is able to scrutinise this data in more depth in the MIQPR.

CHANGE ENABLING WORKING GROUPS	
QUALITY & PERFORMANCE METRICS	**↔ Green**

On Track: A structured approach to programme evaluation is progressing, with a focus on developing a Logic-Benefits Map for the programme aligned with patient outcomes, staff

engagement, system performance, and sustainability. A further workshop has been arranged for March 2025 to review workstream-level Logic-Benefits Maps with support from the Quality, Safety, and Patient Experience team.

Procurement of an external evaluation partner is underway, with an invitation to tender imminent. Early data highlights positive impacts, including improved Consult & Close rates and the success of Rapid Clinical Screening.

The volume of data and analytics requests associated with the programme has been challenging for Insight and Data Service's (IDS) to manage alongside a significant backlog of organisational requests. The SRO for Quality and Performance Metrics has been working closely with the Assistant Director of Digital Services: Data & Analytics to develop and embed a prioritisation approach for requests arising from the programme. This will be supported by the Quality and Performance Metrics group, providing an opportunity for cross-sighting and consolidation of requests.

CHANGE MANAGEMENT	**↔ Yellow**

Yellow (cautionary status) overall: The Board was alerted that only one of the five workstream Senior Responsible Owners (SROs) attended the recent group meeting, likely due to ongoing operational pressures. A Change Lead has now been appointed to the Remote Integrated Care Service (RICS), strengthening leadership within the workstream. The RICS Winter Desk has had a positive impact, improving patient welfare checks and staff engagement while enabling Clinical Support Desk (CSD) clinicians to focus on higher-value tasks. However, a review is planned to investigate the cause of approximately 150 failed callbacks. To support this, an internal communication piece is being developed within the RICS workstream to highlight the Winter Desk's impact, address ongoing winter challenges, and provide colleagues with information, motivation, and reassurance.

Overall, the status remains **Yellow**, reflecting risks associated with change saturation, the pace of delivery, and its impact on staff across the organisation.

PARTNERSHIPS & ENGAGEMENT	**↔ Green**

On Track: Commencing in January 2025, Executive Sponsors convened a series of face-to-face meetings with key political and clinical system leads. **Engagement with key stakeholders, including Welsh Government clinical leads, GPC Wales, and the National One Out of Hours Forum, has reaffirmed strong support for the evolving clinical services model**. The integration of RICS and Health Board hubs has been well received, with constructive discussions on ensuring alignment with Health Board pathways and avoiding duplication. Further collaboration, including a proposed clinical summit, will support continued progress.

Work continues embedding patient stories to illustrate the impact of the evolving clinical model. Further stories are being sought to enhance engagement and showcase real-world benefits.

Directorate-led IMTP Delivery & Assurance Approach

6. IMTP deliverables outside the scope of the Clinical Model Transformation programme are managed through Directorate Plans or bespoke programmes noting that some actions may still require cross-directorate working.

7. Existing Directorate Business Meetings are utilised, and assurance provided to the STB and onward to the Committee and Board.

8. This process is facilitated by the Integrated Strategic Planning & Development Group (ISPD), with summary updates from Directorates to the group. This will also support with the cycle of strategic planning. Updates by exception will subsequently be incorporated into quarterly AAA reports to STB, providing status updates on the IMTP deliverables and escalating any key risks/issues or achievements.

9. The current update in this paper is the mid-point quarter 4 position, following an end of Q3 report provided to Committee and the Board in January.

10. Directorate led IMTP deliverables below are set out against each of our strategic objectives.

SO1 Providing the right care or advice, in the right place, every time - Operations

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
High quality, immediate or timely on scene assessment, care and conveyance where needed	• Fully roll out CHARU	Q3	• External recruitment completed; secondment opportunities being considered for remaining gaps	• UHP at 94% nationally (1% off 95% target) • Transition to core business
Immediate 999 call answering, and efficient and effective dispatch of the right resource	• New management structure EMSC	Q3	• Complete	• Complete
	• Implement single allocator model, dispatch roster review & boundary changes	Q3	• Complete	• Complete
Excellent clinical leadership	• New remote clinical assessment service clinical leadership team	Q3	• In process of recruiting clinical navigators and locality manager.	• Will roll over to 2025/26
Rapid call answering, initial triage and onward referral	• Demand & capacity review for activity originating in 111	Q4	• Demand and capacity review, tender process completed, contract award being made	• Review to be completed with further re-roster deliverables in 2025/26 IMTP

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
A flexible, user centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	• Complete NEPTS roster review and commence benefits realisation	Q3	• Significant progress but longer timescale to implement, project established, engagement planned	• Will roll over into Q1 2025/26
	• Develop and implement an enhanced oncology joint plan with partners	Q4	• Significant work with cancer centre liaison to develop national checklist to maximise service delivery	• Will roll over into Q1 2025/26
	• Reduce cancellations through system redesign with health boards	Q4	• Text messaging options developed, two way messaging due to go live Mid Feb.	• Will be completed. Further phases to SMS messaging in 2025-28 IMTP
	• Implement a revised Liaison Service Model	Q4	• Significant progress Further engagement sessions planned in Feb/Mar	• Will be completed
	• Develop the Ambulance Care co-ordination function	Q3	• Completed	• Completed
A dedicated and timely transfer & discharge service supporting HBs with their transformation agendas	• Plan for 24/7 major trauma desk & transfer clinical hub (subject to funding)	Q4	• Business case being developed	• To roll over into 2025/26
A high quality, safe service with improved patient experience	• Quality assurance mechanism for external providers further enhanced	Q4	• Completed	• Transition to core business; annual inspections now programmed in, quarterly reporting in place.

SO1 Providing the right care or advice, in the right place, every time - Clinical

IMTP Objective	IMTP Action / Deliverable	Qtr	Progress / RAG	Delivery confidence for year end
High quality, immediate or timely on scene assessment, care and conveyance where needed.	• Implement plan to improve CHARU effectiveness	Q3	• Completed	• Completed

SO2 Enabling our people to be the best they can be - People & Culture

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Capability	• Ongoing work: People Development plan, People Management Essentials and PADR check ins	Q4	• Ongoing	Further focus on PADRs in 25/26 plan. Continual development and implementation of people development plan, embedding into organisation
Capacity	• Delivery of Strategic Workforce Plan (Q1 milestone)	Q4	• Complete. Plan was presented at People & Culture Committee where it was endorsed	Complete but an action plan for implementing the plan is a deliverable within the 2025/26 IMTP.
	• Ongoing work: Health & Wellbeing Plan, Retention work plan, eTimesheets	Q4	• Ongoing work progressing towards Q4 deadlines, albeit there may be some delay on eTimesheets due to sickness of key staff working on delivery.	Delivery and implementation for IMTP 25/26
Culture	• Expand Culture champions and change network	Q4	• Ongoing work progressing during Q4.	Ongoing work continuous into IMTP 25/26. Development of a culture toolkit currently on hold whilst developing our WAST way.
	• Ongoing work: Allyship and Bystander training, Employee offer, Culture Champions & Change Network, impact of culture toolkit	Q4	• Completed	Transition to BAU

In the IMTP we set out what good would look like for Our People, by monitoring the following metrics:

- Sickness absence below 6%
- Turnover rates falling
- Engagement rates (measured for example by NHS Staff Survey completion)
- Regular check ins with managers
- More colleagues join WAST internal staff networks

Performance Overview	RAG Rating
Within the **Ethnicity category** 86.9% of the WAST workforce identified as 'White' this is compared to 93.8% in the 2021 census for Wales. 0.8% identified as 'Mixed or Multiple ethnic groups' compared to 1.6% pan-Wales; 0.3% identified as 'Asian' compared to 2.9% pan-Wales; 0.3% identified as 'Black' compared to 0.9% pan-Wales and 0.2% identified as 'Other Ethnic Group' compared to 0.9% pan-Wales. 11.6% are recorded as unspecified or not recorded. 7.7% of the workforce identified as having a 'disabled flag', compared with 21.1% pan-Wales. 5.9% identified with an LGB+ sexual orientation compared with 3.1% pan-Wales.	
Sickness absence, across all directorates, was 8.2% for quarter 3 2024/25, which failed to achieve the 6% target. However, sickness has seen a declining, and therefore, improving trend, over the past two years, with the sickness rate for quarter 3 2023/24 being 9.1% and in quarter 3 2022/23 it was 9.7%.	
Staff turnover rates have been steadily declining since July 2022, when they peaked at 11.6%. The rate for December 2024, at 7.9%, was the lowest figure recorded since June 2021.	
The **NHS Staff Survey completion rate** for 2024 was 35,2% (1,520 completed), up from 23.2% in 2023. This ranked 5th out of the 14 NHS Wales organisations. For 2025 our main focus is on increasing participation rates, enabled by a robust communications and engagement plan.	
PADR rates in December 2024 were at 77.2%, which continued to be below the 85% target, and was also below the 78.2% level reported in December 2023. All directorates are being actively encouraged to ensure that PADR compliance and staff engagement is viewed as a priority.	
Women's Health Network –101 members; Black, Asian and Ethnically Diverse Network – 9 members; WAST Voices – 99 members; WAST Purple Space Network – 24 members; LGBTQ – 12 members; Working Carers Network – 29 members and Culture Champions – 166.	

The Committee is able to scrutinise this data in more depth in the MIQPR.

SO3 Being at the forefront of innovation & technology - Digital

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Develop & agree digital plan	Refresh plan against five cornerstones below: 1. Everyday essentials 2. Security, Safety & Cyber 3. Digital Pioneers 4. Transformation 5. Data, Information & Insight	Q1	• Completed refresh and Board sign off.	Planning for delivery 2025-2026.
Patient Access	• Consultant connect access (everyday essentials)	Q4	• Rollover to 2025/26	Rollover to 2025/26
	• Video Triage Calls • The deployment and adoption of video triage technology for our CSD and 111 services.	Q4	• Trialling in Swansea Bay + HDda & plan for Wrexham next	Planned for 2025/26 within RICS programme
Rapid progress of technology	• Telephony upgrade for 999		• Successfully delivered w/c 11 November	Complete

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
	• MDVS project conclusion EMS and NEPTs replacement of mobile data terminals and associated hardware/software		• Completed Phase 1 complete project closure report tabled January 2025 (Q4 update)	Plan for MDVS Phase 2 Outline Business Case underway 2025/26.

The digital plan is key to turning the dial on the following metrics:

- No successful cyber breaches
- Reduced numbers of helpdesk calls and better rate of first call resolution
- Increase in the number of scaled up technology projects
- Increased confidence in using data
- Increased levels of patient and staff satisfaction with digital solutions

Performance Overview	RAG Rating
Closed report goes to every F&P.	
Monthly KPI report produced from calls logged with the service desk. **First time resolution has increased** to 56.3% in December 2024. (Data to follow)	
The Digital Directorate has published its **Digital Plan for 2024-2029**. During 2024/25 the Directorate has introduced a new Digital Innovation and Transformation arm. The new section will provide a focal point for adoption of new innovative technology and test their benefit prior to widespread adoption. The Directorate is already working with partners in areas such as drones.	
This is **a recognised area of development** and is included in the Q&PMF workplan; however, it is a 2026/27 action due to the executive focus on the CMT programme and the supporting analysis required for that.	
The service desk run a monthly customer satisfaction survey across its user base. Since April 2024 **customer satisfaction** has been above 90%. Any users who say they are dissatisfied are contacted to try and address the issue.	

Whilst some of this data is available there is further work now that the digital plan has been approved to ensuring the data is available across all metrics to show the impact of the plan. Some indicators will be available through committee reports and/or the MIQPR.

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG
Developing and implementing our plans for Environmental Sustainability and Adaptation*	Delivery of EFAB funded schemes through year	Q1-4	• Newtown due for completion mid March 2025 • Tredegar complete • HART premises complete • Pontardawe complete • Fire alarms and medical gas storage work complete
The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	Prioritised estates capital schemes delivered through year and across IMTP years	Q1-4	• Further consideration required on planning for Swansea, Llanelli, Newport and Llandrindod Wells in 2024/25 due to AWC funding • Bangor Fleet Workshop – delivery included in 2025-28 IMTP

			• Llangunnor due for completion by end of March 2025 • Ruthin remains 'urgent attention required' as alternative solutions required • Dolgellau - waiting for signature of the lease before Chairs Action can be completed to confirm contract award - delivery expected in 2025/26 • Monmouth delivery included 2025-28 IMTP • North Wales CCC relocation works are on track to be completed by end of March 2025 • Thanet House on hold and included in 2025/26 prioritisation
The right fleet in the right place, enabling our staff to provide the best and safest care across Wales	Prioritised fleet capital schemes delivered through year and across IMTP years	Q1-4	• 35x EA vehicles due for conversion and completion in year • 5x HART responder vehicles due for delivery in February 2025 with completion slipping into 2025/26 • 30 x SRVs on track for commissioning into April

SO4 Developing our services in collaboration - Partnerships & Engagement

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Meet the requirements of the Wellbeing of Future Generations Act	• Delivery of wellbeing objectives published by end Q4	Q4	• Draft Objectives are out for engagement and on the agenda for committee endorsement	• Wellbeing objectives on track to be approved with follow up deliverables for WBFGA in 2025-28 IMTP
University Trust Status in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation	• Academic Partnership priorities updated and published	Q4	• Complete. Updated UTS priorities agreed at committee and will be included in next IMTP	• Priorities are included in the IMTP 2025-28
Well-placed to influence system thinking/strategy development	• Structured engagement commenced with stakeholders & public	Q4	• Continued engagement on CMT model ongoing • RPB engagement continues with WAST on 6 out of 7 RPBs with a seat around	• Continued ongoing work being worked up alongside CMT development - working in collaboration with strategy and

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
			table at GASP in Gwent	transformation teams

The Engagement Framework and CMT Engagement plan ar key to turning the dial on the following metrics:

- Improved reputation scores
- Stakeholder support for our strategic plans
- Increasing number of research projects
- Increased levels of alternative (to core commissioning) funding streams

Performance Overview	RAG Rating
The transformation programme continues to engage with highly influential stakeholders to secure support for our evolving clinical model. Over recent months this has included direct engagement with the **interim 111 & Ambulance Director, JCC and the Six Goals Programme Director**. The Engagement Delivery Plan sign off by the Trust Board in 2023 is currently being refreshed and will set out a clear and methodical approach to engage and seek support across the spectrum of political, system and wider stakeholder groups.	
We will continue to develop and deliver **world class research and innovation** that has far reaching impact. Our partnerships continue to grow with R&I collaborators, such as Warwick University with PRIME Centre Wales. Our capacity continues to grow through partnerships in areas such as SAIL and UK Out of Hospital Cardiac Arrest Outcomes Registry. WAST has contributed to innovative policy changes and groups such as the NHS R&D Framework Innovation Framework and toolkit.	
A **tracker** is being developed through ISPD to try and track external additional funding that is not brought through core JCC funding. The Trust also needs to establish a baseline for additional income through commercial revenue streams.	
The **Wellbeing of Future Generations Act (WBFGA) has applied to WAST since June 2024**. Since this time, the Trust has been working alongside a group of staff from across the organisation, as well as trade union partners, to develop some broad wellbeing objectives that reflect our commitment to deliver the wellbeing goals outlined within the Act. These are currently out to Board for approval and once achieved will then be published.	

Whilst some of this data is available there is further work to ensuring the data is available across all metrics to show the impact of the plan.

SO5 Being quality driven and clinically led – QSPE

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Systems that meet the requirements of the Duty of Quality and Duty of Candour	• Establish a Quality Improvement Hub	Q4	• Life QI purchased and implemented. • Meetings held with Transformation team to identify opportunities to utilise software for transformation tracking of PDSA test of change data.	• Will be completed early 25/26 due to delay in funding being received / approved.
A culture of quality improvement with robust quality management systems	• WAST Quality plan • Draft plan for Approval	Q4	• Quality Task & finish group established to support draft content.	• Initial plan draft due end Q4

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
			• Governance Approval routes identified • Implementation plan draft	
Meaningful engagement and co-production with communities	• CIVICA enhancement	Q4	• Report completed Surveys in CIVICA to Welsh Government • Launched the SMS Text Service	• Rollover 25/26 delivery due to Information Governance dependency.
			• Continue to expand the reach 'wider patient experience capture' DPIA being progressed for Information Commissioner approval.	

We are currently refreshing both the Clinical Plan and the Quality Plan for the Trust. We will seek to turn the dial on the following metrics:

- Duty of Candour compliance
- Increased number of patient outcomes reported
- Increased evidence of meaningful public and patient engagement
- Increased opportunities for out people to progress their clinical practice and career

Performance Overview	RAG Rating
All Duty of Candour requirements are met, and learning acted on. The Trust has a Quality Strategy and is currently writing a Quality Plan. Both are in response to the statutory duty of quality. Part of the duty of quality is a duty of candour. The Trust has gone through an OCP for the PTR team and has in place a new AD and structure. The Trust **has started reporting publicly on a duty of candour metric**, specifically whether the 'in person' notification has been sent. The Trust has also been asked to publicly report on its call to door times under the duty of candour, which it now does via the MIQPR also.	
The Trust publicly reports on seven clinical indicators in the MIQPR. Four of these have a 95% target , none of which are currently being achieved; however, the clinical indicator Recovery Plan has identified this is not an issue of clinical safety, but completion of the eCPR. There have also been improvements in all areas during 2024. The ROSC rate is not yet consistently achieving the 25-30% benchmark. It is recognised that the call to door times are too long (handover lost hours being the primary cause). A key area for development is **data linking** (via NHS number) to enable the Trust to track patient outcomes. A data pipeline for WAST data to feed into the WAST cardiac database is currently being tested.	
A draft **'People's Experience Framework'** is due to be formally launched and we will use it to frame and deliver all experience work across the Trust. The framework is a maturity matrix aimed at empowering us to evaluate the Trust's current position and develop ambitious improvement plans for peoples experience through a 'value lens'.	
PCC agreed the Trust's **Strategic Workforce Plan** in August 2024. This is a significant milestone for the Trust. It sets out a road map through to 2030 for key workforce actions. Actions include expanding the apprenticeship programme, increased CPD opportunities, developing new clinical leadership structures around the clinical model transformation, a coaching and mentoring framework and increased clarity on career pathways in the Trust.	

Whilst some of this data is available there is further work to ensuring the data is available across all metrics to show the impact of the plan.

SO6 Delivering exceptional value – SP&P

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Rapid call answering, initial	• Undertake demand & capacity review	Q4	• Supplier contract live with	• This has been brought back on

triage and onward referral			expectation to re-roster in 2025/26	track on the basis that the work is ongoing now to enable re-roster in 2025/26
A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	• Re-rostering across NEPTS	Q4	• Working parties established with implementation now slipped to 2025/26	• Roster review implementation in Q3 2025/26

SO6 Delivering exceptional value – Financial Sustainability Programme

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Sustainable savings & efficiencies	• Service Review across the Trust completed with recommendations by Q3	Q3	• ELT session held in February 2025 with key areas of work to be delivered in 3 phases in the next IMTP 2025-28	• Final report and agreed recommendations to inform delivery plan in 2025/26
Generate income alongside our core commissioned functions	• Develop commercial strategy based on outcome of market analysis exercise in Q3	Q2	• Recruitment of Head of Commercial unsuccessful. JD being reviewed to re-advertise with commitments to continue to focus on commercial opportunities in 2025/26	• Roll over to 2025-28 IMTP

Well governed - Corporate Governance

IMTP Objective	IMTP Actions / Deliverable	Qtr	Progress / RAG	Delivery confidence for year end
A risk management framework as a key enabler of our long-term strategy and decision making	• Implementation of Strategic BAF by end of Q3	Q3	• Ongoing –will be finalised in Q4 for roll out in 2025/26	• Transition to core business
	• Suite of risk appetite statement implemented & issued	Q4	• Sessions in diaries Dec & Feb Board Development Days	• Transition to core business
	• Risk training rolled out & Level 1 training package on ESR	Q4	• Design ready to be published on LM365	• Transition to core business

IMTP Objective	IMTP Actions / Deliverable	Qtr	Progress / RAG	Delivery confidence for year end
Strengthen Welsh Language compliance	• Toolkit for senior leaders & board developed	Q4	• Initial draft, to be added into Welsh Language Policy – on track, February BDD will include suite of documents	• Will be complete

RECOMMENDATION

11. That the Committee:
    - **Notes** the CMT programme progress update;
    - **Notes** the confirmed Directorate-led IMTP interim Q4 position;
    - **Notes** the detailed outcomes measures set out in the paper.

Appendix 2

Assurance against the Cabinet Secretary's priorities 2024/25

BACKGROUND

WAST submitted eight templates covering plans against four of the Cabinet Secretary's priorities for NHS Wales. These cover how we engage across community services, provide support to planned care and cancer, but also how we align to the Six Goals programme for Urgent and Emergency Care and how we will approach our response to patients with mental health needs. In 2024/25 we will also be required to develop a 'Six Goals' delivery plan. Whilst we have set out in the templates submitted to WG many areas across the six goals where we can implement change, these are already factored into the scope of the work to develop a future clinical services model and will undoubtedly also feature in the six goals plan where they align to the national 6 goals priorities. Therefore we will aim to reduce the burden and duplication of reporting through our assurance mechanisms into STB, Committees and the Board.

ASSESSMENT

The following table sets out the key areas for WAST against the priorities, and the milestones to be achieved in quarter 2 (confirmed end of quarter position). Bold font indicates new progress update.

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
Primary and Community Care, with a focus on improving access and shifting resources into primary	111 Skill Mix	• Group established to consider and develop scope for 111 MDT skill mix	• Scoping paper to commissioners	• (Subject to commissioner support) Project initiation & Business Case Developed	• Business case submitted for introducing new roles	• Off track. The paper has not yet been presented to commissioners. • Multi professional skill mix features within 2025-28 IMTP
	111 Pathways	• Dental access improved in 4x health boards by end of Q4 • Strengthened links into primary care / Out of Hours in. Urgent Primary Care Centre access by end of Q4 • Medicines management pathways in place by end of Q4				• Modelling being undertaken for 3 remaining Health Boards to take on dental access pathways

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
and community care						• Currently piloting in BCU and C&V direct booking into Urgent Primary Care Centres
	999 Pathways: Falls & Frailty	• Level 1 falls - Assessment of the demand & capacity modelling undertaken • Level 2 falls - Undertake evaluation of our existing services	• Presentation of L1 options and benefits • Present evaluation and options for sustainability of L2 services going forward	• Implement new L1 model • Develop and Implement L2 Plan	• Monitor & evaluate impact on delivery • Y2/3 Milestones for expansion of services across Wales	• **Deliverables for falls have been included in 2025-28 IMTP aligned to the National Community Falls framework** • WAST engaged closely with NHS Executive on the National Community Falls Framework, and is attending a National Task Force group of falls leads across NHS Wales. • Health boards are completing baseline assessments and gap analysis; mapping what current community falls response services exist and how these can be accessed. • We have undertaken 24hr level 1 response modelling nationally (on the basis that all falls can be supported at level 1 where clinically appropriate) and we are supporting health boards on understanding demand and where scaling up is required to provide a response across all geographical areas 7/7.
	999 Pathways: Digitised pathways	• Evaluate the effectiveness of the new digital solutions to make referrals to existing pathways and usage	• Develop further opportunity for digital notifications with Welsh portal	• Implementation and roll out	• No milestone for Q4	• A new digital transformation and innovation programme has been set up to manage and prioritise digital workstreams that fall outside the clinical transformation programme – this is progressing
	999 Pathways: Connected Support Cymru (CSC)	• Recruitment of key roles to support CSC delivery (dependent on	• Engaging with key stakeholders and evaluating overall project	• Development of secondary business case to support sustainable	• Submission of business case • Y2/3 Milestones for	• **CSC is now part of the work to develop remote integrated care in the 2025-28 IMTP**

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
		outcome of business case) • Commenced recruitment of internal volunteers • Testing 'ambulance in a box' in Care Homes in AB & BCU, evaluate and conclude forward plan	data to determine resource requirements moving forward • Commencement of recruitment and on-boarding on external partner organisations and ongoing recruitment and onboarding of internal volunteers • Developing technology enabled care community pathways up until end of Nov; testing in Care Homes in AB & BCU and in patients homes • Evaluate and conclude forward plan	implementation • Develop business case for procurement of technology (subject to funding)	expansion of services across Wales	• No further progress on funding requirement to support ongoing CSC development. • Project continues in BCU and remains part of the WAST IMTP and Clinical model transformation programme as part of the wider remote clinical service development.
Urgent and Emergency Care, with	Goal 2: New 111 System	• Full implementation of new CAS	• Realise benefits in line with business case	• Formal benefits realisation report shared	• No milestone in Q4	• 111 metrics report being developed for JCC

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
a focus on delivery of the 6 goals programme		system 30th April • Decommission old system		with commissioners		
	Goal 2: 111 website & symptom checkers	• Scoping exercise to review requirements of a 111 website – and develop options appraisal accordingly	• Development of business case • Review and develop requirements to improve symptom checkers, with potential requirement for procurement.	• Finalise business case in readiness to Seek approval through organisational BC governance process • Identify approach to improvement of symptom checkers	• Secure funding and commence recruitment of website team as determined within business case process.	• **No additional funding for website team at this stage** • **The procurement process for RoboticsAI's Virtual Assistant is complete, with contracts signed and development in progress.** • A meeting with the current CPSS supplier in December where the high level Symptom Checker Specification was discusses. A high level specification was approved in the DFE Project. The current corporate risk regarding the symptom checkers has been reviewed by ADLT and will now be presented to ELT • The Business Case for the NHS 111 Wales website is at first draft which will be reviewed by the CMT Board. • To ensure clarity on technical requirements, a collaborative meeting between the Digital and Health Informatics teams facilitated the initial drafting of the technical specification for the Content Management System procurement. • Our WAST Network members (made up from the public) and Llais public contacts and members have been invited to take part in a review of the NHS 111 Wales website. This will provide vital feedback on the current website content and usability to inform planned improvements

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
	Goal 2: 111 re-roster	• No Q1 milestone	• Agreement with commissioners to proceed	• Complete procurement process to undertake Demand and capacity review	• Undertake demand and capacity review • Re-roster takes place in year 2	• **Contract live and work being undertaken with strong expectation that we will re-roster in 25/26** • Review of rostering practices. Agreement from commissioners to commence Review of rostering practices. Procurement process ongoing
	Goal 3: • Develop the remote clinical assessment speciality • Develop a fully remote working clinician offer (operations/training/digital) • Develop Pre-Dispatch Outcome Risk Stratification Tools linking CAD & ePCR data • Roll out of new integrated (111/clinical support desk) care model • Connected support Cymru • Extend use of video/ phone consultation • Urgent On-Scene Community Response	• Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report	• Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report	• Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report	• Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report	• These are key deliverables in the Clinical Model Transformation Programme. See assurance report in appendix 1
	SDEC Pathways	• Re-establish ICAPs with Health Boards (subject to JCC commissioning arrangements) • Complete data quality assurance of end destination in CAD to	• Implementation of SDEC criteria across WAST	• Implementation of SDEC criteria across WAST	• Implementation of SDEC criteria across WAST	• This is now under goal 4. WAST is now part of the Goal 4 delivery group and will develop its own 6 goals delivery plan reflecting actions to improve referrals into SDEC from clinicians on scene. However, actions around SDEC activity currently sit with Health Boards within their 6 goals delivery. WAST will continue to engage and respond to requests to work collaboratively to improve uptake of direct referrals

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
		ensure SDEC direct referrals fully captured				
	Goal 4: CHARU	• Complete CHARU recruitment by end Q2 • Improve utilisation rate to modelled benchmark by end Q2 • (work ongoing during Q1)		• Improved staff in post to establishment		• **CHARU UHP in Q4 up to 94% (1% off target) nationally** • **123.7 FTE staff in post against target of 141.4 FTE (91% SIP to establishment)**
	Goal 4: Rural variation	• Complete CHARU recruitment by end Q2 • Continue process of targeted recruitment and process of smoothing i.e. aligning SIP to establishment by end Q2 • Build rurality results from 2023 EMS Demand & Capacity Review by end Q2 • Agree Implementation Plan with commissioners by end Q2		• Continued targeted recruitment in rural areas		• **SIP to establishment in Powys is 90.19% with only 0.8FTE vacancy and 80.37% in Hywel Dda equating to 8.3 FTE vacancies** • Recruitment in rural areas remains challenging, but is monitored regularly and is a focus within WAST. • The Clinical Model Transformation Programme constitutes WASTS's implementation plan for the D&C. The D&C will need to be formally reported to JCC at some point.
	Goal 4: Sickness reduction in EMS and EMSC	• Ongoing continuation of managing attendance and implementation of the health and wellbeing plan throughout year				• **(NB figures are organisation wide) There was a slight increase in overall sickness absence rates between November 2024 and December 2024, rising from 8.06% to 8.69%. Long term absence decreased from 5.95% in November 2024 to 5.56 % in December 2024, while short-term absence increased slightly to 3.14% in December from November 2024 (2.11%).** • Work on managing attendance continues and engagement is ongoing to develop the next iteration of the Trust's Health & Wellbeing Plan
	Goals 5 & 6: Transfer and Discharge model	• Engagement on modelled options for transfer	• Development of reporting against new protocols	• Develop implementation plans dependent on	• Integration of long term developmental plans into	• **Revised plan being developed for inclusion in 2025-28 IMTP, aligned to updated commissioning intentions for**

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
		services with health boards commenced • Implementation of new MTPS protocols within the Computer Aided Dispatch (CAD) system designed to allocate transfer resources more effectively	within the CAD post MTPS implementation • Agree outline service model for further engagement with Health Boards. • Develop business case/principles for All Wales service. • Develop business case for 24/7 Major Trauma Desk following outcome of Gateway 5 review.	outcome of commissioning discussions.	ambulance care service vision. • Develop implementation plans for major trauma desk.	**transfers in EMS and NEPTS commissioning intentions.** • **Project to be reframed in line with commissioning intentions in 2025-28 IMTP** • Final modelling shared with JCC colleagues shows high levels of staffing requirement for a ring fenced all Wales service. • Further options to improve timely access to transfer services and discharge capacity now being considered with JCC in line with its future vision for transport and through the Health Transport workstream of the Clinical Model Transformation Programme.
Planned Care and Cancer, with a focus on reducing the longest waits	Roster review of NEPTS Ambulance Care Assistants	• Continue with NEPTS Demand & Capacity work, in particular, undertake NEPTS transport roster review by end Q3		• Complete NEPTS roster review and start to review benefits.		• **Working parties for re-roster have commenced with full implementation expected Q3 2025/26** • Contract let with third party providers. • Project manager being appointed to lead the work internally, timescales slipped into Q4.
	Enhanced hub for oncology patients	• Establish expected outcomes & principles to develop enhanced oncology service	• Develop action plan to deliver the required change	• Action plan for oncology implemented	• Enhanced hub live	• Significant work with cancer centre liaison to develop national processes to maximise service delivery, continued joint working

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
	Quality assurance of external providers	• No specific milestone in Q1	• Welsh Ambulance Quality Standard award implemented	• No specific milestone in Q3	• Review award and update as required	• Ongoing
Mental Health, including CAMHS, with a focus on delivery of the national programme	Develop and implement a referral pathway for 111 Press 2 teams	• Completion of 111 CAS system implementation to aid improvement in 111 press 2	• New CAS system will provide resolution to Press 2 pathway	• No specific milestone in Q3	•	• CAS implementation complete • Review with health boards effectiveness of press two and where there is opportunity to improve
	Mental Health Response Vehicles	• Collating and presenting evidence from pilot within AB, discussing outcomes and options for further pilots	• Undertake further pilot (pending agreement) • Continuing to engage with national evidence across UK	• Prepare business case dependent on outcomes	•	• See assurance report in appendix 1 – this forms part of the Clinical Transformation Programme
	Right Care Right Person	• Engaging with Police Services in Wales, NHS partners, Local Authorities and third sector providers on changes affecting response to people in crisis	• Assess impact to WAST • Possible update to 2023 EMS Demand & Capacity Review results.	• Develop Business case	•	• Modelling can be undertaken, but requires further clarity on the likely level of activity • No progress on Business Case
	Mental Health Practitioners in CSD	• Assess demand and capacity plan outlining future needs for the team and training	• Share plan with commissioners for further discussion	• Training implemented (subject to cost and funding)	•	• See assurance report in appendix 1 – this forms part of the Clinical Transformation Programme

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
		requirements (as part of overall demand and capacity work for the future clinical service model)				

RECOMMENDATION RECOMMENDED: That the Committee:

(1) Notes the progress in identifying 'what good looks like' through the continuing development of high level outcomes measures;
(2) Notes the CMT programme progress update;
(3) Notes the confirmed Directorate-led IMTP interim position for Q4;
(4) Notes the update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework;
(5) Advised of any further assurance needed for the Board.

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

INTEGRATED MEDIUM-TERM PLAN (IMTP) 2025 – 2028
PROGRESS IN DEVELOPING THE PLAN

MEETING	Finance & Performance Committee
DATE	18 March 2025
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance Chris Turley – Executive Director of Finance and Corporate Resources
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation
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EXECUTIVE SUMMARY

The purpose of this paper is to update the Board of the progress in developing the 2025-2028 Integrated Medium Term plan (IMTP) in the context of NHS Wales Planning Framework and the Joint Commissioning Committee (JCC) Commissioning Intentions for 2025/26 and that the Committee endorses the plan, subject to minor updates ahead of Board approval on 27 March 2025.

The report will highlight the key issues in the plan and is presented as a 3 year balanced financial plan.

RECOMMENDED that the Finance and Performance Committee

(1) NOTES the progress made in developing this year's IMTP;
(2) ADVISES of any further assurance required during the final stages of the planning cycle;
(3) ENDORSES the IMTP for submission to Trust Board for its meeting on 27 March 2025, subject to any final editing.

KEY ISSUES/IMPLICATIONS

It is a legal requirement that NHS Health Boards (HBs) 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, ensuring we address the Joint Commissioning Committee's commissioning intentions for

Emergency Medical Services (EMS), Non Emergency Patient Transport Services (NEPTS) and 111.

WAST's IMTP planning cycle runs from June 2024 to March 2025. 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.

Welsh Government issued its Planning Guidance in letters from the Minister to Chairs and followed by more detail from the Director General to Health Board and Trust Chief Executives on 20 December 2024. Furthermore, following the 2025/26 draft budget for Welsh Government released on 10 December 2024 (and recently passed in the Senedd), Health Boards received their allocation letters for the 2025/26 financial year on 20 December 2024. Whilst this did not directly confirm funding for WAST, it formed the basis for our financial planning assumptions.

Key issues for the government are:

- Timely access to care;
- Population health and prevention;
- Building community capacity;
- Improving mental health access;
- Enhancing women's health services.

Key issues for commissioners fall into six broad areas:

- The operating model
- Capacity
- Productivity
- Value
- Harm and outcomes
- The wider health system

The main headlines within the HBs allocations were as follows:

- An additional £435m being allocated to HBs for 2025/26, on top of that recurrently provided part way through the 2024/25 financial year;
- On top of this the recurrent costs of the 2024/25 pay award, plus that to be agreed for 2025/26, plus the changes to the minimum and real living wage (RLW) values will be separately and fully funded to all NHS Wales organisations;
- This all results in a residual general uplift for inflationary and other cost pressures for 2025/26 of 1.77%;
- Additional Capital funding of £175m, of which £115m is routine capital and £60m for International Financial Reporting Standards (IFRS) 16.

- An expected minimum of 2% cost avoidance / containment and savings plan across all NHS Wales organisations.

Given the Trust's current underlying position, along with the level of funding able to be made available, and subject to some of the remaining risks highlighted in the paper presented by the Executive Director of Finance & Corporate Resources, this does provide the ability for the Trust to present a balanced financial plan for 2025/26. WAST has been asked to outline what further stretch it could make in its cost improvement/savings plans by the JCC, however this plan is presented in the context of an £8.5m savings target.

We have developed our priorities through January and February through engagement internally and externally, including surfacing some unavoidable costs, and the plan is presented to the Committee for endorsement.

The plan will be accompanied by a Minimum Data Set, detailed appendices and action plans against the cabinet secretary's priorities set out as the key issues for government above.

An EQIA has been drafted and has supported the development of the IMTP and is included as an appendix to this paper.

REPORT APPROVAL ROUTE
Not applicable.

REPORT APPENDICES
Appendix 1 – SBAR Appendix 2 - Draft IMTP v0.4 Appendix 3 – IMTP Appendix – Challenges and Opportunities Shaping our Plan Appendix 4 - EQIA Appendix 5 – Full financial plan v4

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	√

Appendix 1

2025-28 WAST IMTP

SITUATION

1. The purpose of this paper is to update the Finance and Performance Committee of the progress in developing the 2025-2028 Integrated Medium Term plan in the context of NHS Wales Planning Framework and the Joint Commissioning Committee (JCC) Commissioning Intentions for 2025/26 and to request that the Committee endorses the plan, subject to minor updates ahead of Board approval on 27 March 2025.

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, ensuring we address the Joint Commissioning Committee's commissioning intentions for EMS, NEPTS and 111.

3. WAST's IMTP planning cycle runs from June 2024 to March 2025. 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.

4. 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 ministerial priorities for NHS Wales.

5. WG Planning Guidance and the NHS Wales Planning Framework was issued by the Cabinet Secretary in letters to NHS Chairs and further supported by a letter from the Director General to Chief Executives on 20 December 2024. The requirement is to submit a three-year IMTP to comply with statutory financial and service duties. It remains a legal requirement for a break-even financial plan over a three year rolling financial period.

6. Plans should include detailed narratives, year-one milestones, actions, and projections, emphasising financial sustainability and resource optimisation.

The requirement is for 'Firm, Indicative and Outline' levels of detail and a progression over time. This has been our approach for a number of years, with clear quarterly milestones in year one, indicative plans into year two and outline plans into year three. We will once again be required to complete Ministerial Template's demonstrating how we are delivering against the Cabinet Secretary's priorities for NHS Wales, and a Minimum Dataset setting out activity, workforce and financial projections

7. Plans must align with the priorities set by the Cabinet Secretary and First Minister (set out below), focusing on quality, safety, and equity. This includes mandated enabling actions for year one which must be integrated with local needs and resources.

8. As a newly named organisation under the Act, we must incorporate the Well-being of Future Generations (Wales) Act 2015 and the Social Partnership and Public Procurement (Wales) Act 2023 into our plans, demonstrating how we will comply with the acts and publishing our Wellbeing Objectives. We must also plan for the implementation of the Provider Selection Regime Wales by 24 February 2025.

9. The governance requirement is to submit Board-approved plans by 31st March 2025. Following clarification from Welsh Government, we do not need to submit a video alongside the IMTP at the end of March but will produce one soon after.

10. The CEO did not submit an accountable officer letter on 14 February 2025, but instead emailed the Director General to indicate that we have a plan that balances, but with risk due to unavoidable costs built in.

11. As stated above, the NHS Wales Planning Framework 2025-2028 outlines strategic priorities and enabling actions aimed at transforming health and care services in Wales. Below is a summary highlighting the key points for consideration within the WAST IMTP:

11.1 Ministerial Priorities: The framework focuses on five strategic priority areas:

- Timely access to care;
- Population health and prevention;
- Building community capacity;
- Improving mental health access;
- Enhancing women's health services.

These priorities aim to address public concerns and ensure sustainable improvements in service delivery, with health boards expected to incorporate these into their three-year plans. We will reference and include

those enabling actions set out in the framework that are relevant to our service delivery.

11.2 Delivery and Accountability: Organisations are urged to focus on early, sustainable gains in priority areas set out in an annex to the framework. Enabling actions, based on evidence for improved efficiency and outcomes, are mandated under an "adopt or justify" principle. These include stopping low-value or wasteful practices in line with the national Value and Sustainability Programme, and progress on these must be reflected in our plan. We have undertaken an assessment against these actions and our IMTP presented to the Board will include where we intend to adopt the enabling actions set out by Government.

11.3 Efficiency and Innovation: The framework stresses financial sustainability, improved productivity, and maximising resource use. Innovation, particularly in digital transformation, is critical for achieving these goals. Health boards are encouraged to collaborate regionally to provide higher-quality and more accessible care, which will have clear implications for ambulance services. We have set out a continued commitment in our plan to the Financial Sustainability Programme and Value Based Health Care.

11.4 Workforce and Leadership: Investing in and empowering the workforce to deliver safely, effectively and flexibly is vital. The framework emphasises compassionate leadership to foster a supportive culture, and enhance team effectiveness. Organisations are required to develop strategies to prioritise workforce well-being and optimise team performance.

11.5 Outcomes and Public Engagement: Organisations are expected to balance immediate service needs, such as long waits for treatment and timely discharge from care, with long-term health outcomes through preventative measures. Continuous engagement with the public and workforce will shape future transformation and support adaptation to emerging challenges.

12. In January the Committee was assured by the planning process whereby the plan is developed through six workstreams using a project approach:

- **Gathering intelligence** from a range of sources, including a PESTLE analysis and a State of the Nation Report;
- **Engaging** with stakeholders;
- **Developing priorities** for the next 3 years;
- **Technical planning**, including workforce, finance, capital and digital plans;
- **Writing** the plan;
- Taking the plan through **governance and approval.**

13. As an 'integrated plan, the planning approach needs to take account of the workforce, fleet, estate, digital and financial resources required to deliver the IMTP. At the same time it takes account of the system wide developments which impact on WAST's ability to deliver services to the quality, the influence WAST can have on the system and performance standards we hope to achieve through our own plan.

14. This year the plan will also need to set out what are our **Wellbeing Objectives** for the next three years as per our status as a named organisation under the Wellbeing of Future Generations Act. The IMTP will also need to demonstrate how we are working in line with the Act's Five Ways of Working. A task and finish group has been established to develop and engage on the Wellbeing Objectives, and importantly with Trade Union (TU) colleagues in compliance with the Social Partnership Duty.

15. An Equality Impact Assessment (EqIA) is being undertaken concurrently with the development of our priorities to ensure the plan is driven up a clear focus on priorities and, although a Quality Impact Assessment will not be needed as the IMTP itself does not constitute a strategic decision, the IMTP will take account of the Health and Care Quality Standards.

ASSESSMENT

14. The development of the IMTP is complete subject to final editing ahead of the Board and finalising technical appendices.

<u>Gathering Intelligence</u>

14. To support our planning this year the Planning Team produced a 'State of the Nation' report to support collaborative planning events in October. This set out a point in time the following data:

    - IMTP delivery to that point;
    - Our performance profile;
    - Outcomes data;
    - Public and patient feedback;
    - Staff feedback, cultural metrics and survey data;
    - Our risk profile.

15. This has been updated as an appendix including updates to the detail in the October 'state of the nation' report will be finalised ready for Board approval. The key issues are captured in the main body of the IMTP, in section 2. This is appendix 3 of this paper.

Engagement

16. Since the last update to the Committee in January we have engaged with our patient and public networks, with our people through WAST Live and with Trade Unions through the Corporate Partnership Forum and WASPT. We have also engaged with the JCC and health boards through the Interim Ambulance and 111 Commissioning Group and commissioning leadership group of JCC chief executives.

17. There has been no adverse reaction to our plans from our people. Our plans address some of the key areas of feedback we have received. The plan also addresses the JCC's commissioning intentions. How the IMTP addresses feedback from public, patients and our people, and addresses commissioning intentions has been summarised in section 2.

18. The People and Community Network also reviewed our key priorities and were generally positive. There was specific feedback about ensuring capacity is available in 111 particularly to help provide care and advice to people outside of hospital. Likewise there was support for the direction of travel for our 999 response to urgent care, whereby the network comments felt that treating people at home would be better than conveyance to hospital for many patients. There was also a suggestion that we could do more to educate the public around prevention of injury, such as falls. This aligns well with our direction of travel in our population health plan.

19. We maintain engagement with partners across the health and care system and information flows through a framework approach into Integrated Strategic Planning & Development group (ISPD) and Strategic Transformation Board (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 (albeit a sub-group in Gwent).

20. A draft of the IMTP narrative document was shared with Board members (later than planned) in February 2025, no comments have been received to date, but we invite committee members to provide feedback ahead of final edits prior to submission of the plan to the Board.

Developing and agreeing priorities

21. Health Board allocations included a 1.77% uplift which WG has confirmed should pass through to providers. However, given the current cost pressures facing WAST this limits the ability to invest in new initiatives in the plan without a line of sight to further funding.

22. We therefore held two prioritisation events in January and February, of WAST senior leaders, with input from trade union colleagues in the January session. These focussed in on what we 'must (i.e. cannot not) do' in our plans, what we 'should do', putting lower priority on those things we 'could do' and identifying any areas we 'won't do' in 2025/26. This enabled us to identify areas of unavoidable cost and resource requirements that drive the activity, workforce and financial plans in the IMTP.

Integrated Technical Planning

23. The Integrated Technical Planning Group which reports into ISPD (which is responsible for overseeing IMTP development) is currently finalising the Minimum Data Set which sets out our activity, workforce and financial plans in consistent format for Welsh Government.

Financial Plan

24. The financial plan is set out in section 11 of the IMTP and a full detailed plan is included as appendix 5 to this paper and will be an appendix to the IMTP.

25. The financial plan is presented as a balanced revenue financial plan for the 2025/26 financial year, albeit even after the identification and delivery of a significant savings plan of c£6.5m, this still leaves a residual financial gap of c£2m to be closed as we enter and progress through the financial year. This is predominantly due to the continuing costs of the EAP Band 5 national development.

26. The ability to close this residual gap and balance in year is however considered achievable, with areas and ways through which this will be progressed fully detailed within the full plan provided in an appendix to the IMTP, and this is as such presented as a balanced financial plan for approval.

27. The plan will only provide for a balanced revenue financial outturn for the Trust for the 2025/26 financial year based on the following key financial assumptions:

    a. The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 1.77% uplift provided to Health Boards in the 2025/26 NHS Wales Allocation Letter issued on 20th December 2024, and is applied to all of the Trust's key commissioning agreements;
    b. That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated;
    c. Specifically included within the above is c£3.5m costs for 2025/26, being this financial year impact of the need to move former EMTs onto the new EAP role at a A4C Band 5, and for which no separate, additional funding has been made available to the Trust to support these costs. How this is

therefore afforded in year is captured within this overall financial plan, noting that the continuing work to balance in year in 2025/26 will need to also reflect the increasing costs of this element in 2026/27 and beyond;

d. The ability to fully deliver on the resulting range of cost containment, cost avoidance and savings required to balance in year;
e. That any and all additional costs the Trust may incur as a result of the following will either be funded separately, in addition to that currently assumed within this financial plan, or will not be able to be incurred:
   i. As per the above allocation letter issued to the NHS in Wales, costs relating to the 2025/26 pay deal, along with the recurrent costs of the 2024/25 pay deal, still to be confirmed;
   ii. The costs relating to changes to Employers NI from 6th April 2025,
   iii. Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, which have been subject to a separate business case submitted to commissioners and WG for funding consideration,
   iv. Any net additional costs of providing any new road based response service to parts of rural Wales, linked to the implementation of some of the service changes arising from the recent EMRTS Service Review, and
   v. Any remaining costs associated with the previously submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.

The high level summary revenue financial plan for 2025/26 is therefore as follows:

	Opening Budgets 25/26	**Planned Savings**	**Revenue Set Budgets 25/26**
	£m	**£m**	**£m**
Income	-310.469	-0.150	-310.619
Operating Expenses	304.723	-7.542	297.181
Profit on Disposal	-0.445	-0.250	-0.695
Interest Payable	0.240		0.240
Interest Receivable	-0.800	-0.558	-1.358
Depreciation (Baseline)	15.251		15.251
Total Expenditure	318.969	-8.350	310.619
Planned Budget Surplus (-) / deficit	8.500	-8.500	0.000

28. Section 11 sets out the risks in this financial plan, and there will be a detailed financial plan included as an appendix to the IMTP following approval of the financial plan

29. These risks include:

- Ensuring all income assumptions are met, particularly those supported within the NHS Wales JCC IMTP.
- Full funding of the 2025/26 pay award and increase in employers NI by WG.
- No progression of unfunded developments or cost increases until a confirmed funding source is found.
- Delivering up to £8.5m in savings, efficiencies, and cost management.
- Identifying and agreeing changes to crewing skill mix and numbers for front line EAs.
- Managing unpredictable and potentially volatile cost elements without additional funding from WG.
- Ensuring recent changes in commissioning and the NHS Wales JCC transition do not financially impact the Trust.
- Managing in-year cost pressures within the small contingency held by the plan.

Governance, assurance and approval

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

    - **JCC Ambulance and 111 Commissioning Group** 20 March 2025– for JCC endorsement
    - **Finance & Performance Committee** 18 March 2025 – scrutiny and assurance of final draft narrative document and endorsement for approval at Trust Board
    - **Trust Board** 27 March 2025 - final version of the IMTP for sign off prior to submission to WG
    - **WASPT** 28 March 2025 – post approval endorsement (TU partners will be on Trust Board)
    - **WG Submission** – 31 March 2025

31. An EQIA has been drafted and has supported the development of the IMTP and included as an appendix to this paper. There are considered to be no adverse impacts of our plan on protected characteristics, however there are some areas of improvement for those areas of Neutral impact, particularly in how we evidence positive impacts.

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

RECOMMENDATION: It is RECOMMENDED that the Finance and Performance Committee:

(1) NOTES the progress made in developing this year's IMTP;
(2) ADVISES of any further assurance required during the final stages of the planning cycle;
(3) ENDORSES the IMTP for submission to Trust Board for its meeting on 27 March 2025, subject to any final editing.

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust

INTEGRATED MEDIUM-TERM PLAN 2025 - 2028

VERSION: 0.4

Contents

Foreword from the Chairman and Chief Executive

INSERT NEW FOREWORD

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

To Support. To Serve. To Save

Executive Summary

At the heart of this IMTP is a continued and purposeful ambition to work at pace, with our partners, to change and improve the way in which we respond to and meet our patient's needs, enabling better outcomes both now and into the future.

Since the publication of our long-term strategy 'Delivering Excellence' in 2019, we have not wavered in our ambition to transform our services. Initially, work centred on stabilisation of our services: investment in front line Emergency Medical Service (EMS) staff; creation of an all Wales 111 service; transfer of all Non-Emergency Patient Transport Services (NEPTS) services from Health Boards into WAST; and delivering key efficiency improvements.

But over the last 12 months, efforts have intensified, and staff from across the organisation have come together with our commissioners to create an integrated clinical service model, which sees our 999, NHS 111 and Ambulance Care services all contributing to the transformation of care.

We've started the work to implement this evolved model, with key characteristics that include:

- Strengthened **clinical leadership** and decision making. New, senior clinical navigator roles have been introduced into the control rooms, undertaking rapid clinical screening for the majority of 999 calls to determine whether they need an immediate dispatch or are suitable for further remote clinical triage and support. With around 70% of screened incidents now identified as suitable for a more in-depth remote clinical assessment, our remote clinicians are developing individualised care plans for many more patients, deploying community volunteers and remote monitoring technology to support patients while care is scheduled, and closing over 20% of our 999 calls without the need for an ambulance or further treatment.
- **Connecting** systems and processes across all our services so that patients receive the right care irrespective of whether they contact us through our digital platforms, ring 111 or call 999.
- Creating a greater range of **choices** and options for face to face assessment that are designed to support treatment at home or referral into local pathways – a further 25 FTE Advanced Paramedic Practitioners (APPs) have been recruited and trained in the last year, our first mental health response vehicle has been implemented as part of the wider model for mental health response, and we have undertaken further work with Health Boards on our falls response services in line with the national falls framework.
- **Collaborating** with health boards and the 6 goals programme, for example in expanding the number of APP Navigators working within Health Board flow centres, trialling the booking of 111 patients into urgent primary care centres, increasing numbers of rotational palliative care practitioners and developing ….

We know that too
many patients continue to come to harm, have poor experiences of care, and have difficulties in navigating our complex health and care system meaning they don't always get the right care or advice in the right place at the right time. Much of this exacerbates the pressures on our people, evidenced in levels of sickness absence and turnover that are higher than we would want, although there have been positive improvements over the last two years. We hear directly from staff in roadshows, 'WAST Live' and through surveys about what it feels like to work in WAST, much of it reflecting their frustrations.

So there remains more to do. With these drivers at the forefront of our minds, we have a continued focus on 3 fronts:

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

Transforming Care for Our Patients

In this IMTP we continue to describe **'what good will look'** like in three years' time, and how the system can expect to see measurable change and improvements in outcomes. Increasing sophistication in how we measure system wide improvements is a priority, and in particular, ensuring that data and information is linked across organisations.

We have spent time with **stakeholders and partners** over the course of the year to test out our ideas. Whilst there is much that is supported, we hear that there is more to do on **how our plans align for health care professionals** and how our **remote clinicians link in seamlessly with health board single points of access**, Stronger collaboration with patient and community groups is a priority and in line with our commitment to being collaborative and in support of our Wellbeing Objectives, we intend in the first year of this plan to develop a formal **public and patient reference group**. This will seek to go beyond the commitments to engaging with communities to being able to give representatives the opportunity to help shape our service priorities and service standards going forward but also to be able to hold us to account for delivery.

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

Following the conclusion of a Welsh Government led task and finish group and the Cabinet Secretary's recent announcement, we will be working to implement a new performance framework which will focus on clinical outcomes shaped around two new categories – purple cardiac arrest and red emergency. This will mean moving away from time-based targets as the primary measure of success and a focus on 'return of spontaneous circulation' as the principal measure of success for the 'purple cardiac arrest' category. This will provide a hugely important opportunity and driver for us to work with others across the whole system on improving each link in the chain of survival, linking closely with Save a Life Cymru to increase rates of bystander CPR and early defibrillation.

For all other patients who access our services with **urgent or routine health issues**, we will be continuing to make progress.

Our front end **digital platform** will be strengthened to provide better online digital advice and self-care. We will work with partners to create a 'digital first' vision for urgent and emergency care services, which is likely to **centre around the NHS Wales App**, but in which we will play a large part, we will make improvements to the existing NHS 111 Wales website including launching virtual assistants, and we will develop a new range of symptom checkers.

Clinicians from our 111 and 999 services have spent time over the last 12 months coming together to identify how they can work more effectively together in support of better patient care and outcomes. This year, we will fully align and integrate these teams into a **Remote Integrated Care Service,** involving:

- A range of actions to **align management structures**, education and training functions, audit arrangements and working patterns, including some additional resource to support the more complex team environment;
- Increases in the team's **capacity and capability** to meet demand each year over the cycle of 3 years, supported by a full Demand and Capacity review in year 2 and including growing the range of specialisms represented. This will be supported by a range of actions to enhance productivity including a review of rostering practice to better manage patterns of demand across the day and week.
- Further development and refinement of the **evolved clinical model**, working on how call handlers can be most effectively utilised to improve efficiency, embedding the concept of care planning, growing the use and deployment of remote monitoring technologies and developing new pathways into health board services that can be scheduled and booked.
- Building on our **digital capabilities**, reviewing, evaluating and developing the CAS system, delivering video capability for remote assessment and linking data so we can better understand outcomes.

For many patients with urgent care needs, an on-scene assessment will still be required. We are committed to continuing to grow **our urgent community response** services: a further 10 Advanced Paramedic Practitioners (APP) will be trained and deployed in year ; the number of palliative care practitioners will be expanded into 4 health board areas through support from Marie Curie funding; the WAST mental health model will be reviewed and, subject to evaluation, further mental health response vehicles will be deployed; falls services will be further developed in collaboration with partners and in line with the national framework; and systems to enable scheduling of unscheduled care will be designed and developed. Through these changes, we aim to **double the numbers of patients who we safely manage at home or in the community** over the next 3 years and halve the number who come to harm through cancelling their ambulances.

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

Within our Ambulance Care service, our top priority will be to work with commissioners to **turn the agreed vision for these important services into clear and decisive actions**. We will continue to make improvements in productivity and efficiency including **re-rostering** within NEPTS, which will be completed in year 1 and which will **increase the numbers of journeys we can support each day** by better matching demand and capacity.

Improving our people's workplace experience

The key to delivering the best patient care is **focusing on the needs of our people**. We are actively listening, learning and ensuring we take action to address some of the biggest issues that are impacting on the daily lived experience of our colleagues. Alongside this, acknowledging the cultural issues that have come to light in the wider emergency service sector, we are continuing work to build a safe, positive culture with an emphasis on wellbeing, support and development, where we can bring our whole selves to work. These are the core elements of high performing organisations. By creating this environment, **our people will feel**

valued and trusted and experience a true sense of purpose and belonging which will enable us to keep improving and deliver our long-term ambitions.

Our People and Culture Plan sets the direction and supports our organisational strategic ambitions with a focus on our 3Cs: Culture, Capacity and Capability. Key deliverables in year 1 will include:

- **Culture** – increasing capacity to respond compassionately and in a timely manner to those that speak up with concerns, continuing with a programme of cultural deep dives and growing and strengthening our people networks;
- **Capacity** – building new roles and career paths, supporting people to remain in work, and reviewing skill mix for our Emergency Ambulances following the introduction of the new Emergency Ambulance Practitioner role last year;
- **Capability** – launch and develop 'Our WAST Way', a framework for leadership and management development, with a focus on meaningful conversations to support all of our people.

We are committing to continuing to work on three specific priorities, and acknowledging that we have not made as much progress as we would have liked, we will redouble our efforts, looking for innovative ways of being able to make significant improvements in partnership with our trade union partners:

- Through Our WAST Way, embedding **regular 1:1 conversations** to address staff challenges, enhance motivation and wellbeing, and build a supportive work environment;
- Eradicating **shift overruns**, through co-created solutions;
- Improving our people's **digital experience** e.g. simplified sign on, automation etc.

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

Delivering exceptional value and sustainability

The plan is underpinned by a **balanced financial plan** that continues our recent strong financial performance of balancing throughout the financial year. To achieve this, however, will require the delivery of a challenging savings target of c£8.5m. This will concentrate not just on savings and efficiencies but also on proactively exploiting income generation and commercialisation opportunities.

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

We will also have a sharper focus on **Population Health and Prevention** through a revised Population health plan, drawing on evidence and good practice across the NHS and the ambulance sector in the UK. We know we can do more for our communities in the levels of prevention, taking a Population Health management approach.

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

control; and in relation to the ongoing impacts of the move to new **commissioning** arrangements. We will be strengthening support into a number of our structures and transformation programmes to reduce risks.

However, the steps we will be taking do does not sit in a vacuum and are consistent with the ambitions set for us specifically through our commissioning intentions and more broadly for the wider system through the Six Goals Programme. We are rightly proud of what we have achieved over the last 12 months. The key will now be continued dialogue and engagement internally and externally which facilitates further transformation, which we are committed to doing in pursuit of a better service for the people of Wales.

Introduction

This document sets out the Welsh Ambulance Services University NHS Trust's (WAST) Integrated Medium-Term Plan (IMTP) for 2025-28, written in line with the NHS Wales Planning Framework and the Joint Commissioning Committee Ambulance and 111 Commissioning Intentions.

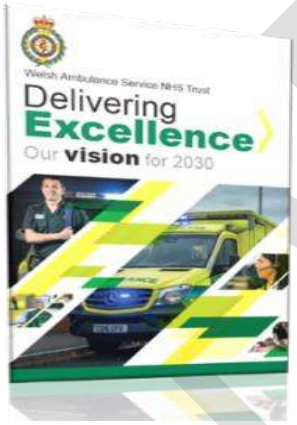
The document is supported by the Minimum Data Set (MDS) as required by Welsh Government (WG), ministerial priority action plans and appendices which provide more detail on areas of our plan. Further information is available on request.

1. Our Long-Term Strategy

1.1 Our Purpose

In 2023 we adopted our organisational purpose statement '***To Support, To Serve, To Save'.*** This short but powerful statement seeks to describe the organisations 'core' reason for being, uniting all of people towards a common goal.

1.2 Our Strategic Objectives



Our Long-Term Strategic Framework **'Delivering Excellence'** sets out the future vision for the organisation up to 2030. The strategy is framed around the transformation of our clinical services model to ensure that patients receive the '**right advice and care, in the right place, every time'.** Our ambition is to evolve from a traditional ambulance and transport service, towards an integrated clinical service which works in collaboration with the health and care system to best meet the needs of patients who contact us through 111, 999 and our non-emergency services in a way which makes the most of the Welsh pound, adding value to the system within which we work. Our ambitions and progress towards the transformation of our clinical services model is described in more detail in section 4.

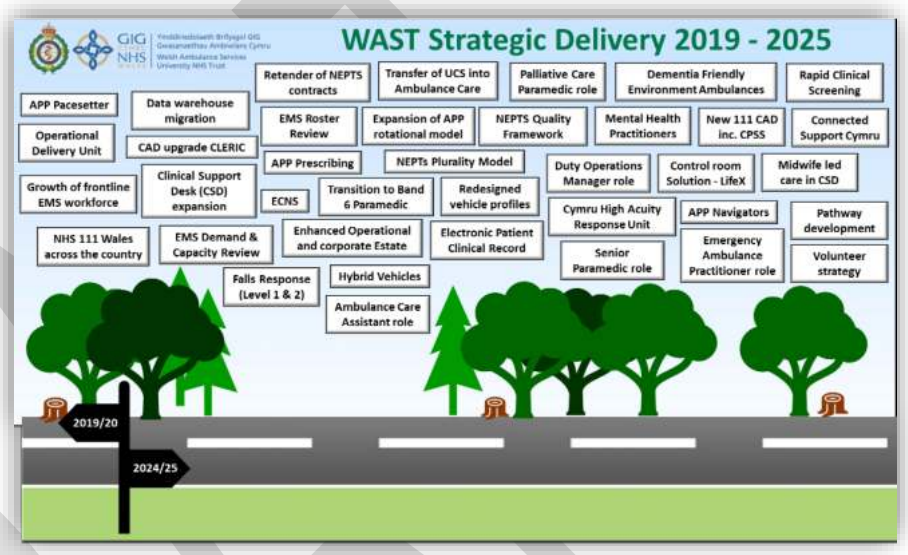
However, Delivering Excellence is a whole organisational strategy, not only concerned with service models, but also with how we support and enable **our people to be the best that they can be**. We also commit within the strategy to being an organisation that **collaborates** with our partners, stays at the **forefront of innovation and technology**, fulfils our duties as a **quality driven and clinically led organisation** that delivers

exceptional **value**. We have continued to develop our IMTPs around this strategy and its **six core strategic objectives.**

Whilst we are confident that the strategy remains fit for purpose, we recognise that the broader operating landscape around us has changed significantly since its development in 2018/19. From year 2 of this plan, we will therefore commence a series of engagement workshops which will support a review and refresh of the strategy by the end of this IMTP cycle. The development of a Strategic Board Assurance Framework and risk appetite statements will support this review.

1.3 Our transformation journey

Over the past six years since publishing Delivering Excellence, we have significantly transformed our frontline services. We have increased capacity in Emergency Medical Services by over 500 staff, grown our volunteer workforce including introducing Community Welfare Responders to manage people safely in the community and developed Cymru High Acuity Response Units (CHARUs) to improve outcomes for those with the most serious injuries or illness in the community.



Innovation has flourished with new roles being introduced to support including advanced paramedic practitioners (APPs) who can independently prescribe and rotate into primary care, mental health practitioners in our contact centres and on the road, , allowing for more at-home care when safe and appropriate.

A key component of our transformation has been the national rollout of NHS 111 Wales and its formal commissioning by the Joint Commissioning Committee, aligning ambulance services with health boards and the Six Goals for Urgent & Emergency Care programme to move closer towards seamless services for patients accessing both 111 and 999.

We also concluded the business case for central commissioning of Non-Emergency Patient Transport, reducing variance across health boards and introducing new Ambulance Care Assistant roles to support urgent and emergency transport requests.

Despite these advancements, demand continues to rise, and performance remains challenged. In 2024/25, we evolved our model to ensure a clinical 'safety net' for patients, expanding the role of clinical specialists in our contact centres by introducing Clinical Navigators to screen 999 calls, and enhancing the clinical support desk with additional professional roles (such as respiratory, paediatric and mental health specialists). Health Boards have supported us by opening pathways to 999 clinicians, and we have tested the use of 111 software by 999 call handlers to close low acuity calls without clinician intervention. We are evaluating these changes as we enter the next phase of our clinical model transformation programme.

2. Our Key Achievements in 2024/25

As well as making strides towards our long-term strategic ambitions over the last 5 years, we have implemented a lot of changes across the whole organisation through our last IMTP, as seen below.

3. Challenges and Opportunities shaping our plan

3.1 What do our patients say about our service?

Throughout 2024/25 we have been asking the public what a good quality ambulance service looks like. Peoples' responses have helped us in shaping the development of this IMTP, the Trust's Quality Plan and also helped us to understand how we develop our services to improve quality in line with the Health and Care (Quality & Engagement) (Wales) Act.

Through our continuous engagement and surveys, the priorities for our plan offered by patients and the public include:

- **Improvement in delays**: Prioritise solutions to ambulance-hospital delays.
- **A focus on inclusivity**: Ensure that feedback from diverse communities (including those whose first language is not English or Welsh and people with additional needs) is integrated into service design.

- **Transparent communication**: Be honest about the challenges the service faces but also offer hope with clear steps toward improvement.
- **Enhance community-based care**: Expand roles like "Community Welfare Responders" and increase care outside hospitals.

More detail is available in Appendix 1.

3.2 What are our colleagues' priorities?

We have continued to engage with colleagues across the Trust to understand the key issues that affect them. This not only helps us shape our future service plans but also helps us to identify issues that impact on their day to day working lives. Appendix 1 sets out more detail.

Our main mechanisms for listening to our people are:

- **WAST Live** – a regular MS Teams session where the executive team share information about things that affect our people and respond to their questions.
- **CEO Roadshows** – twice yearly direct engagement with our people across Wales
- **Cultural metrics** – a set of qualitative and quantitative data that assesses the impact of our People & Culture plan.
- **Workforce metrics** – which give indicators around challenges facing our people.
- **NHS Staff Survey** - experiences, perspectives and insights to help shape the working environment.
- **Our people networks** - fostering a culture of belonging and active participation.

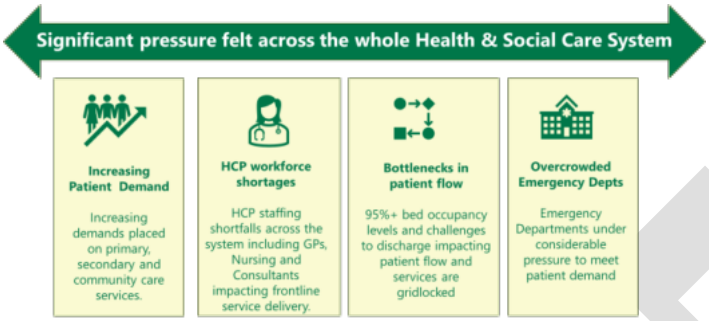
Our People and Culture Plan metrics indicate that we are on the trajectory we anticipated, with positive signs that our efforts are moving us in the right direction. Whilst this progress is encouraging, we recognise that there is still a way to go; this is reflected in staff survey data and broader feedback.

Initial feedback from the NHS staff survey shows that, whilst around two thirds of people are proud to work for WAST and will go the extra mile at work, less than half of respondents look forward to going to work and less than half do not feel involved in changes that affect their work, area team or department.

Many issues raised by our people can be addressed at operational or directorate level but there are continued commitments to our people that need to be reflected in our IMTP that align with the feedback. The survey

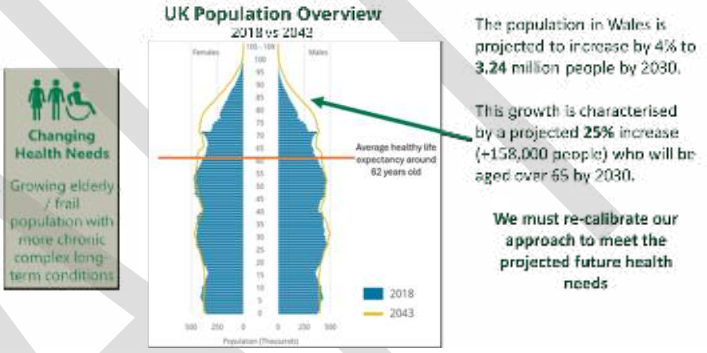
feedback provides us with an indication that we must continue our cultural journey, as well as maximising the change management support and capability we have across the organisation as we embark on further change towards our strategic ambitions. We are using these insights to shape our plans going forward, ensuring we focus on the right areas and continue building on this momentum.

3.3 Our operating and financial context

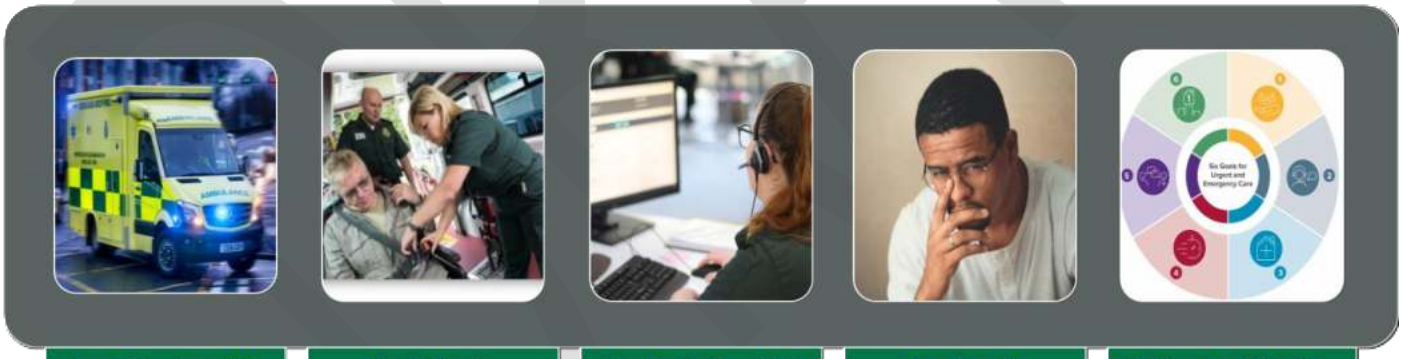


The operating context for the Trust remains challenging with demand growing, workforce capacity stretched in NHS Wales, system pressures and poor flow through the system resulting in overcrowded emergency departments and ambulance queues. This is compounded by demographic change, with a frail population growing at a greater rate than the younger, working age population.

People are living longer but in poor health and this continues to put pressure on the system as a whole and requires a different focus around population health and health inequalities as we deliver our plans.



Our performance



Our Patients - EMS

22,567 handover lost hours per month

Red performance 48.53%

Total volume of red calls responded to in 8 minutes **increased**

Amber 1 median declined to 1 hour 37 mins – remains too long

9,435 ambulances cancelled by patients each month – unmet need

123 Serious adverse incidents passed to Health Boards for investigation

Our Patients - Ambulance Care

NEPTS service remains **broadly stable**

Oncology performance is still a recognised area for improvement, although it **achieved 74.5%** for its target inbound target times during 2024

Renal performance continues to be good and above target

Improvements in quality standards for NEPTS contracts achieved

Our Patients - NHS 111 Wales

Demand has increased to an average 85,000 calls per month

Improvements in call handling capacity and processes

Call answering performance deteriorated as demand increased

Clinical call back times continued to meet target for all priority categories between July & October

Our People

EMS hours produced increased, averaging 121,000 hours per month

EMS abstraction rates improved but still averaging slightly above 30% benchmark

High sickness absence in frontline areas but overall rate reducing

Staff turnover has fallen, the monthly average rate being 7.95%

PADR compliance improved to 76.6%, but remains below 85% target

System Contribution

Consult and Close monthly rate tbc (target 17%)

Limited progress in referring more people to **alternatives to ED**

Limited progress on **treating more people at scene**, 17.7% in 2024

Finance and Value

Trust is on track to be **financially balanced by end March 2025**

Data correct as at December 2024

Further detail can be found in appendix 1.

The financial year 2024/25 has been challenging, with the benefits of our transformation investments yet to be fully realised. However, we are beginning to see positive outcomes from changes implemented over the winter, which will be evaluated in 2025/26.

While the number of Serious Adverse Incidents (SAIs) passed to Health Boards for investigation has decreased, we remain concerned about patient safety. Too many patients come to harm, services are often centred around organisational needs with inefficient and outdated processes affecting patient experience, and the difficulty in navigating our complex health and care system means patients are often not getting the right care or advice in the right place at the right time. Demand and need have also increased across all areas of the Trust, with a rise in red incidents and hours lost to hospital handover delays.

We are committed to the wellbeing of our people, as they are crucial in providing high quality and safe services. Improvements have been seen in hours produced, abstraction rates, sickness absence, and staff turnover. However, there is further to go, as the continued pressures on our system continue to drive high levels of stress and anxiety, the number one cause of sickness in our service.
We will meet our statutory financial duties for 2024/25, achieving over £6m in savings. However, the financial outlook for 2025/26 remains challenging due to inflation, cost of living, and price volatility. The Minimum Data Set (MDS) at appendix x and ministerial templates outline expected activity, performance trajectories, and the workforce and financial plan for 2025/26.

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

The Wellbeing of Future Generations (Wales) Act (WBFGA) underpins the Programme for Government, and '**A Healthier Wales**' remains the long-term strategy for the health and social care system. In June 2024 we were formally named under the WBFGA and therefore formally required to comply with the Act, the wellbeing duty, the Social Partnership and Public Procurement (Wales) Act and the Social Partnership Duty. We have set out in sections 3.7 and 8 the actions we will take over the next three years to ensure we deliver our duties under the Act.

The Cabinet Secretary for Health and Social Care's priorities were set out in the 2025-28 Planning Framework which this plan will need to meet:

Appendices 3a-d includes the key areas of work set out in this plan that will deliver against these priorities.

Health organisations across Wales have come together over the last few months to consider the challenges facing the NHS in Wales and how we can collectively address these over the coming years. The aim is to build a service delivery blueprint which will describe **what the NHS in Wales will look like in 10 years' time**, and which will deliver improvements in health outcomes and performance and reduce inequalities. This will be a collaborative effort, bringing together the thinking from within NHS organisations in Wales and utilising external expertise and international insights, and will support and enhance the Welsh Government's work on a National Plan.

This will be a blueprint that describes an integrated primary and community care system focused on prevention and early intervention, a future model for hospitals, technology enabled care and a future-focussed and enabled workforce. It will also set out a plan for how these changes will be delivered.

As this national work develops, we will commit to aligning the thinking into our plans for service change and improvement.

The **Health and Social Care (Quality and Engagement) (Wales) Act** and the **Duty of Quality** drive the approach to strategic decision making in WAST. All our strategic decisions made to deliver the IMTP are subject to Quality Impact Assessments. In developing this plan, we have considered, and incorporated throughout, the Health and Care Quality Standards. Section 9 sets out the specific work we are continuing to progress to measure and manage quality and performance in accordance with the Act and aligned to a Healthier Wales.

Following support by Cabinet in the summer 2024 a set of refreshed actions have been agreed to support the delivery of **A Healthier Wales.**[1] These actions fall under the following categories and we will undertake an assessment against the detailed actions beneath each category during year 1 of this plan as part of the Strategy Planning & Performance Directorate delivery plan, including any gaps in our 2026-29 IMTP as required:

- Preventative
- Person centred
- Sustainable
- Equitable
- High Quality & Safe
- Digital and Data
- Workforce
- Research Development and Innovation
- Co-production and partnership
- Integration

The **Six Goals** programme (Link) has established itself at the national and local level as the key delivery mechanism for government Urgent and Emergency Care policy and to support improvement in the urgent and emergency care system. The Trust has a role to play across all the goals, and this can be seen as the six goals icons have been included in the relevant section of this plan.

[1] A Healthier Wales: our Plan for Health & Social Care. Available at: A Healthier Wales - Action refresh 2024-25

WAST will work with the Six Goals programme team and the JCC to develop a specific plan in response to Six Goals programme actions that are deliverable by WAST or with WAST. We will also maintain close working links with national and local six goals teams as key stakeholders in delivery of our CMT programme, taking a collaborative first approach to programme delivery.

The same is true for our role in working collaboratively with other national programmes such as the Strategic Programme for Primary Care and Planned Care Programme as well as clinical networks across Wales and in bordering areas of England.

Further legislation driving a focus in our plan this year includes but is not limited to:

- Duty of Candour (Link)
- Socio-Economic Duty (Link)
- Equality legislation and the Strategic Equality Plan (Link)
- The Race Equality Plan for Wales (Link)
- More than Just Words Action Plan (Link)
- Social Partnership and Public Procurement (Wales) Act 2023
- Worker Protection Act (Link)

Decarbonisation and Sustainability

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

3.5 What do our commissioners say?

The current commissioning of WAST's ambulance services now falls within the remit of the **NHS Wales Joint Commissioning Committee (NWJCC)** which was operational from 1 April 2024. The NWJCC's IMTP is published at the same time as the WAST IMTP and commissioning of our services is set out in the Ambulance and NHS 111 Commissioning portfolio which consists of five commissioned services: NHS 111; Emergency Ambulance Services (EAS); Non-Emergency Patient Transport (NEPTS); Emergency Medical Retrial and Transfer Service (EMRTS) and the Adult Critical Care Transfer Service (ACCTS).

The previous commissioning intentions for EMS, NEPTS, and EMRTS for 2024-2025 have been reviewed and updated for 2025-2026. The new commissioning intentions now also include NHS 111 Wales and the Adult Critical Care Transfer Service (hosted by Swansea Bay University Health Board). These intentions align with the NWJCC strategic priorities and the NHS Wales planning framework, addressing ambulance and 111 commissioning risks through an assessment against the health and care quality standards. Appendix 1 sets out the commissioning intentions in more detail and how this plan addresses those commissioning intentions.

The key priorities set out within the commissioning intentions for NHS 111, 999 and NEPTS are:

NHS 111

- Maximise clinical outcomes and patient safety by aligning NHS 111 and 999 infrastructure where clinically appropriate.
- Implement technology enhancements such as a digital front end to improve operations.
- Enhance productivity through alignment with 999 infrastructure and focus on industry benchmarks for efficiency.
- Collaborate with partners via the JCC to develop system-wide solutions for maximizing NHS 111 commissioned capacity.

EMS

- Evaluate and enact the evolving clinical model to improve clinical outcomes and patient safety.
- Align 999 and NHS 111 infrastructure where clinically appropriate to maximise outcomes.
- Implement technology enhancements to improve operations.
- Enhance productivity through the evolving clinical model and focus on industry benchmarks.
- Collaborate with partners to improve resource utilisation and system flow.
- Prepare for major incidents in line with the Civil Contingencies Act and collaborate on preparedness and response developments.

NEPTS

- Utilise technology to streamline booking and coordination processes for improved efficiency and responsiveness.
- Align NEPTS and Urgent Care services where clinically appropriate to improve system outcomes and patient experience.
- Collaborate with partners to optimise transfer and discharge resources.
- Work with health boards and system partners to develop and redesign services in response to changing requirements.

3.6 What are the risks that we are managing?

Appendix 1 details the risks we are managing as an organisation. **The highest rated risks drive much of the transformation and service improvement within this IMTP** over the next three years. The ratings for principal risks, as of January 2025, are regularly reviewed and monitored by the board and its committees.

Our two highest risks (223 & 224) remain key focus areas in our plans for emergency response. These risks relate to the **delays in emergency response** causing harm to patients in the community and the impact of ambulances being held outside emergency departments (**handover delays**)**.** However, system-wide pressures are largely beyond our control, and we continue to work with partners to mitigate these risks.

The wide-ranging nature of risks across operational and corporate areas reflects our strategic focus. The Trust's Board Assurance Framework provides a clear line of sight to controls, related assurances, and actions we can take to mitigate risks.

The IMTP includes actions to manage and mitigate corporate risks, such as:

- Progress of the Clinical Model Transformation
- Strategic stakeholder engagement plans
- Commitment to the Social Partnership Duty
- Addressing recommendations in the Manchester Arena Inquiry
- Our Digital Plan
- Our Strategic Workforce Plan
- Our Quality Plan
- Our Decarbonisation Action Plan and Wellbeing Objectives

Additionally, specific actions related to integrated governance, a strategic BAF, and risk appetite will continue throughout the IMTP, delivered through directorate plans. Our Internal Audit Plan for 2025/26 uses the risk register as the basis for providing assurance to the board.

3.7 Our Board approved Wellbeing Objectives

The **Wellbeing of Future Generations Act (WBFGA)** has applied to the Welsh Ambulance Service since 30 June 2024. The Act aims to ensure public bodies in Wales work together to create a prosperous, culturally rich, economically vibrant, healthy, and well-educated country where people can thrive.

Although we have been **working in the spirit of the Act since 2015**, we are now formally required to outline our contribution to these wellbeing goals. Over the past few months, **we have developed draft wellbeing objectives** with input from staff, **trade union partners**, and feedback from partners, stakeholders, patients, and the public. These broad objectives reflect our long-term commitment to passion, purpose, and collaboration, aiming to make us one of Wales' strongest anchor organisations.

Our Wellbeing Objectives

Objective One:

A Socially Responsible Employer

- support the foundational economy by providing Wales-wide, long-term employment and volunteering opportunities for people at all points in their career and in a wide variety of roles.
- invest in training, education and learning to ensure our people maintain and develop their skills, to be the best they can be, and retain those skills within the organisation or local communities.
- be an anchor employer, including in parts of Wales where employment opportunities are fewer.
- value our partnerships with trade unions and together create an organisation that is welcoming, fair and where people can thrive.

Objective Two:

An Innovative and Sustainable Organisation

- be at the forefront of clinical care by harnessing technology in a way that minimises our environmental impact and improves patient safety and experience.
- utilise our University Trust Status (UTS) to work with commercial and academic partners to look for tomorrow's solutions, today.
- reduce our environmental impact, use more sustainable and carbon neutral solutions in our estate, fleet and working practices to contribute to a greener, cleaner and healthier Wales.
- manage our financial and physical assets well, so that we can provide viable services for the long term and so communities can rely on us to be there when they need us.

Objective Three:

A Pro-active, Accessible and Equitable Care Provider

- provide urgent and emergency care services that meet the needs of the people of Wales, wherever and whenever they are needed, improving outcomes and ensuring people can live healthier lives for longer.
- develop a diverse and expertly trained workforce so communities feel well supported and that they have a stake in our organisation.
- collaborate with our communities and partners to build models of care that continue to meet the evolving needs of Wales.
- embrace our cultural role as Wales' national ambulance service, championing our language and heritage while develop pioneering new ways of delivering care which position Wales as a leader on the national and international stage.

How will we do all this?

Our wellbeing objectives aim to create meaningful change for a healthier, more vibrant, and successful Wales.

These long-term, evolving objectives will guide our strategy and plans, ensuring sustained focus and measurable progress. Recognising that we cannot achieve these goals alone, we will follow the sustainable development principle of the Wellbeing of Future Generations Act, which includes five ways of working that will form the foundation of our approach.

Five ways of working	How this plan addresses the ways of working
Long term	• Our IMTP is based on a long term strategy 'Delivering Excellence' which is a ten year strategy from 2019 to 2030 • During the life of this IMTP we will commence work on our next long term strategy
Prevention	• This IMTP has a stronger focus around the ambulance service's role in population health and health inequalities, with a refreshed approach to Value based healthcare being developed.
Integration	• The plan is an integrated, financially balanced plan which triangulates activity, workforce and finance, alongside key considerations for our estate, fleet • The plan aligns and integrate services and service structures which to benefit patients, our people and the wider system, aligned to our commissioners' and the minister's priorities for NHS Wales
Collaboration	• 'Collaboration first' will be a concept developed through the lifespan of this IMTP. • We have undertaken reputation audits to determine how we are viewed as a collaborative partner in NHS Wales and we know we have more to do with our partners in Wales, UK and across the World.
Involvement	• We will listen to and learn from our patients' experiences both good and bad, involving the public and patients in helping us to design and deliver our services. We will establish a specific forum for formal engagement with the public and patients and be a more active participant as an anchor organisation in our communities. • We are committed to the Social Partnership Duty and will involve our Trade Union partners and other non-unionised staff members in the decisions we make, including them early in the process of strategic transformation and change.

3.8 How we are focusing our plan.

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

• **Transforming** the way in which we deliver care with health board partners by developing, agreeing and implementing a **new clinical response model** that will provide **our patients** with the right advice and care, in the right place, every time and

reducing harm. Our specific priorities are set out in Section 4 which identifies what we will do for patients who use 111, 999 and Ambulance Care services;

- Doing everything in our gift to improve **our people's** workplace experience, enabling them to be the best they can be. Priorities can be seen in Section 5; and
- Delivering exceptional **value and sustainability,** in the context of finance, the environment and Value Based Healthcare**.** More detail on this can be found in Section 10 'Value and Sustainability'

Decarbonisation and Sustainability

We will build on the successful establishment of the Decarbonisation Programme Board to further integrate decarbonisation and sustainability throughout the Trust and promote ownership across all actions in the DAP.

This year we have reflected on how the **five ways of working** should support us in delivering these priorities, in how we are working to **involve** our people, the public and our partners to develop **integrated** services fit for **future generations**, delivered in **collaboration** with those key stakeholders, with a sharper focus on **population health & prevention** and **inclusion**.

4. Our patients

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

4.1 Evolving our clinical service model

We are now in the second year of our ambitious Clinical Model Transformation (CMT) Programme, evolving our Clinical Response Model into an integrated Clinical Services Model. This transformation is crucial to our strategic objective to provide **the right care or advice, in the right place, every time.** The programme represents a fundamental shift in how we deliver care, moving towards a fully integrated and patient-centred model. By leveraging innovation, fostering collaboration, and embedding clinical leadership, we will ensure that our services remain responsive to the needs of our communities and building a resilient healthcare system for the future.

The evolving model moves away from a conveyance-based emergency response focus towards an integrated model that connects our core services into a cohesive system. This approach allows WAST to better meet the healthcare needs of the people of Wales by offering a broader range of care options, including addressing urgent and emergency needs within the community.

Long term modelling shows that as the model embeds and demonstrates its benefits we would be able to start adjusting the balance of resources, so that more resources are directed to the access points in 111, 999 & ambulance care and alternatives to a face to face response, with potentially less requirement for emergency ambulances. However, this substitution of resources will take time over the period of this IMTP in the absence of 'pump prime' investment.

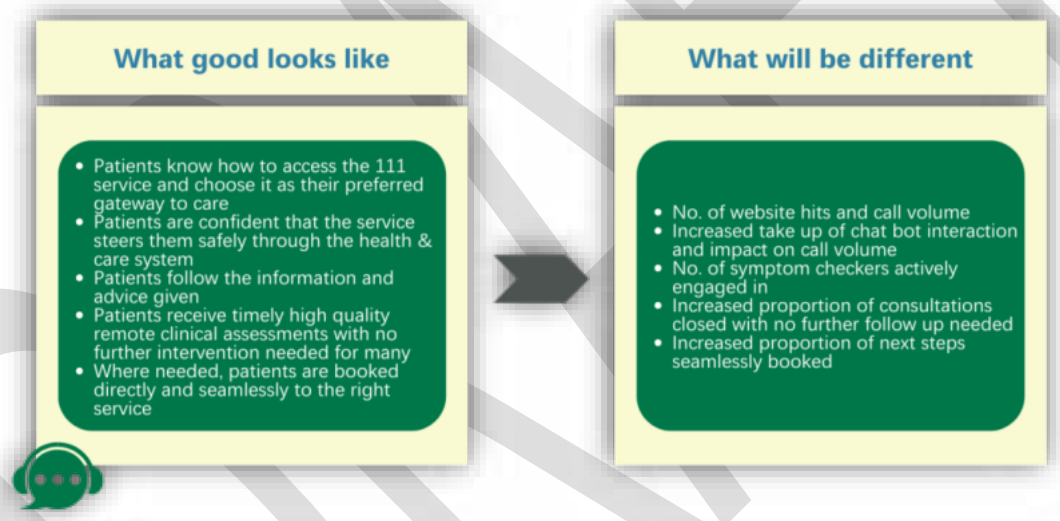
In its first year, the CMT programme prioritised rapid service improvements to enhance safety over winter. This year, we are progressing towards a more integrated service while deepening collaboration with system partners to refine and test the proposed model, ensuring alignment with the wider urgent and emergency

care system incorporating recommendations from the Welsh Government Ambulance Target Task Group review of the Red 8-minute response target as they emerge (see section 4.3 below).

The evolved Clinical Services Model is designed to be clinically led, patient centred and integrated across multiple services. To deliver this transformation, we will:

- Embed **clinically led** decision making: Clinically led care decisions from first patient contact, ensuring timely, personalised responses, reducing unnecessary interventions and improved outcomes.
- Enhance system **connectivity**: Systems, processes and staff integrated across WAST and supported by digital solutions to deliver consistent patient experiences and maximise resource efficiency.
- Offer **choice** through diversified response options: Expanding response pathways in collaboration with the wider system, will allow safe, community-based treatments while ensuring ambulance dispatch is prioritised for critical needs.
- Strengthen **collaborative** pathways: Partnerships with Health Boards, commissioners, and community services will create shared care pathways, enabling patients to the access most appropriate local services.

4.2 Accessing our services through 111 and 999



Online digital advice

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

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

We will provide patients access to NHS services through a modern, integrated **digital platform through NHS 111 Wales**. This platform will improve accessibility to timely and accurate health information, **supported**

by chatbots, symptom checkers, and other tools. This will be supported by work to deliver improvements to our internal directory of services (DOS) and support the national development of an NHS Wales DOS.

Work will also commence to **identify a compliant and effective Online Symptom Checker tool** during the first year of this IMTP as a key element of the website. The deployment of a **Virtual Assistant integrated with Robotics AI technology** will be scoped for feasibility and investment requirement during the early part of 2025/26 with delivery and integration online symptom checkers and the NHS Wales Directory of Services (DOS) a further enhancement during year 2 of this plan.

We will develop a **strategic delivery roadmap** and plan outlining key milestones, resources, and timelines for long-term NHS 111 Wales online development, regularly reviewing and updating the plan to align with user needs, technological advancements, and industry trends. We will need to explore funding opportunities, including government funding through NHS commissioners and wider public sector funding and investment opportunities. Essential to a successful website will be an effective **content management system** and we will work to identify and implement this throughout this IMTP to improve content over the course of the next three years. And by **integrating the 111 website with the NHS Wales App** patients will be empowered to make informed decisions about their health and navigate directly to the individual care or advice they need.

Call handling

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

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

Targeted **recruitment and training** efforts will ensure that we achieve commissioned call handling staffing numbers. In 2024/25 we commissioned a strategic **demand and capacity review** which will allow us to **re-roster** our 111 call handling capacity in 2025/26. Implementing performance and process improvement measures, reducing sickness levels, reviewing skill mix and career progression opportunities across 111 and 999, and realising the benefits from 111 systems implementation will allow us to maximise the value from our call handling resource and hence deliver continuous improvements in call answering times.

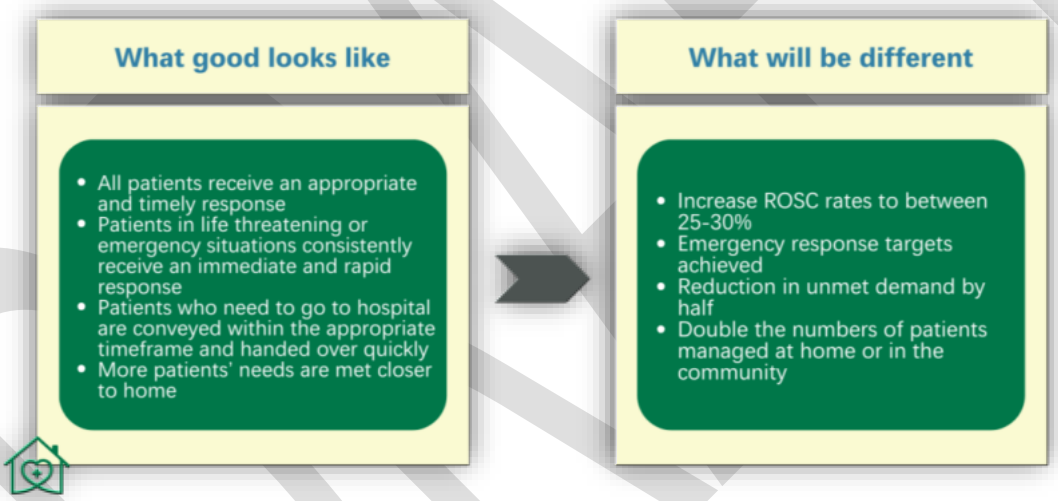
We will enhance our **digital platforms to support the effective delivery of integrated care**, including introducing a **single Computer Aided Dispatch (CAD) system** for integrated care (with Welsh clinical portal integration) and the **Call Prioritisation Streaming System (CPSS)** available to our contact centres which enables call handlers to provide safe, effective advice and referrals to a broader range of calls, allowing the potential for 999 call handlers to close calls remotely.

A services review conducted across WAST in 2024/25 identified potential efficiencies in call handling, including the opportunity for call handlers in **111, 999 and ambulance care to be more aligned** in the future. However, this is for consideration in later stages of this IMTP period.

Early in 2025/26 we will also see the **new contact centre in Ty Elwy** fully operational.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
A modern, easily accessible, user-friendly and integrated digital offer	• A **strategic plan for the NHS 111 website** developed by end Q3 • **Online Symptom Checker tool** identified during 2025/26 • **Content Management System (CMS)** implemented during 2025/26 • **Virtual Assistant deployed** by end Q2 • The case for improvements to **WAST internal directory of services** completed by end Q1 • Internal **DOS integrated with 111 website** following business case approval • Support system-wide work to develop an **All-Wales Directory of Services** throughout 2025-27	• **Implementation plan for website** in place (subject to strategic plan approval) • **Online Symptom checker tool** to be effective • **CMS evaluation exercise** to ascertain leading products will be completed Improvements in the **clinical content and visual design of NHS 111 website** completed • Continually improve the **clinical content of 111 website** as BAU • **Virtual Assistant integration** (Online symptom checker and all Wales NHS DOS) Develop **integration with NHS Wales app** • Support system-wide work to develop an **All-Wales Directory of Services**	• Continued **Website implementation** • **CMS link with hosting arrangements** (TBC) • Work with partners to deploy and maintain **All Wales NHS DOS**
Rapid call answering, initial triage & onward referral	• A **single CAD** will be introduced for integrated care by end of Q1 • Review and evaluation of the **demand & capacity in 111** with a **roster review** completed by the end of Q4 • Use of the **Call Prioritisation Streaming System (CPSS)** expanded by end Q3 • New CCC in **Ty Elwy** fully operational in Q1	• Develop an offer for **commercial arrangements for the use of CPSS** • Review **impact of current processes** and model and use findings to inform next actions. • Implement and embed **re-roster**	• Transition 2025 and 2026 deliverables to BAU for benefits realisation

4.3 Emergency response - 999



Emergency Response

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

A key innovation in our 2024/25 IMTP delivery was the introduction of **the Clinical Navigator role**, a more senior clinician responsible for reviewing patients within these groups. The Clinical Navigator will apply their expertise and clinical judgment to **assess whether the identified activity is suitable for deeper remote management or if it requires a more immediate response**. This represents a significant shift: the review focusses on whether a case is appropriate for further **remote management by our Remote Integrated Care Service** (**RICS**), rather than whether it warrants an immediate ambulance dispatch. This change allows for more flexible and effective management of potential emergency cases, ensuring that patients receive care that is both timely and appropriate to their clinical needs.

The implementation of **RCS began on December 3rd** for all green category calls, excluding those from Health Care Professionals. On December 17th, the Trust **expanded RCS to include Amber 2** category calls. **The final element of this phased approach includes Amber 1 category calls** and went live in February 2025. In 2025/26 a Task & Finish Group will design and **agree the process flow and metrics for calls that come from health care professionals (HCPs)** requiring a response in the community (aligned to the approach adopted for wider Call Flow and Categorisation in the Clinical Services Model). Following approval of the model, delivery and assurance arrangements will be confirmed.

Initial monitoring indicates that 75% of incidents that are screened (data based on 4760 incidents over a 6 week period during winter) were **suitable for a further remote assessment**. Unverified (but confident) data also shows an increase in consult and close rates (where the case can be closed remotely) towards modelled levels (2023 EMS Demand and Capacity Review) of around 20%.

We have **successfully completed two out of three phases of recruitment and training**. Our team boasts a wealth of clinical experience, with backgrounds in EMS operations and integrated care, as well as additional expertise from external clinicians who have recently joined us. As a result, we are seeing an increase in patients receiving signposting, referrals, and episodes of care following the implementation of RCS. This in turn will require the right capacity in RCS as demand increases.

This is consistent with what the 2023 EMS Demand & Capacity Review indicated.

At the time of writing, Welsh Government is currently undertaking a review of ambulance response targets. As part of the Emergency Response workstream we will respond to the recommendations of this review and our traditional emergency response model will transition to a clinically prioritised system, incorporating **Rapid Clinical Screening** (RCS) for 999 calls.

Next year (2025/26) will also see the **Save a Life Cymru initiative being hosted in WAST** with resources moving from NHS Executive into the Trust during the first half of the year. This move will support our continued focus on improving the chain of survival and outcomes for people experience cardiac arrest and aligns with our Wellbeing Objectives with a focus on community involvement to meet the needs of future generations.

Operational efficiency & effectiveness

Over the past 12 months, the 999 service has faced significant pressures, adversely impacting patient experience and outcomes. Response times across all patient categories remain higher than acceptable, leading to harm through delayed responses, prolonged handovers at emergency departments, or unmet demand during peak escalation. The Trust remains focused on initiatives to mitigate these challenges and reduce harm. Despite these pressures, the Trust continues to respond to more patients in the Red category in 8 minutes than ever before.

There have been a range of factors which have affected this, including a further 23% rise in the number of **red calls**, and continued capacity losses through **hospital handover delays** which accounted for 26% of conveying capacity in December 2024.

To enhance the efficiency of ambulance operations, the Trust has implemented a structured programme of work, targeting key areas such as mobilisation and on-scene time. These efforts, supported by collaboration across directorates, aim to optimise resource utilisation.

Building on the successful implementation of CHARU, the Trust is focusing on filling remaining vacancies through a targeted recruitment programme. **Increasing CHARU availability will enhance the service's ability to respond promptly to critical patient needs, improving outcomes.** Furthermore, we are working with our commissioners to consider how we can support the all-Wales Emergency Medical Retrieval and Transfer Service (EMRTS) to deliver improved services in rural areas, in response to the 2023/24 EMRTS review. Our operational plans continue to focus on recruitment in rural areas and on an operating model which matches the unique needs of rural populations.

The introduction of end-of-shift handover pods at two key hospital sites, the introduction of alternative in-ambulance heaters, and efforts to minimise shift overruns have supported staff wellbeing by improving the work environment and reducing stress and personal pressure. The consequence on our people of prolonged handover delays is not to be under-estimated. It is a source of significant frustration for our people, hindering staff and volunteer fulfilment of their reasons for joining and can lead to morale injury. The Trust continues to take all reasonable steps to meet the wellbeing needs of all our people. Reducing shift overruns remains a key priority in our commitments to our people (see section 5.2).

The Trust is reviewing its EMS succession planning framework to ensure robust pathways for leadership development. This initiative will equip future leaders with the skills and resilience required to drive service improvements and support workforce needs.

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

Skill mix

In 2024 the Trust agreed, with the support of Trade Unions, to create a new role of Emergency Ambulance Practitioners. This is a band 5 role resulting from the adoption in Wales of the national job profile that applied to our band 4 Emergency Medical Technicians (EMTs). Over the next 18months EMTs who have chosen to do so will transition to the new role with additional training in additional clinical skills, leadership and coaching. The new role will be more autonomous than the previous EMT role, and staff will have additional clinical knowledge and be able to interpret diagnostic results leading to greater efficiency, but also be able to refer patients to alternative pathways available currently to paramedics.

There is a financial consequence to the change, and we will need to undertake a major review of the skill mix of our frontline crews in EMS in line with our Strategic Workforce and financial plans. However this is not just about money but about the most efficient and effective use of resources, delivering better quality to our patients, and role satisfaction for our people, in the context of the evolving clinical model.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Efficient and effective dispatch of the right resource	• **Formal response** to the review of red calls by end Q2 • Transition to a **clinically prioritised emergency response model** by end of Q3 • Review of the **skill mix of emergency response crews** throughout 2025/26 • Save a Life Cymru hosted in WAST by Q2	• Transition 2025 deliverables to BAU for benefits realisation • Undertake **RCS demand and capacity review** following wider CMT implementation in RICS • The outcome of **the skill mix review to be implemented**	• Transition 2025 and 2026 deliverables to BAU for benefits realisation
Health care professional call answering, and booking, and efficient and effective dispatch of the right resource	• **Health Care Professional (HCP) flows** aligned to our evolved Clinical Services Model collaboratively redesigned by end of Q4	• Evaluation of the **HCP flows**	• Transition 2025 and 2026 deliverables to BAU for benefits realisation

4.4 Remote integrated care and care planning – 111 and 999

Remote integrated care service

Multi-disciplinary team delivering timely, high quality remote clinical assessment, advice and referral to pathways that meet patients' needs. Many patients will not need any further intervention.

This fully integrated service will be the **cornerstone of our clinical services model**. Clinicians will have access to an expanded range of clinical pathways internally and within health boards, including remote monitoring and specialist resources, ensuring personalised care. It is our intention to align pathways and processes but also bring together remote clinical capacity in CSD and 111 as **an integrated remote clinical assessment team in 2025/26**.

The RICS workstream in the CMT programme, will focus on four key areas to make this transition to the integrated model:

- **Process design and implementation:** to improve the operational processes to ensure the efficient and effective delivery of the new integrated model;
- **People and culture:** to ensure the strategic alignment of the workforce, delivering the team structures required for remote integrated care;
- **Digital:** managing and enhancing digital platforms remote clinical assessment, care planning and remote monitoring; and
- **Clinical and professional practice:** to ensure the training and education delivery and professional development in remote integrated care and remote clinical decision making.

One of the key benefits of the remote model is that patients have their needs met without the need for onward referral. We can achieve that by increasing the **capacity and capability of our clinical teams -** growing, developing, and empowering our clinical workforce and equipping them with the right training, skills, and support to excel in everything they do. Examples of this can be seen within our new piloted 'Winter Desk' programme and care planning function, where we saw 33% of calls were consulted and closed through signposting for most appropriate care required, which was not an emergency department by default.

The new 111 CAS system was implemented in April 2024 and is the same triage software as that used by our clinical support desk for 999 calls. As set out in last year's IMTP, the system will enable the **interoperability between 111 and 999** so that we can closer align the clinical functions of those services, which a key focus in 2025/26. This integrated approach will reduce unnecessary emergency dispatches, support safe care in the community, and enhance professional development opportunities for clinicians, fostering a more responsive and connected approach to patient care.

A key feature of the remote integrated care service going forward will be the **ability to care plan**, providing short or longer duration plans, which will enable **RICs clinicians to determine the safest and most appropriate onward referral pathway** for the patient. This will be enabled by implementing remote monitoring and clinical assessment capabilities such as video consultation and wearable health technology. In doing so we will align our plans for health care professionals and how our remote clinicians link in seamlessly with health board single points of access.

Decarbonisation and Sustainability

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

We will continue to utilise **community welfare responders** (volunteer roles established in 2023/24), supported by the remote monitoring technology, in order to safely support people at home, or in care homes, whilst we develop the care plan that can be enacted by WAST clinicians or pending referral onto the appropriate pathway for the patient's individual need.

Furthermore, through the RIC service and collaboratively developed local MDT hubs, **advanced practitioners and Health board colleagues will work to better manage patients in the community**, to identify opportunities to direct an alternative response and/or signposting or redirecting the patient care to a more appropriate part of the health service with a local perspective. Options for these clinicians will include 'holding' patients through a short term agreed care plan, scheduling a response for a later time or date or working collaboratively with health board colleagues to facilitate an onward referral. Managing a proportion of patients appropriately in this way, without the use of a traditional emergency ambulance response, will **free up capacity** of this type of resource ensuring that in the event a patient presents in the system 'needing' an ambulance, then one will be available to them.

In 2024/25 we grew the **capacity and capability of our clinical teams** in both 111 and 999 and widened the skills available through the recruitment of specialists in such areas as paediatrics, pharmacy, respiratory and mental health. The continued development of the model requires additional, unavoidable costs to ensure that we have the safe systems of working in place. We need to design, consult on, and **deploy a range of leadership and management structures** across senior and middle management, first line Management, health Information, dental, and audit to ensure the changes we are making to evolve the clinical model are robust and sustainable. We will also need to **increase the number of clinicians** working remotely to deal with the demand now coming through.

Decarbonisation and Sustainability

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

As part of our offer in terms of recruiting and retaining these specialist staff, we are continuing to progress **home working options**. We will also develop a specification and ambition for **our mental health service offer**.

Access to pathways

A wide range of pathways accessible from the 111 & 999 services, increasingly able to be booked directly, with seamless integration of information to get patients the right care in the right place.

As set out in the commissioning intentions, we will work with the Six Goals Programme and health boards on transformational workstreams, specifically to develop alternative means of managing patients. In NHS 111 Wales. This will include **tests of change for referrals to pharmacy and general practice**. We will work with health boards to increase the pathways available to 111 and 999 clinicians as part of our multi-professional working and development for people who present with urgent primary care need, with the aim of significantly reducing the volume of patients directed to emergency departments.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Timely, high quality clinical assessment, advice and referral	• **New call flows and categories into the Remote Integrated Care Service (RICS)** implemented by end Q4 • Processes and policies to deliver an effective **integrated care clinical team** implemented by end Q3 • **Remote monitoring solutions** implemented by Q3 (subject to funding) • **Remote working model for RICS** implemented by end Q3 • Opportunities for expansion of roles in RICS (as a **Multi-Professional Team**) progressed throughout 2025-2027 • **Leadership and management structures** deployed by Q2	• **Review impact of model** and use findings to inform next actions • Continual progression and exploration of opportunities to offer **Multi-Professional roles** • **Continuously evaluate and improve** the RICS function and use findings to inform next action • Develop and deploy long term service model for **remote monitoring and wearable technology**	• Transition 2025 and 2026 deliverables to BAU for benefits realisation
Seamless transfer of callers to wide range of available pathways	• Sustainable **Care Planning** operational function implemented by Q3 • **Pathways for NHS DOS** identified by Q4 • Outcome of **GP / Pharmacy tests of change** complete by end Q2 • Specification and ambition for the **Mental Health service offer** to be developed and implemented throughout 2025/26	• **Review impact of model** and use findings to inform next actions • Develop **integrated data solution** through the National Data Repository (NDR) for NHS Wales	• Transition 2025 and 2026 deliverables to BAU for benefits realisation

4.5 Urgent Community Response

Urgent Community Response

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

Where existing pathways of care do not exist within the community, we will implement a consistent approach to urgent community care across Wales. This service offering is designed to better meet the needs of our patients who present through 999 and 111, where historically an ambulance despatch would have been the only option. It will include face-to-face interventions, such as rapid falls response, advanced paramedic care, and mental health crisis intervention. This approach will improve access to community-based care, prevent unnecessary emergency department conveyance, and ensure equitable service delivery.

Advanced Paramedic Practitioners (APPs) and End of Life Care

Advanced Practice offers the people of Wales timely access to highly skilled clinicians who can manage increasing level of complexity and frailty by providing advanced assessment, patient centred decision, navigating access to alternative pathways or provide appropriate treatment at their preferred place of care (including medications). Our ambition has been to grow our advanced practice workforce, this continues to be our ambition but within the current financial envelope will need to slow the pace of growth of our APP numbers in 2025/26, with an additional 10 APPs in 2025. As set out in section 4.3 above, the focus over the next three years will be on expanding the use of the local community based navigator role, following evaluation, to a more equitable and consistent service offer for all seven Health Boards and embedding APPs within Health Boards using our commissionable rotational models in both primary care and palliative care settings, supported by the role of Senior Advanced Paramedic Practitioners (SAPPs) which were established in 2024/25 to provide leadership through supervision, professional guidance and standards (see section 9.2).

The deployment of demand-based roster keys has paved the way for **an APP roster review**. This will optimise APP availability for patient care while **aligning rotational responsibilities, such as primary care duties and remote clinical roles, with operational demands.**

End of life care involves the **treatment, care and support for people who are thought to be in their last year of life** (Marie Curie, 2024) and would include patients for example with a terminal illness, a health condition they are expected to die from or are suffering with this in conjunction with advancing age. This work will align with six goals programme work in urgent and emergency care for people at the end of life and has been a focus within our value-based healthcare working group.

The role of palliative care paramedics has grown in recent years, working in two health board areas (Cardiff & Vale and Swansea Bay). They are having a profound impact on our ability to care for people in the final days of life at home without the need for conveyance to hospital. The role has evolved from a rotational model with palliative care services to clinically led deployment by APP navigators in health board clinical hubs in those areas. The next step for the future palliative care paramedic offering will be to develop the specialism within the Advanced Practice (APP) establishment. **Marie Curie charitable funding provides an opportunity to support the initial cohort of APPs with both education and placement** and the clinical team in WAST is working to establish this alternative APP education pathway within the 2025/26 and potentially 2026/27 APP cohorts using current APP vacancy gaps, **around 8 FTE in the first year**.

Once established these clinicians will be available to work within their WAST rotation as part of the UCRS service offering. Through the IMTP cycle we will need to develop a plan for implementing these clinicians within the service model whilst evaluating the impact for both patients and clinicians.

Falls response

Over the next 3 years we will work with health boards and the six goals programme team to support the implementation of the National Falls Framework. This will require a clinical audit of fallers to develop an internal plan for our Level 1 and Level 2 services.

- **Level 1 (falls responder):** The majority of people who fall will require a level 1 falls responder who will aim to provide a response (or we will remotely manage) within an hour. We will develop

transformational amendments to falls incident management whereby the initial 999 call will be screened by RCS and managed by RICS who will develop the care plan for deployment of a level 1 response, ensuring non-injured fallers can be managed into community falls pathways.

- **Level 2 (enhanced falls responder):** There are a range of options in different health boards areas for people who fall and are frail or have a medical need. The national framework requires health boards to ensure urgent care response services are available. WAST will support this requirement by optimising its level 2 specification (currently a qualified paramedic and occupational or physiotherapist) and further developing the incident management through RCS and RICS, again ensuring a care plan is in place which maximises patient safety.

Mental Health Services

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

Whilst there have been significant improvements for patients it remains the case that a proportion of our mental health calls will still require a face-to-face assessment. In other areas of the UK **mental health response vehicles** have been introduced to address this need resulting in increased see and treat rates and reduced conveyances to ED.

Our team has reviewed outcomes from other areas with significant see and treat rates of 85% with 95% positive staff feedback and a 100% staff perception that service users had benefitted from the service.

We piloted a mental health response vehicle (MHRV) in collaboration with Aneurin Bevan UHB, in 2024 with early data suggesting performance in line with findings in England. In November 2024 we launched a MHRV across South East Wales and are continually evaluating the service, initial data suggests an improved response and outcomes for those in mental health crisis.

Additionally, we continue to develop our mental health offer further to ensure we have the capacity and capability to respond to the **'Right Care Right Person'** (Link) **implementation**. The impact of this in areas that have commenced has been significant to ambulance services; within South West Ambulance Service they have experienced a 25% increase in mental health contact and in London Ambulance Service over half of their mental health response vehicles have been taken up by RCRP demand. We remain uncertain to the impact of this on our services as all stages are not fully implemented and will not be in all areas until the end of 2025. Without increased resource there is a risk that patients with mental health needs will fall in between services (Police/ NHS/ Social Services) and be left without the support and treatment they require exposing the trust to organisational risks.

We will continue to **develop our internal training for our people** to support them with the skills and knowledge required to support mental health needs including children and young person's mental health,

perinatal mental health, drug and alcohol and personality disorders. We have offered weekly suicide first aid virtual classroom training to all Trust staff during this year.

We will continue to develop dementia friendly ambulance environments by building on foundation work undertaken across Wales. Co-production with dementia networks, staff, partners has allowed us to consider building art, music and reminiscence therapy opportunities within the delivery of our services, creating more therapeutic environments. This has also created opportunities to develop the skills and knowledge of our workforce to support more person-centred care for people affected by dementia.

Our focus for the future continues with strong collaboration with a range of partners to map and improve the journey for people affected by dementia through our services, with specific work around falls and frailty; exploring ways we can avoid and divert people from emergency care departments where appropriate; and how we deliver safe remote and integrated care services.

Health Board pathways

As set out in the commissioning intentions, we will work with the Six Goals Programme and health boards on transformational workstreams, specifically to develop alternative means of managing patients who present with conditions requiring among other interventions:

- End of Life Care
- Breathlessness interventions
- Chest pain interventions

…where safe and appropriate to do so.

Decarbonisation and Sustainability

We will continue to support patients at home wherever possible. Our clinical professionals will drive fewer miles and support alternative care pathways. We will build on the success of our innovative fleet solutions, exploring all opportunities to develop a low emission, versatile and appropriate fleet, whilst ensuring that patient safety remains at the forefront of delivery.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
High quality, immediate or timely on scene assessment, care and conveyance where needed	• **Mental Health Response Vehicle (MHRV)** blended model evaluated with recommendations for expansion throughout 2025-2027 • **Palliative Care Paramedics (PCPs)** deployed in four health boards by Q3 • **PCP model evaluated** in Q4 • **Falls Level One (Falls Responder) service** resourced throughout 2025-27 • **Falls Level Two (Enhanced Falls Responder) service** developed throughout 2025-27	• A **Mental Health Response Vehicle (MHRV)** blended model will be evaluated with recommendations for expansion • **PCPs will be deployed** in one further health board • **Falls Level One service** resourced throughout 2025-27 • **Falls Level Two service** developed throughout 2025-27	• **Mental Health response** reviewed to ensure sustainability and value • **PCPs will be deployed** in all health boards
A range of 24/7 pathways available for further assessment or treatment, closer to home	• **APP Navigators in every Health Board**, fully integrated into Health Board MDT hubs, commences during 2025/26 • The **number of APPs will increase**, to accommodate TAPPs coming through their qualifications, by Q4 • **Mechanisms for measuring performance** and clinical practice of our Advanced Paramedic Practitioners (APPs) established by end of Q4 • Work with health boards to develop **alternative pathways** will continue throughout 2025-28	• **APP Navigators** will be located in every Health Board, fully integrated into Health Board MDT hubs • Further grow APP numbers in line with modelling (subject to funding) • **Audit and compliance controls** to demonstrate clinical assurance and safe prescribing • Work with health boards to develop **alternative pathways**	• Effective audit processes for all facets of Advanced Practice will be embedded enabling a review of CPD arrangements • Work with health boards to develop **alternative pathways**

4.6 Non-emergency transport services

Ambulance Care encompasses our Non-Emergency Patient Transport Services (NEPTS), Urgent Care Service (UCS), the Trust Level 1 Falls Service, and a dedicated inter-site transfer service for Aneurin Bevan University Health Board (ABUHB). These services play a vital role in ensuring system flow and patient access to planned care. As part of our integrated clinical model transformation programme will also develop a health transport element to provide patients with transport following an unscheduled care request and where a planned appointment can be scheduled.

Ambulance Care Vision: we will build our own internal vision for Ambulance Care. This will include a clear definition and understanding of what Ambulance Care is and its component services mean, how they are interdependent but also delineated and how they fit into the emerging work around Health Transport.

Decarbonisation and Sustainability

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

NEPTS: We intend to continue our improvement journey through; our ambitions, responding to our commissioning intentions and the national vision for non-emergency patient transport, developed by the NWJCC in 2025. We will develop an implementation plan through which we will;

- Optimise our resource utilisation ensuring that we **maximise our capacity, and efficiencies** to enable us to deliver for our patients. This will include the implementation of a roster review and a review and redesign of the current service delivery model for the use of external partners (plurality model); reviewing our systems and methods to manage the providers ensuring it continues to deliver best value whilst also reviewing against our operational rosters to ensure we have the optimal resource to meet our demand It is pleasing that in the last year the service has achieved financial balance, correcting previous overspends. That has not been without the need to introduce and deploy a Capacity Management Plan with a change in our approach to managing ineligible service users. As we have seen demand for stretcher borne patients increase, it will be imperative that our commissioners review funding arrangements for the service which can be done alongside development of the vision for these services. We will utilise predictive analytics to forecast demand to enable us to efficiently plan for our patients.
- Leverage **technology** to enhance co-ordination and patient experience (detail contained in section 7), implementing new platforms to access transport services, mobile applications that will enable patient to

book, track and manage their transport, providing real time updates to keep people informed of their transport status. We will maximise our opportunities to integrate our scheduling systems with Health Boards to align transport availability with need and manage transport requirements more effectively.

- We will work with Health Boards and the Six Goals programme to ensure NEPTS is integrated into discharge planning processes, bringing through key actions into directorate plans or the IMTP.

Health Transport: A key part of our evolving clinical model which will support provision of transport following the outcome of a clinical assessment where the needs for the patients are known, the ambulance skill requirement is known, enabling urgent care interventions in a more scheduled way. We will therefore better utilise our capacity to manage urgent care as 'health transport', scheduling community ambulance responses.

Transfer and Discharge: Collaborating with commissioners and other service providers to develop a financially sustainable service model that ensures timely inter-facility transfers. These journeys are critical to ensuring flow across the system.

Increasingly, as described in section 4.6.1 below, health boards are developing new service models which see centralised services and a greater need for movement between hospital sites. Our plan and the ask has been previously to develop a dedicated All-Wales service. However, commissioning intentions have moved on over the last four years as services have developed across NHS Wales post-COVID. Having evaluated the outputs of modelling a single, dedicated all-Wales service in 2024 we now understand the service requirement for a dedicated service and in the current financial context the increase in resources required may not be realistic.

We therefore need to re-engage with Health Boards via the the NWJCC and NHS Executive on the outcomes of our existing modelling and discuss a future model that fits with the demands coming from strategic service change and regionalisation over the next 3 years.

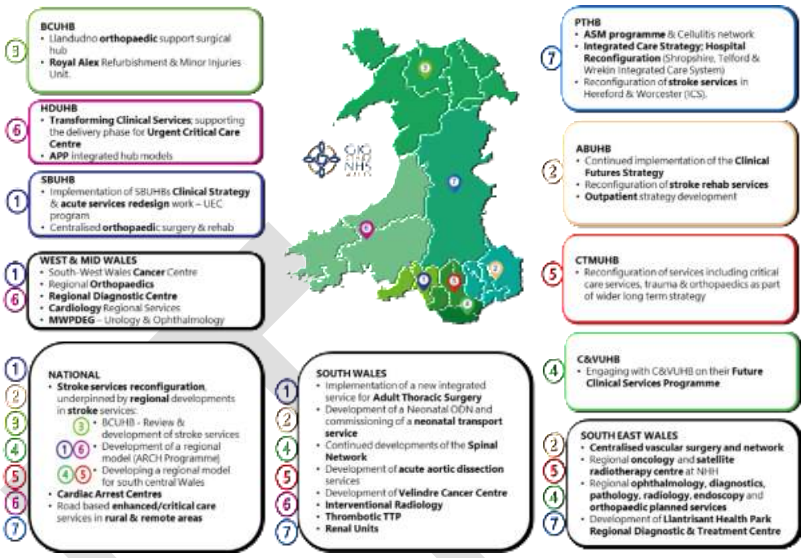
This engagement will lead to work with commissioners on the development of a future model for **Transfer and Discharge services** in line with JCC's commissioning intentions for EMS, NEPTS and ACCTS (the All Wales Critical Care Transfer service provided by Swansea Bay University Health Board)**. A proposed model and implementation plan will be developed throughout 2025/26 for delivery in years 2 and 3.**

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
A clear vision for Ambulance Care services that supports wider health & care transformation	• An internal **vision for Ambulance Care services** agreed by the end Q1 • **Plans to respond to the requirements of the national vision** for non-emergency transport and the internal vision for Ambulance Care developed and implemented throughout 2025-27 • The future shape of the **Ambulance Care fleet** will be agreed and a delivery plan developed by the end of Q4	• Continued implementation of **plan to respond to the NEPTS vision** and internal ambulance care vision	• **Evaluation of the NEPTS vision** to date
A transfer & discharge service supporting HBs with their transformation agendas	• **Internal vision for Transfer & Discharge (T&D)** services reviewed by end Q1 • Proposed T&D model will be agreed internally by end Q4 • **Engagement** will take place with health boards throughout 2025/26 • Opportunity to develop a **24/7 major trauma desk** assessed by the end of Q4	• **Implement plan for T&D services** including a Transfer Clinical Hub (subject to external funding)	• Transition 2025 and 2026 deliverables to BAU for benefits realisation
A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	• **NEPTS roster review** completed by end of Q2 • Current **plurality model** reviewed and updated by end Q4 • Review of **NEPTS and UCS alignment** completed with a delivery plan by end Q4 • **Digital solutions to enhance patient experience** adopted in NEPTS by end of Q4 • **Data and insights** to improve co-ordination and decision making with health boards throughout 2025/26	• Continued work with health boards to maximise opportunities to **integrate NEPTS & Health Boards scheduling** • Implement **data analytic tools** to monitor and evaluate NEPTS performance continuously • **Predictive analytics** to forecast demand and allocate resources efficiently	• **Review, evaluate and adjust systems** to ensure optimal performance and impact

4.6.1 How will health board strategic plans affect us?

Our services are recognised as a key enabler of transformational changes across the system to enable access to sustainable services across the country; working together to ensure safe and effective pathways into services whilst also planning for the additional demand for transfers, repatriations and discharges where required.

We continue to work collaboratively and proactively with health boards, regional programmes and Clinical Networks to support strategic, **transformational service changes** (national, regional and local) across Wales to ensure the best possible outcomes and experience for the people of Wales.



We need to remain flexible to change but realistic in the context of the demand on our service and the capacity to deliver change at pace. We will take account of the full range of strategic service changes in Wales as we develop options to support inter facility transfers and discharges in collaboration with the system.

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

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

As a Category One responder under the Civil Contingencies Act 2004, **we remain committed to emergency preparedness**. A significant focus has been the Manchester Arena Inquiry recommendations, with 68 identified as applicable to the Trust. Of these, 18 require additional financial support and the case for this was submitted to our commissioners in August 2024, while the remainder can and shall be delivered within existing capabilities.

A full deployment of all 18 recommendations would permit the Trust to demonstrate its learning from the Inquiry and well place the Trust to respond effectively to mass casualty incidents. The MAI recommended that ambulance services submit their review of the MAI recommendations their commissioners, to consider the funding implications of recommendations that are not within the current resources available to WAST. The Trust's MAI review has been submitted to the NWJCC with the NWJCC establishing an expert/peer review panel to consider the Trust's submission.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Fulfil our statutory requirements for civil contingencies, ensuring our preparedness through testing, learning & training	• Continue to plan and prepare for major incidents as per the responsibilities of the Civil Contingencies Act and collaborate with the JCC on further developments the preparedness and response to major incidents e.g. Manchester Arena Inquiry and Grenfell Inquiry throughout 2025-28		

4.8 Volunteers

In its fourth year, the Trust's volunteering strategy has made significant progress, **embedding volunteers within #TeamWAST.** The final year of the strategy in 2025/26 will focus on refining volunteer services, developing a volunteer-to-career pathway, and launching a new volunteer management system. This will align to our Wellbeing Objective to be a socially responsible employer.

Recruitment initiatives aim to increase the number of **Community First Responders. Community Welfare Responders and Volunteer Car Drivers,** supporting 999 and 111 services.

In the last year, progress was made on piloting our **oncology focussed Volunteer Car Service**. This pilot has seen volunteer drivers paired with an oncology patient for the period of their treatment, which for some patients can stretch several weeks or months. There is fantastic initial feedback, and so the Trust is keen to develop this further in the coming year.

Taking us forward from 2026/27 onwards we will need to **develop the next Volunteer Plan**, building on the success of the previous strategy. This will be delivered through the Operations Directorate delivery plan.

5. Our people

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

What good looks like

- People experience WAST as a safe and inclusive place to work, volunteer, develop and grow
- We will have the right skills composition and capacity to achieve our ambitions, and people will belong to a profession
- We will see compassionate and collaborative people and leaders who embrace change

What will be different

- WAST workforce % for protected characteristics reflect pan Wales census data
- Sickness absence will be below 6%
- Turnover rates will have fallen
- There will be a change in skill mix and professional qualifications increase
- Engagement scores will be amongst the highest in Wales
- More colleagues will be comfortable raising concerns (activity data)

5.1 Our workforce profile

WAST currently employs approximately 4401 people (compared to 4400 in January 2024). The largest staff group is Additional Clinical Services at 47.89% (51% Jan 2024), which includes our Ambulance Care Assistants (ACA1/ ACA2s), all grades of EMTs, and Call Operators, followed by our Allied Health Professional staff group at 27.94% (27% Jan 24), which includes our paramedics. This is an increase of 7.81% in post compared to December 2020.

51.29% of our workforce is female, which is an increase of 5.39% since December 2020. 20.91% of the workforce is part-time, which has increased slightly from last year (increase of 0.76%). 21.64% of our workforce is aged 56 or over, suggesting an ageing workforce profile which will need to be carefully managed. Our hardest to recruit roles are qualified Paramedics for CHARU roles, 111 Clinical Advisors (nurses), IT and Digital Specialists.

In 2024, we produced the WAST Strategic Workforce Plan 2024-2030. This guiding document outlines our workforce challenges and priorities. In the plan we have linked in our strategic drivers, current and future workforce supply, demand projections and organisational goals.

Our assumptions over the next two years are based on little or no growth for Ambulance Care and limited growth for our Emergency Medical Services (EMS), aimed at our Cymru High Acuity Response Unit (CHARU) service and Advanced Practice. Our most recent Demand & Capacity (D&C) Review indicates modest growth in our contact centres to support our emerging clinical model with an increase in remote clinical care roles.

We also must assume that handover will remain higher than we would like given the challenges experienced across the system. This compels us to fund the changes we require in our service by reconfiguring existing resources; enabling us to ensure our workforce modelling maximises the levers in our control to maintain and improve levels of handover.

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

We are also leading on the task and finish group to look at the skill mix of our frontline crews in the context of our evolving clinical model and the adoption in Wales of the band 5 technician job description (see section 4.3).

5.2 People and Culture

Commitments to our people

It has been a commitment within our IMTP to address three key issues based on feedback we have received through engagement, surveys and TU relationships. These issues are still important to our people and they remain commitments in our IMTP for 2025-28.

- **Shift overruns:** we had initially made progress in 2023/24 in some areas of Wales by implementing 'holding areas'

allowing staff to take breaks and end their shift whilst patients were looked after by dedicated ambulance staff in clinical areas outside or near to the Emergency Department. These areas remain in very few hospitals and the continued high levels of patient handover delays means that shift overruns remain an issue for many of our people, requiring them to either work additional paid hours or seek 'time off in lieu' which puts further pressure on our ability to maintain capacity in our EMS service particularly. We have established a task and finish group with staff, Trade Unions find solutions to shift overruns, with outputs of the work due in Q2. We will also continue to work collaboratively with our Health Board partners on initiatives that reduce the root cause of shift overruns (handover delays).

- **Digital Experience:** we have made strides in developing tools and training to support digital literacy and process automation. 'Single sign on', Smart Stations and a Digital Skills Strategy are some of the priorities which we will be focussing on in delivering our People & Culture and Digital Plans (section 7).
- **Flexible working:** there has been progress in developing a culture whereby flexible working has less barriers for, particularly, frontline staff. This has transitioned to business as usual for us as a Trust as this became enshrined in legislation, and monitored through the metrics we report into our committees.

We continue to deliver our People & Culture Plan through 3Cs: **Culture, capacity and capability.**

Culture

Throughout 2024-25, we have **continued to strengthen our internal capacity to drive culture change**, harnessing the passion and energy of our flourishing people networks. 2025-28 will see us further developing change capability and capacity both formally and informally, to support the many projects and transformation activities across the organisation.

Equity, Diversity and Inclusion (EDI) is and remains a core theme and golden thread running through everything we do**. The Strategic Equality Plan is one of the key elements of our People & Culture Plan.** Alongside embedding EDI into our everyday practices (through **delivery of our Strategic Equality Objectives**), we are committed to driving forward the successful delivery of our statutory action plans. Specific initiatives will also include partnering with higher education institutions to **increase student diversity** and launching **targeted campaigns to attract candidates from a wide variety of backgrounds** for the full range of career opportunities within WAST. Equality Impact Assessments (EQIAs) will continue to drive our strategic decision making and we will be ensuring awareness of the role of **EQIAs** through an impact assessment signposting document recently launched on our Intranet.

Increasing sexual safety and addressing misogyny are key areas of challenging and emotive work that we are deeply committed to tackling. We are **unwavering in our dedication to creating an environment where everyone feels safe and free from risk**; this includes creating a culture where colleagues feel supported to speak up and share concerns, ensuring that all issues are proactively addressed and thoroughly investigated where necessary.

We recently **employed a Lead Guardian** to encourage and enable colleagues to speak up about concerns in a safe and supportive way. This initiative has contributed to an **increase in the number of issues raised, reflecting a positive shift towards a more transparent and accountable culture**. Colleagues are raising concerns through a variety of routes, which aligns with our goal of enhancing psychological safety across the Trust. It is important to note, however, that **whilst this progress is encouraging, associated workload is increasing**, as the volume of cases rises. To support this we have **established a fixed-term Director of Culture Change and the addition of three fixed-term dedicated Investigating Officers**. We are committed

to amplify the voices of our colleagues through Speaking Up Safely as well as the Staff Survey our People Networks, all of which remain fundamental levers of success over the years.

Our emphasis on **Social Partnership development** is having a **positive impact on relationships**. We recognise the importance of **maintaining and strengthening trust and engagement** with our partners; the delivery of a Conference in March 2025 will be a core part of this and we are proudly sharing our story at the forthcoming Ambulance Leadership Forum (ALF). The coming year will bring some challenging issues which we will need to handle in partnership with our trade unions and as such, our continued focus on enhancing our **collaborative and co-production approach to partnership working** is vitally important. A key element of how we practically move forward in partnership is delivery on the actions within our **extant plan facilitated by and developed with ACAS.**

We will also continue to undertake **cultural reviews to shine a light on areas of excellence** and identify opportunities for growth. These reviews will enable us to celebrate and spread great practice whilst also maintaining a focus on continuous improvement. At the heart of this work is our unwavering commitment to **creating an environment where colleagues feel valued, supported and empowered** to contribute to an evolving and thriving organisation.

IMTP Objective	Year 1 (FIRM)	Year 2 (INDICATIVE)	Year 3 (OUTLINE)
Establishing our **Culture** as the way we achieve our purpose	• **Strategic Equality Plan** 24-28 (4 Year plan) implemented throughout 2025-28 • **Anti-Racist Wales, LGBTQ+, Disability, Sensory Loss Standards, Armed Forces, Covenant Duty, Carers Leave Bill plans** implemented throughout 2025/26 • Develop and implement new process and practices to **enhance our approach to amplifying colleague voices** throughout 2025/26 • Our **compassionate practices approach** expanded and embedded throughout 2025/26 • **Health and Wellbeing Plan** implemented throughout 2025-29 • ACAS (**social partnership**) action plan delivered throughout 2025-28 • **Sexual Safety Plan** delivered throughout 2025-28	• Implementation of **Strategic Equality Plan** 24-28 (year 2 actions) • Continuous delivery of **EDI related action plans** • Evaluation of impact and continue rollout of **compassionate practices** as required, addressing any areas of lower performance • **Health and Wellbeing Plan** 25-29 (Year 2 actions) Delivery and implementation of the ACAS Action plan (year 2 actions) • **Review internal and external sexual safety landscape** and adjust interventions as appropriate.	• Implementation of **Strategic Equality Plan** 24-28 (year 3 actions) • Review and ensure Compliance with Welsh Government Statutory Requirements relating to Inclusion and Engagement • **Health and Wellbeing Plan** 25-29 (year 3actions) • Commitment to work towards Safe Effective Quality Occupational Health) **SEQOSH** Accreditation by 2027/28 (subject to funding) • Delivery and implementation of the **ACAS Action plan** (year 3 actions) • **Continual review of internal and external sexual safety landscape** and adjust interventions as appropriate

Capacity

Building workforce capacity is essential to achieving our organisational goals to reduce unnecessary conveyance and deliver innovative care models and to support this, over the next three years we will focus on **delivering our Strategic Workforce Plan**, considering in detail the existing and future composition in terms of and enhancing our approach to recruitment and retention, broadening volunteering roles and strengthening partnerships. To ensure a tailored approach that addresses unique professional needs, we will also develop specific workforce plans for each Directorate. We are also advancing our capacity through improved systems, delivering the project plan to **replace Employee Staff Record (ESR) system** and exploring a **case management system for employee relations.**

Supporting flexible working and reviewing employee benefits will help us achieve our goals of attracting and retaining high-quality candidates and **improving overall employee experience**. NHS 111 and 999 call centre posts are a particular focus due to the nature of role, lower pay and poor recruitment and retention. We will focus on recruiting the right type of candidate and being realistic with candidates about the challenges faced in these roles, whilst highlighting the career pathways and benefits that come with working in such a role in the NHS.

Key to workforce capacity is productivity, including efficient working practice, sickness and turnover. All of the actions across Culture, Capability and Capacity are designed to create a working environment which supports good attendance, development and retention of people. However, there are some key deliverables

in our plan including continued work on managing attendance, eTimesheets (deliverables included in section 7) and retention (focussed initially on the nursing community in line with national retention work).

We will continue to focus on managing absence in line with policy requirements, upskilling managers to support colleagues who are sick and to support our frontline operational teams in tackling the biggest issues which impact attendance, such as shift overruns and handover delay. Targeted actions to reduce sickness absence, alongside enhanced health and wellbeing support (under the umbrella of our **Health and Wellbeing Plan**) and proactive redeployment opportunities will ensure colleagues are supported to remain in or return to work.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Ensuring the right **Capacity** needed to achieve our purpose	• Actions within the **Strategic Workforce Plan** delivered throughout 2025/26 • **ESR National Optimisation**, NHS Project & interface with GRS developed in Q1 to be delivered throughout 2025-27 • Undertake preparations for **Future NHS Workforce Solution** Transformation Programme during 2025/26 • A post implementation review of the of the All-Wales **Flexible Working** Policy processes in WAST undertaken during 2025/26 • **Recruitment strategy** developed by the end of Q4 • **Improving Attendance plan** delivered throughout 2025/26 • **Nurse retention plan** will be delivered throughout 2025/26 • Outputs of the work of the **Shift Overrun** task and finish group delivered by Q2	• Continued implementation of the **Strategic Workforce Plan** (year 2 actions) • Workplan linked to **NHS workforce solutions** delivered Continue to **monitor and review ESR data**. Focus coaching and awareness sessions in key areas.	• Continued implementation of the **Strategic Workforce Plan** (year 3 actions)

Capability

Critical to the success of our work to deliver the People & Culture plan is how we **shift the default day-to-day leadership styles across our organisation** to more compassionate, inclusive, and collaborative leadership. This is the goal of *Our WAST Way*, encouraging leaders to make intentional choices about how they lead in this way, with the ability to adapt style in certain situations such as crisis or during incidents. With this focus on learning and development, **the rollout of *Our WAST Way* will be central to building leadership capability and competency across the organisation.**

We are **committed to building change capacity and capability** across the organisation by embedding a robust change management approach; this is part of our broader ambition to professionalise services, with a focus on **developing knowledge and skills in change management** to ensure that change is effectively managed at all levels. A key element of this will involve providing managers with the support they need to effectively lead change and guide their teams through it. This approach aligns closely with *Our WAST Way* leadership and management development framework, ensuring that **effective change management becomes an integral part of how our leaders at all levels of the organisation work**, rather than an add-on. Additionally, we are providing a platform for local empowerment through our Change Community, helping colleagues take ownership of change within their own areas. This is connected to our ongoing work with the NHS Wales Staff Survey and colleague networks, where we are **amplifying colleague voices and driving greater collaboration.**

Over the next three years we will be **supporting the Clinical Model Transformation Programme** from a people and culture perspective. This will involve a comprehensive approach that includes effective change

management, People Services support, Education and Development, OD and culture as well as effective Workforce Planning. **Equality, Diversity and Inclusion will be integral** to service design and planning, ensuring that **all aspects of our transformation journey and evolving clinical model are inclusive and accessible to all** (including our patients and our people). Through delivery of our Health and Wellbeing Plan, we will prioritise Occupational Health and Wellbeing, creating a supportive environment that enables colleagues to thrive and adapt to the changes ahead.

To **further strengthen our education and development framework**, we will review and update our existing eLearning provision, expand our apprenticeship programme and broaden CPD opportunities across the Trust. Alongside this work, we will support the development and implementation of a **Welsh Language Recruitment Strategy**, ensuring inclusivity and compliance with statutory requirements. We will also review and implement **the Digital Skills Strategy for 2025-20230** and develop a **comprehensive People Development Plan** for the same period, ensuring alignment with organisational priorities and future workforce needs.

As we look ahead, a priority for our team will be **refreshing our People and Culture Plan to cover the 2026–2029 period.** This will involve evaluating our progress to date, building on great practice and identifying opportunities for further improvement. Central to this will be defining what exemplar leadership looks like under *Our WAST Way*, with a focus on cultivating a culture of meaningful conversations, checking in and truly knowing and supporting our people.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Ensuring the skills and **Capability** needed to achieve our purpose	• The **capability of managers to lead / manage change** developed, supported by a Change Management Toolkit throughout 2025-28 • **WAST People Development Plan (PDP)** signed off by end Q4 • **Our WAST Way** leadership behaviours framework and an aligned development framework, developed and launched in 2025/26 • **Excellence and consistency for education and development** will be delivered across WAST in line with University Trust Status priorities (section 8) • **People & Culture Plan evaluated** and refreshed in 2025/6	• Further develop **Change Management Toolkit** • Review impact of **Change Management aspects of Our WAST Way** • Implementation and delivery of our **WAST PDP** • Review impact of actions and develop next set of improvement actions for **Our WAST Way** • **Implement findings of review** and roll out to whole organisation • Approval and delivery of **People & Culture Plan 2026-29**	• **Review impact of change management approach** and implement recommended improvement • **PDP impact evaluation**, refinement and evolution • Transition **Our WAST Way** as business as usual and realise benefits

5.3 Welsh language

Leadership is a key driver for the successful implementation of More than just words. Strong leadership is key to underpin the actions to transform our Welsh language provision for the future, and to drive us towards providing an 'Active Offer'. Put simply this mean **providing a service in Welsh without having to ask for it** and having the Welsh language as visible as the English language.

As part of **developing the cultural change that is aligned to our ED&I agenda and our Wellbeing Objectives**, we will promote and monitor the implementation of our new **Welsh Language Policy**. Our focus is not only about how we will meet compliance with the Standards but on how we go about **creating a cultural change within our organisation that normalises use of Cymraeg (Welsh)** and ensures we foster a bilingual ethos. The more we can develop our bilingual culture, the easier and more natural compliance with the Welsh Language Standards will become.

Through this IMTP period we will seek to further promote the **mandatory Welsh language awareness course** to increase compliance in number of staff completing the course together with the development of a Welsh Language Recruitment Strategy.

To further improve our compliance with the Welsh Language Standards and introduce an element of objectivity, a Welsh Language standards baseline has been developed which will be promoted across the Trust. Examples of good practice of compliance with the Standards will be celebrated across the Trust. In accordance with Standard 110, we will **explore opportunities to develop and publish a five year plan** on the extent it is able carry out clinical consultations in Welsh.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish	• Engage with staff to ensure that their ESR Welsh language competencies are up to date by end Q1 • Undertake a gap analysis via ESR Welsh language competency data by end Q2 • Five-year Welsh language clinical consultation plan by end Q2 • Engage with priority service areas that deal with patients & public on the Welsh language skills by end Q3 • Review current recruitment processes for the Trust consider the need for Welsh language skills when looking to advertise new posts by end Q4	• Develop a recruitment strategy for Welsh Language candidates	Transition development to BAU

6. Infrastructure – capital, fleet & estates

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

Key to the ambition for the design and infrastructure of the organisation to be at the forefront of innovation and technology are our **estates and fleet**. 2024/25 has seen the progression of a number of schemes to enhance and improve the estate, and in particular focused on our Clinical Contact Centre environments to further support the clinical transformation model ambitions within the plan. This ensures we can work towards having the right buildings and vehicles in the right place for our staff to provide best and safest care across Wales.

Decarbonisation and Sustainability

If supported, we will deliver a range of schemes in 2025 - 27 funded through the Targeted Estates Fund and will continue to embed decarbonisation elements in all our estate improvements, where feasible.

Our increased focus on the start of the patient pathway is supported by two key projects, firstly a newly consolidated and renovated Llangunnor CCC footprint which provides greater capacity and flexibility of space, as well as providing greater resilience. Secondly, we have maximized efficient use of space at Ty Elwy and created a bespoke CCC environment on the first floor which will support the relocation of staff from Bryn Tiron. This will consolidate 111/Integrated Care and CCC colleagues together in one building early in 2025/26. Further schemes have accelerated progress on Dolgellau, Bangor Fleet Workshop and Monmouth Ambulance Station, with a significant amount of planning and preparation in this year delivering completed schemes into 2025/26. In addition to the capital investment, enhanced revenue funding has provided the opportunity to deliver a number of smaller schemes across the estate to improve the environment for staff through refurbishment, replacement of furniture and equipment, and welfare facilities.

The **Estates Strategic Outline Programme (SOP)** has been fully endorsed by Welsh Government enabling us to work towards producing a series of business cases to achieve this vision, and we continue to work to consider how best to develop solutions for our priority schemes. We continue to align with the strategic ambitions of the plan, but there is now an opportunity to refresh it based on the anticipated outcome of a range of actions taken in 2024/25 to outline the Trust's All Wales Capital requirements alongside other NHS

Wales organisations. Whilst improved, capital funding remains limited and we have not yet received approval of some of our major capital schemes. We will need to consider how the national capital position influences our ability respond to our major challenges and risks to ensure we have the right estate and the right fleet profile in the right place to support any planned service changes linked to our transformed service offer.

In 2025/26 we will complete work on a new ambulance station in **Dolgellau,** and **Monmouth**, and deliver a **new Fleet Workshop in Bangor**.

At the time of writing, prioritisation of schemes against the remaining 25/26 Discretionary Capital allocation is ongoing with a number of schemes being considered to address challenges.

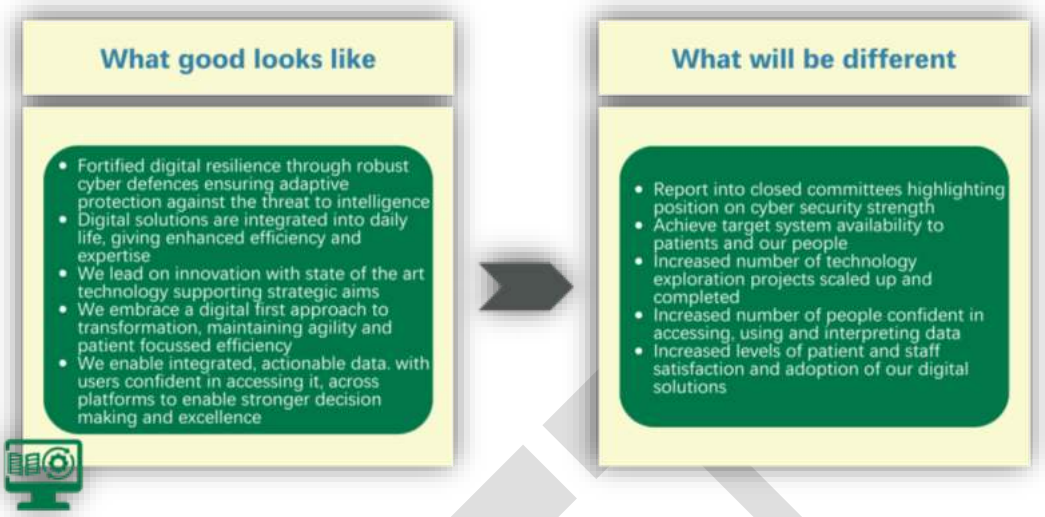
A **modern and efficient fleet** is vital to ensure that we provide a high-quality service to our patients and a comfortable environment for our people to work within. In light of limited funding in 2023/24 and 2024/25, we have developed and submitted to Welsh Government a **Vehicle Procurement Strategy** for the years 2025 – 30 and seeking to address some of the challenges presented by an ageing fleet, which replaces the extant 2018 Fleet SOP. This document confirms the fleet requirements to support the Trust's clinical model transformation ambitions. In 2025/6 we will plan to replace 142 vehicles across our EMS and Ambulance Care fleet, which provides a small element of additionality to support further Advanced Paramedic Practitioner recruitment. As part of our commitment to reducing our carbon and vehicle emissions, we have focussed procurement on smaller and more efficient vehicles. For our Single Responder Vehicles we will be seeking to provide hybrid solutions, which is backed up with appropriate charging infrastructure.

In conjunction with the decarbonisation agenda and in order to address the WG priority on the **Foundational Economy**, the organisation continues its work with Procurement colleagues as NHS Wales Shared Services Partnership (NWSSP) brings together key metrics that enable us to **identify if the Welsh pound is being spent in Wales**, and that prior to awarding of a key contract to a supplier highlighting if the supplier is from Wales and scores highly on a sustainability score covering areas such as environmental management systems, local sourcing of materials, recycling and appropriate disposal of equipment that does not adversely impact on the environment.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	• **Dolgellau Ambulance Station** completed in 2025/26 • **Monmouth Ambulance Station** completed in 2025/26 • **Bangor Fleet Workshop** completed in 2025/26 • **Estates SOP** will be reviewed in context of AWC funding by end Q3 (includes consideration of AWC schemes e.g. Swansea)	• **Year 2 discretionary capital** priorities • **All Wales Capital bids** – delivery of successful business cases and development of next round of business case priorities	• **Year 3 discretionary capital** priorities • **All Wales Capital bids** – delivery of successful business cases and development of next round of business case priorities
The right fleet in the right place, enabling our staff to provide the best and safest care across Wales	• The **2025/26 vehicle procurement programme** will be delivered by end Q4 • **BJC for 2026/7 vehicle procurement** will be written and submitted in line with WG timescales • Resource and support to further enhance the approach to **decarbonising our fleet** to be explored during 2025/26	• **Vehicle procurement BJC** and programme	• **Vehicle procurement BJC** and programme

7. Our digital & data roadmap

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



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

The rapid progress of technology presents both opportunities and challenges. We need to ensure we address the fundamental challenges of a 24/7 urgent and emergency care service which requires available and reliable data and systems whilst balancing the need for evolution of these systems and safe adoption of new technologies such as robotics and AI.

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

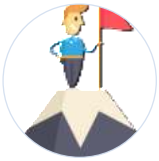
In September 2024, we launched our refreshed Digital Plan for 2025-2029. This plan offers five digital pillars to support progress towards our strategic objectives: Everyday Essentials; Security, Safety & Cyber; Digital Pioneers; Transformation; and Data, Information & Insight.

Each of these pillars brings forward a sequenced set of projects which will enable WAST workforce to provide better care, improve patient experience and outcomes, and better connect us with the NHS Wales system.

Everyday Essentials

Everyday Essentials are the things that we need to **get the basics and foundations of our service right**. They are also the things that impact on the **digital experience** of our people (one of the key commitments we have made in this plan). This will include simplified sign on to our systems and replacement of iPads for frontline clinical staff. There will also be **efficiency gains** through the delivery of **electronic timesheets** (eTimesheets), migration of our **GRS resourcing system** to the cloud and **scaling up of the use of automation**.

Digital Pioneers



Automation and workplace efficiency will be enhanced through projects and pilots under the **Pioneers** pillar – crucially enabled by the **introduction of a Digital Innovation Lab** for ideas generation from ground up, feasibility discussions, and prioritisation. Some of the key areas of work will be around the use of **drones, enhanced interactive voice response (IVR) in 111 and SMS messaging in NEPTS**. We will also be progressing the next stages of the **Mobile Data Vehicle Solution (MDVS)** in support of the Emergency Services Network programme.

Digital Transformation

The Transformation pillar will bring together programmes and projects such as the Emergency Services Network (ESN), the digital front end (Online Digital Advice) of the 111 service, and enabling efforts for the ongoing Clinical Model Transformation (see section 4).

Data, Information & Insight

This is a key area of the digital plan but also threads throughout other areas of the IMTP particularly in how we underpin service delivery with evidence through a quality driven, clinically led and population/value focussed approach (see sections 9.1.1 and 10.2). We will develop **individual-level clinical insights** which will help us to support individual performance and development of our people, and a plan to **build internal data science capabilities**. WAST will also continue to **work with DHCW and partners such as PHW**, to harness the value of linked system data via the National Data Resource, supporting our ability to generate better clinical, operational and patient experience insights, and drive forward our approach to **population health.**

Focus for this IMTP will then be on the establishment of **data quality measures and standards, data sharing across NHS Wales, and empowering colleagues to confidently self-service their data needs**. Our recent additional capacity into key roles including information security, data governance and analytics are enabling us to build the core foundations required to deliver innovation and transformation aspects of the digital plan.

Decarbonisation and Sustainability

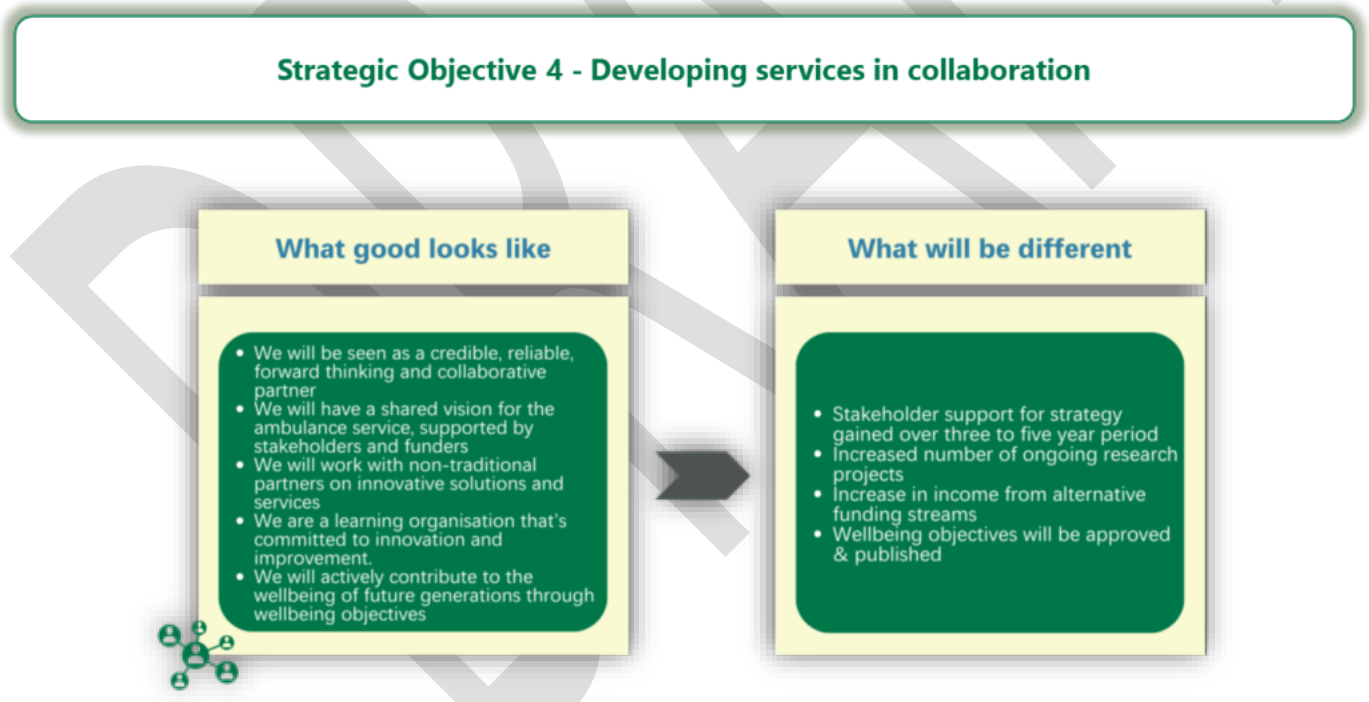
We continue on our journey to significantly reduce our use of paper and digitise our records. We are working to link our systems together so that we can monitor the efficiency of our buildings, outputs generated by our renewable technology across the estate and the utilisation of our EV charging network.

Security, Safety & Cyber

We expect to see increased security at WAST sites and improvements in connectivity across the estate. This includes the safe adoption of emerging Artificial Intelligence tools, and Smart Stations which will bring a new staff experience to their workplace, whilst focussing on physical, information and cyber security.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Everyday essentials	• **Robotic Process Automation** RPA scaled up by end Q4 • **Simplified sign on** implemented by end Q4 • **iPad replacement** phases 1 & 2 completed by Q3 • **Cloud-based GRS** implemented in 2025/26 • **eTimesheets** delivered by Q2	• **NDR programme** (Infrastructure for lights on) • **RFID** Asset tracking • Realise benefits of **eTimesheets** systems	• Body worn video cameras (bwvc) implementation
Digital Pioneers	• **Visual interactive voice response IVR** in NHS 111 Wales available in contact centres Q4 • **MDVS (phase 2)** Lots 2 and 4 implemented by end of Q4 • **SMS functionality** implemented in NEPTs by end of Q4 • **AI development** in line with national direction throughout 2025-28 • **Innovation lab** developed by end Q2	• Scoping will be undertaken to implement a **digital Innovation lab** (hub) • **ePCR** will be able to send **notifications to GP's** • Test/Dev – **synthetic data sets** • Digitally enabled vehicles will be introduced • **AI development** in line with national direction throughout 2025-28	• SMS functionality – phase2 • **VR/Augmented reality** • **AI development** in line with national direction throughout 2025-28
Digital Transformation	• **CMT developments** supported throughout 2025-28 • **EMS & NEPTS CAD replacements** - business case(s) written Q2-Q3 • **Emergency Services Network (ESN) phase 2** Full Business Case developed by end Q3 • **Drones** will be tested with the aim to deploy by Q2	• **CMT developments** • **ESN** phase 2 Delivery • **ePCR renewal** (implementation)	• **CMT developments** • **ESN phase 2** -Delivery continued • **ECNS** integration
Security, Safety & Cyber	• **AI safety / Policy guidance** developed by end of Q3 • **Smart station** initiative rolled out by Q4	• **Forced device** compliance	
Data, Information & Insights	• **Individual insights to support individual performance monitoring** and development developed and rolled out during 2025/26 • **NDR programme** will commence and take place throughout 2025-27	• **NDR programme** will commence and take place throughout 2025-27	• Population Health analytics

8. Partnerships and the wider system



8.1 Partnerships and engagement

2025/26 will represent a significant year in the evolution of the Welsh Ambulance Service, as some of the cornerstones of its ambitions as a clinically led and community-based service begin to materialise.

At the centre of this ambition is a need to collaborate and work in partnership across the health system in Wales. While the organisation can continue to refresh its own approach to service delivery, it cannot leverage

the full benefit of so doing without the support and engagement of commissioners, Welsh Government, the wider NHS in Wales, together with the support of its staff, volunteers, patients and the public more broadly.

This means a renewed focus on working collaboratively, in line with the statutory requirements of the Well-being of Future Generations Act (WBFGA), which has applied to the Trust since the end of June 2024. The Trust has taken time to develop and test its well-being objectives, which it is required to publish and work towards as part of its WBFGA duties. Similarly, the Act obligates the Trust to think and develop its services in ways which are both sustainable and safeguard current and future generations.

Our commitment to the WBFGA also aligns with other duties, including that of social partnership, which sees the Trust renew its commitment to working with its trade union partners and its staff as a responsible and sustainable employer with a strong focus on employee wellbeing. It also supports the rights of employees under the new Worker Protection Act, which places an obligation on the Trust to take a proactive and preventative approach to protecting its employees from workplace sexual harassment.

As set out in section 5.2, our emphasis on Social Partnership development is having a positive impact on relationships. We recognise the importance of maintaining and strengthening trust and engagement with our partners and they have been fundamental to helping us to improve the working lives of our people and in developing our Wellbeing Objectives.

This obligation is reflected in the Trust's approach to developing its clinical model in a way which improves the safety and experience of our current patients and lays the foundation for a more integrated and sustainable approach to the care of patients in need of urgent, unscheduled care in the future. This approach requires significant stakeholder engagement. We have been working with Llais to understand the patient impact of our plans and will in due course engage on the changes we are making as we evolve the existing model. We have a strategic engagement plan to meet with and work with stakeholders, embracing the ethos of "collaboration first" in line with the five ways of working. We will continue to develop and implement this engagement plan throughout the course of this IMTP as we move to the next phases of our transformation programme, and as we begin to consider from 2026 the next iteration of our long term strategy.

Decarbonisation and Sustainability

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

2025/26 should also be the year that sees the Welsh Ambulance Service represented on all seven Regional Partnership Boards across Wales, following a change in the regulations governing membership of RPBs at the end of December 2024, which identifies the Welsh Ambulance Service as a core member moving forward, This represents an additional collaborative opportunity for the Trust, working with a range of health and social care partners to optimise the use of the Regional Integration Fund in meeting the health and care needs of communities across Wales.

8.2 Academic partnership & democratised learning

In gaining University Trust Status (UTS), it has always been an ambition to ensure that the full benefits of UTS are realised. Being clear about those benefits, and translating them into tangible actions reflected in, and monitored through, the Trust's Integrated Medium Term Plan is a Welsh Government requirement and will ensure the best chance of optimising the benefit of securing UTS. It is also important that UTS priorities and benefits reflect the strategic objectives of the organisation, as outlined in its longer-term strategy, *Delivering Excellence*, and contribute to their achievement.

The Trust's **Academic Partnerships Committee** continues to act as an "engine room" of innovative thinking as the Trust accelerates its transformational plans. Following a "deep dive" by committee members in July 2024, and further review by the Executive Leadership Team, .

Committee members identified a number of perceived benefits of UTS, which can be broadly summarised as follows:

- Evidence of organisational ambition and commitment to learning, education and development for all, regardless of role or grade
- Greater opportunity for enhanced partnerships/collaboration with both academic and commercial partners
- Commitment to evidence-based practices and professionalism across all roles, both clinical and corporate
- Providing a mandate for research and innovation and a platform for further investment in capacity
- The opportunity to use UTS as a galvanizing common purpose across the organisation, acting as a springboard for improvement
- Increased credibility with peers & the wider system.
- Platform to create centres of excellence, for example in remote clinical care

Proposed Priorities/Deliverables

While this is a brief summation of a wide-ranging conversation, these perceived benefits of UTS have been translated into priorities (and deliverables) for inclusion in the 2025-28 IMTP

- **Commitment to learning:** evidence of increased participation by staff across all areas of the organisation in learning and development opportunities (democratisation of learning). Actions and metrics to be agreed. ***Link to strategic objective:*** SO2: Enabling our people to be the best they can be
- **Academic and industry partnerships:** further development and embedding of academic and industry partnerships, with a focus on collaboration to evaluate existing and new models of care, further investment in research and innovation capacity and widening opportunity for colleagues to engage in research and development activities. Actions and metrics to be agreed. ***Link to strategic objective(s):*** SO3: Being at the forefront of technology and innovation; being quality driven and clinically led, enabling our people to be the best they can be
- **Establishment of a centre of excellence** within the lifespan of the 2025-28 IMTP, positioning the Trust as a national and international sector leader in the relevant discipline. Actions and metrics to be agreed. ***Link to strategic objective:*** all

The role of the Academic Partnerships Committee will be reviewed in the first quarter of 2025/26 to ensure that it has the right scope, membership and remit to support, scrutinise and provide Board assurance on the Trust's research, innovation and learning ambitions.

Research & innovation

WAST continues to lead world-class research and innovation (R&I) through local, national, and international partnerships, reflecting initiatives like the UK Life Sciences Vision, UK vision for clinical research delivery, and saving and improving lives: future of clinical research, and the Trust's Clinical Strategy. Despite challenges such as workforce fatigue and limited numbers of chief and principal investigators, WAST has embraced these issues by expanding partnerships, including significant research with Warwick University and PRIME Centre Wales. WAST also leads multidisciplinary research development groups and fosters new relationships to leverage emerging technologies, such as the successfully funded SAINTS CDT: the UK's first multidisciplinary PhD programme focused solely on the safety of artificial intelligence (AI) and world leading research on drones in healthcare.

In 2024/25, WAST committed to collaborating with research organisations, developing new partnerships, and integrating R&I across all activities. These efforts have created a platform for R&I to flourish, with initiatives such as the HCRW Faculty and the PRIORITY project. However, there is still progress to be made, and WAST will continue to explore opportunities for enhanced collaboration, internally and externally.

Decarbonisation and Sustainability

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

Our research priorities for 2025/26 will be to:

- Continue to develop, attract, and deliver high-quality R&I
- Adopt the recommendations and deliver the outputs of strategies and policies such as the *PRIORITY* project, *NHS R&D Framework* and *Innovation Strategy for Wales*.
- Support our people through harnessing the new opportunities for building R&I capacity through *HCRW Faculty*
- Continue to mobilise R&I knowledge to improve patient care by working with our people in WAST and partner organisations such as the *HCRW Evidence Centre* and Health Technology Wales
- Work with a range of research organisations and individuals focus our R&I on evidential gaps and research priorities in our sector.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Meet the requirements of being a named body under the Wellbeing of Future Generations Act	• A programme of internal and external **communication of our Wellbeing Objectives** enacted in Q1 • A process for **evidencing application of Wellbeing Objectives** through our established governance frameworks developed during Q2 • Undertake **maturity assessment** against the five ways of working by the end of Q2 • **Action plan to address gaps in five ways of working** developed by the end of Q4	• **Wellbeing Objectives and five ways of working delivery plans** developed • Incorporation of **"collaboration first" principle** into strategy, planning and business case development etc	• Review **progress against wellbeing objectives**, reassess and continual improvement
University Trust Status (UTS) in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation (R&I)	• Oversee the development of any appropriate **additional plans to deliver UTS priorities** for 2025-28 (NB priorities will be delivered in other areas of IMTP) • Our **research priorities** will be delivered throughout 2025-28	• **Review traction of action plans** at year end via Academic Partnership Committee (APC) reporting from subject matter experts, with any required modifications for future years clearly identified.	• Ensure action plans continue to be current and **monitor progress/developments via APC**. • **Test awareness/utility with Trust staff** and stakeholders
Well placed to influence system thinking / strategy development	• **Strategic engagement** will take place in support the development of our new CMT model throughout 2025-28 • **Quantitative and/or qualitative measures** will be developed in Q1 to evidence the proposed approach to strategic engagement	• **Assess and adapt engagement plan** as required	• **Assess and adapt engagement plan** as required

9. Quality driven and clinically led

Strategic Objective 5 - Being quality driven and clinically led

What good looks like

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

What will be different

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

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

Quality Management

Quality is defined in the Duty of Quality as 'continuously, reliably, and sustainably meeting the needs of the population we serve'. To achieve this, we must strive to understand these needs to inform our decision-making processes and enhance outcomes. It is essential to establish what constitutes quality by monitoring Health & Care Quality standards as well as through audit and assurance measures, whilst fostering a culture of continuous learning and improvement within our organization.

We will improve the quality of information available through our information platforms to triangulate intelligence and guide continuous improvement. Sharing this information through our quality governance structures to provide assurance on the actions being taken.

Through enhancing and developing our Quality & Performance Management Framework we will improve understanding of Quality Management Systems across all functions of the organisation moving towards 'Always On' reporting for our people and our patients.

We will prioritise safety by providing enhanced safeguarding training for our frontline teams. Additionally, we will seek opportunities for organisational learning through improved data collection on safeguarding activities and monitoring emerging themes and trends in the information we gather.

As part of our commitment to the Duty of Candour we will increase our face to face contact with those seeking to raise concerns about the services they have received so that we can better understand not only the outcomes for our patients but also the experiences of our patients and their families.

We will continue to focus on learning from mortality but will go further to better understand non-fatal patient outcomes particularly for those patients who experience moderate or above harm.

Health & Safety

We remain committed to working with our **Trade Union (TU) Regional Partnership Forums** to build confidence in the processes which support Health & Safety (H&S). There will be a continued focus on **musculo-skeletal injury** to understand the reasons for injury and how we can support our people to reduce the number of reported injuries and related sickness absence. We know that the pressure across the Health & Social Care setting impacts on the Moral Injury experienced by our people. We will continue to **focus on preventable stressors** that affect the mental health and wellbeing of our people.

Infection Prevention and Control

We will embrace opportunities to enhance our teams' abilities to consistently deliver safe, effective and compliant **Infection Prevention Control** functions focussed steadfastly on upholding high standards of safety for our patients, our people and the wider community. Governance offers a key avenue for improving the consistency in our implementation and monitoring of IPC polices and as such we will establish a formalised board assurance framework in this area to strengthen our oversight and accountability.

Patient experience and community involvement (PECI)

Improving people's experience and the quality of care for individuals and families is a key priority for NHS Wales. All public services in Wales also have a statutory duty to engage with, listen to and consult with citizens. Through its continuous engagement model, PECI engage with the public, patients, their carers and families to understand how they experience the services provided by the Trust. People's experience feedback, once captured, is shared internally, and is fundamental to enhancing the patient experience and identifying areas for improvement or celebrating and building on what is working well.

As part of our commitment to continuous improvement, we are strengthening how compliments are systematically collected, analysed, and utilised. Aligning with the national ambition for an 'Always On' system, we are embedding a structured approach to capturing positive feedback in real time, ensuring that every opportunity to learn from what is working well is maximised. This includes improving accessibility to feedback mechanisms, making it easier for patients, carers, and the public to share their experiences, and ensuring that insights are fed directly into service development and workforce planning.

In line with our commitment to being collaborative and in support of our Wellbeing Objectives, we intend in the first year of this plan to develop a formal **public and patient reference group**. This will seek to go beyond the commitments to engaging with communities to being able to give representatives the opportunity to help shape our service priorities and service standards going forward but also to be able to hold us to account for delivery.

Learning Disability and Neurodiversity

To improve patient-centred care, we have enhanced the electronic Patient Clinical Record (ePCR) with a new "Needs Tab" to better identify and support patients with learning disabilities, including autism and neurodiversity. This went live in October 2024, ensuring earlier identification of additional needs and tailored adjustments. A reporting dashboard, expected to go live in early 2025, will track key trends and enhance data capabilities.

These insights will inform training needs and support the integration of a learning disability specialist within the Remote Clinical Care Team. The data will be shared across clinical teams and governance structures to embed continuous improvement, aligning with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. It will also support the integration of the new learning disability specialist post within our remote clinical teams. This ensures patient-centred care remains central to our service delivery, driving improvements for individuals and the wider healthcare system.

9.1.1 Taking action through a population health approach

The population health approach promotes action which all health and care services can take to improve the health of the people of Wales, whoever and wherever they are. Public health is the 'science and art' of how this can be achieved.

Our vision is to strengthen our population health approach so that we **"plan and deliver care which responds to our population needs, promotes health, and reduces harm and inequalities".** This aligns with the AACE focus on reducing health inequalities within the ambulance sector.

Throughout the IMTP period we will build on delivering a population health approach within WAST. In April 2024, we completed a maturity matrix to identify opportunities for strengthening our approach to population health. Learning from this, and wider scoping work, have identified our initial areas for action.

One of the first actions in this IMTP period will be the co-production of our 'Population Health Plan'. This will set out in greater detail the opportunity WAST has in improving the health of the population of Wales and demonstrate **strategic leadership and accountability** for the organisation to place a greater emphasis on public health and taking a population health approach.

We will explore how to increase **public health expertise** within the organisation. Through building on existing links with Public Health Wales, hosting a fixed-term project for a specialty registrar doctor in public health (with consideration for future public health specialist input), promoting public health approaches in new projects, and supporting development opportunities relevant to public health, this will enable WAST to lead the way as an ambulance service with a holistic focus on the population. We will work with Public Health Wales on data and surveillance opportunities ensuring we have a worked example of what can be achieved in year 1 of this IMTP.

Whilst public health expertise may drive the change, every member within WAST has a role to play in improving population health. An increased focus on prevention, and opportunities to support the public in living healthier lives by signposting to support, by supporting the **workforce feeling confident to deliver 'Making Every Contact Count'.**

Data is a key component of understanding what is happening now and predicting what will happen in the future. As our population evolves, with more older people and increasingly complex co-morbidities, it is more important than ever to **understand who is using the ambulance service**, and if everyone is receiving equitable care (where everyone has the best chance of a positive outcome, which may look different for different people). Knowing for example that people from a more deprived area are more likely to need an ambulance, and are more likely to experience worse health outcomes, is vital. Optimising the fact that WAST is a data-rich organisation, applying a public health methodology to **data and insights** and making the reporting of key metrics such as inequalities standard practice across the organisation, this will refocus decision making around the needs of the population, and supporting the service to **be more responsive to the most vulnerable populations who tend to have the worst health outcomes.**

Using an evidence-based approach based on needs will support the ambulance service in planning for the future and support wider healthcare services in understanding where gaps in services may lead to potentially preventable calls to WAST. This work will build on **system partnerships** and build on the concept that all health and care services have a fundamental role to play in population health – but that this cannot happen in siloes. Strengthening the links with public health partners at regional and national levels, and ensuring membership at key population health groups, will support WAST in being an integral part of the wider population health response.

Throughout the coming three years we will scope and identify primary and secondary prevention opportunities including progression of referral pathways for incidental atrial fibrillation findings. By **focusing on prevention, early intervention, and addressing the social determinants of health, our approach aims to create a more equitable healthcare system.** It emphasises the need for a collaborative effort across various sectors to tackle health disparities and ensure that every individual has the opportunity to achieve optimal health outcomes.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Defining our focus and delivering on population health and health inequalities	• Updated **health inequalities maturity matrix** for reducing completed by end Q1 • **Draft Population Health Plan** approved in Q1 • **Delivery plan** for the Population Health Plan developed by end Q2 • Worked example of **surveillance opportunities** by end Q3 • **Primary and secondary prevention** opportunities scoped by end of Q3 • Submit a **shared research bid** with Public Health Wales by end Q4.	• Delivery of the **Population Health Plan recommendations** • Review and implementation of recommendations to **increase organisational public health capacity** and **capability** • Establish ongoing **population health data opportunities** with Public Health Wales and other system partners • **Population health embedded** in onward strategic planning • **Review progress against the maturity matrix** for reducing health inequalities, reassess and continual improvement	• Transition towards **Population Health Principles embedded** in the organisational culture. • **Review progress** of the plan for development of future years priorities.
A culture of quality improvement with robust quality management systems	• A **Quality Improvement Hub** will be relaunched by Q4	• **Quality Assurance Self Assessments**, Gap Analysis and forward Plan • **Quality plan** review	
Systems that meet the requirements of the Duty of Quality and Duty of Candour	• **Quality Plan actions** will be developed for implementation throughout 2025/26 • **Develop data engineering and modelling around harm** developed in Q1 • **Thematic analysis learning** from harm via medical examiner reporting undertaken during Q2 • **'Always On' and Duty of Quality Reporting** will be delivered by end of Q4 • A formal **patient & public reference group** will be in place by the end of Q4	• Trust-wide Quality Management Systems (QMS) will be embedded	• Transition QMS to BAU as the cultural norm
High quality Health & Safety systems	• A **Health & Safety plan** for WAST incorporating further improvements to legislative compliance, & manual handling developed in Q1 • **Violence & aggression risk mitigation** actions to be taken forward in Q2 • A **Health & Safety culture change framework** will be developed in Q3 • Initial evaluation of the fume mitigation work completed end Q2.	• **Health & Safety plan** pilots & implementation	
Meaningful engagement and co-production communities	• Continuing commitment to improving experiences for people with a learning disability • Implementation of audit recommendations on **community involvement** by the end of Q2	• CIVICA transition to BAU	

9.2 Clinically led

We are developing a new draft Clinical Plan as our current Clinical Strategy comes to an end in 2025 and we will seek approval of our new plan aligned to our strategic workforce plans, quality and digital plans in Q1.

We continue to develop our clinical service offer through supporting advanced practice and the enhanced skills that brings; optimising our remote and in person responses and driving clinical improvements whilst also reducing the need for conveyance to hospital.

Continuing to enhance our **clinical leadership** across the Trust remains a key priority, significantly contributing to and underpinning our future vision for our service model e.g. through clinical supervision, senior clinical management engagement with Health Board partners and through driving data usage and clinical improvement that is underpinning the Trust's Clinical Model Transformation to improve the patient care journey. Key to this in the community will be Senior Advanced Paramedic Practitioners (SAPPs). As APPs all move to being prescribers in their own right, the role of the SAPPs will be critical in ensuring safe and effective deployment of this APP role.

In addition, we are strengthening our leadership in remote clinical care through both **generalist and clinical specialty** roles that lead clinical practice and improvement across the organisation; seeking to further enhance our mental health crisis support and out of hospital maternity emergency care.

For our **Maternity and Neonatal Safety Programme** we will seek to establish the substantive funding for the Trust's Lead Midwife to maintain the quality and safety improvements achieved in remote and face to face clinical practice to date. We have maintained collaboration and active dialogue with the Chief Nursing Officer Wales' office and have finalised a business case for a 24/7 'labour-line' as set out in the Maternity and

Neonatal Review recommendations. We intend to implement the labour line if the business case is funded as part of our Multi Professional team in RICS. Alongside SBAR for recommendations for the business case and including National Maternity Line.

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

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Excellent clinical leadership	• **Clinical supervision** will be implemented in Q2 • **Clinical leadership & support to RICS** established by end of Q3 • Secure the Lead Midwife Post by end of Q1 • Provide **Remote Clinical Decision-Making Level 7 education module** – implementation and timing subject to bid submission • **Learning Disability role** in remote clinical team by end of Q2		

10. Value and sustainability

Strategic Objective 6 - Delivering exceptional value

10.1 Financial sustainability programme

Year on year **financial pressures continue to result in a challenging financial outlook** for 2025/26 and beyond. We have been working with JCC, WG and the NHS Executive (NHSE) to develop our financial plan for 2025/26 (section 11) and horizon scanning across the full three years of this plan. The wider NHS continues to experience similar pressures and we expect **continued difficulty securing the funding** for all our strategic ambitions, despite there being emerging evidence for the increased value that we can offer the system. We know that if we want to achieve some of our ambitions set out in this plan, we will face choices, we will either need to extend savings further, as we have done in recent years, generate new income, or stop doing something else.

Over the last twelve months the Trust has taken steps to address some of the income opportunities in the plan (set out in the financial plan in section 11) including market analysis and recruitment of a dedicated commercial development resource. We acknowledge there will be challenges with the continued delivery of savings on a year by year basis that requires identifying recurrent opportunities. This year's plan continues to have a focus on value and financial sustainability as well as the impact on our people, whilst maintaining our ambitions to improve the quality of service we provide to our patients. The **Financial Sustainability Programme** continues to evolve year on year, providing a coordinated vehicle within which to identify, assess, and commission, transformative opportunities to deliver spend avoidance, cash-releasing or income generation schemes alongside our existing commissioning arrangements.

The need to produce and deliver a **transformative savings plan** is essential to support the strategic direction of travel for the Trust, particularly with a new government in Westminster, directly impacting the flow of resource through to Welsh Government. Increased settlement allocations are budgeted on a one year basis, and we as a Trust recognize the need to approach the financial challenge strategically, in order to ensure long-term financial sustainability.

The Trust will continue to build on key areas of work undertaken over the last eighteen months, with continued focus on implementing recommendations from the Administrative and Corporate Services Review,

and the Services Review. **Achieving Efficiencies** is likely to continue as an umbrella workstream for oversight of all efficiency opportunities and implementing recommendations, while Income Generation will provide a steering structure to the Trust's commercial development intentions.

The Trust continues to learn from best practice internally and externally and we hope further investment in commercial development and review commissioning reinforces our commitment to developing and celebrating a culture of outward thinking, innovation, and quality. We hope the structures developed will enable our people to help drive forward the change that is required. For our leaders, we will ensure that commercial skills and continuous improvement skills are core elements of their ongoing development.

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

Service review

The service review undertaken over the course of the last two IMTPs has been conducted in three distinct phases: data collection, detailed analysis, and final reporting. The first phase involved compiling a detailed organisational map of WAST, identifying key business areas, and gathering financial and operational data through "Discussion Packs" and a 26-question survey. The second phase included meetings with senior leaders from each business area to review initial findings and expand on the data collected, resulting in Business Area Summary Reports and SWOT analyses. The final phase focusses on refining insights through feedback from senior executives and collaboration with subject matter experts to develop recommendations and assess their feasibility.

Progress made during the review includes the creation of comprehensive Business Area Summary Reports for 53 identified key business areas. These reports consolidated key information and provided actionable insights for potential efficiency improvements and areas where growth could be justified to deliver organisational efficiency. Additionally, the review identified 330 ideas and suggestions for efficiency and growth, many of which involve collaboration and coordination across different WAST Directorates and Business Areas.

Key issues to be addressed include:

- Investment in developing financial and business literacy at all levels within the organisation;
- Ensuring psychological safety to encourage honest feedback;
- Reduce over-reliance on manual processes;
- Tackle staff capacity issues;
- Upgrade outdated IT infrastructure, in line with the Digital Plan;
- Overcome difficulties with recruitment and retention.

Addressing these issues is crucial for WAST to optimise cost-saving opportunities, enhance operational efficiency, and ensure long-term financial sustainability.

The next steps, as a phased approach over the next three years, will be to develop and implement plans for taking forward (or rejecting with rationale) the 330 ideas generated. This will be taken forward at three levels:

- Level 1: 'Just do it' ideas that can be taken forward (or rejected) by directorates within their directorate plans
- Level 2: Cross-directorate discussion and planning to take forward (or reject)
- Level 3: Executive level agreement on priorities to take forward (or reject) – implemented

The final report will be completed by the end of Q4 2024/25, and a work programme for level 2 and level 3 ideas that are being taken forward will be developed in Q1 and phase 1 workstreams completed over the first two years of the IMTP.

10.2 Value Based Healthcare

Whilst the focus of Financial Sustainability is on the financial efficiencies and income opportunities that might add value to what we do as a Trust, it is important to reiterate our **commitment to Value Based Healthcare** which is a theme which runs through all three pillars of our plan. We will work with colleagues across Wales to ascertain, and utilise, the methodology for determining commissioning investments that ensure the most effective use of finances for improved **population health outcomes**. We are unwavering in our commitment to develop meaningful outcome measures which truly represent what is important to patients (**PROMs**) and which capture their experience of our services as they describe it (**PREMs**). In Q1 we will welcome support from the **Value in Health Centre** who have already commissioned a literature review of value based healthcare in pre-hospital care and who will run a workshop to help us think in more detail about how we can culturally embed value based healthcare through education, engagement and tools which can be applied in urgent and emergency care services run by the Trust and as we link across the entire urgent and emergency care system.

There remains variation in both our service availability across Wales and the cost of the services we provide. We will continue to develop and implement **Patient Level Information and Costing** (PLICS) to understand variation and use it to better allocate resources where they add most value. We will also use **benchmarking** to demonstrate where we can tailor improvements to the services we provide (notably in rural areas). We will also use evidenced based cases for change to work with our commissioners, partners and stakeholders to develop our service offers, as we have done in our strategic transformation programmes.

10.3 Environmental sustainability

We are committed to ensuring that our developing infrastructure supports the Trust's and Welsh Government ambition for net carbon neutrality by 2030 and we have made good progress in the implementation of some key actions within our Decarbonisation Action Plan, supported by the Decarbonisation Programme Board structure which facilitates Trust wide ownership of plan actions. In 2024/25 we have successfully delivered 6 EFAB funded estates schemes which increase the efficiency of our buildings, whilst also addressing some additional infrastructure issues such as roofing. In addition, wherever possible we are seeking to further understand the potential within our estate, and within the supporting infrastructure, to ensure that funding opportunities can be realized, further delivering required improvements.

The Welsh Government net-zero targets pose real and complex challenges for the Trust. In response to this, we outlined a range of schemes which required All Wales Capital support in line with our Estates and Fleet SOP deliverables. In the meantime, we are exploring the ways in which return on investment can be maximised to further enhance efficiencies, and this will focus in 2025/26 in the progression of more holistic schemes for funding consideration.

We recognise the significant challenges presented by the decarbonisation of our fleet and whilst we have made some progress on this in 2024/25 with replacement Single Responder Vehicles (SRVs) being hybrid, and trialling 10 full EV SRVs through 2025/26, the complexities of ensuring safe and appropriate clinical care whilst moving to fully electric vehicles cannot be underestimated. This will need significant input from our colleagues across the Trust and we are keen to maximise all funding opportunities to realise our ambitions, as well as working with our partners wherever possible. We acknowledge that this is an emerging area which

will require further investment to ensure that our people have the skills and appropriate resources to be able to deliver an ambitious programme.

The relevant business cases in support of Estates and Fleet developments will continue to reinforce the importance of this agenda, and to push us towards a position of carbon neutrality, maximising our use of new technology and responding in a flexible and agile way to the changing external environment. Our Decarbonisation Action Plan can be found in appendix 5 but also our key decarbonisation priorities can be found throughout this document aligned to our plans. In 2025/6 we anticipate further strategic direction from Welsh Government with the refresh of the Strategic Delivery Plan for Decarbonisation; we continue to work with partners and WG to learn from the past two years and influence plans going forward, and will look to formulate the Trust's response to that as appropriate when required.

In addition to work around decarbonisation and net zero, NHS Wales has been asked to consider the reality of climate change and its impacts in the short, medium and long term. In 2025/26 we will work closely with NHS Wales partners on Adaptation Planning and will bring together a working group of experts in the field of planning, environmental sustainability, capital development, business continuity and emergency planning across the Trust to develop adaptation plans.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Developing and implementing our plans for Environmental Sustainability and Adaptation	• **Adaptation Plans** risk assessment undertaken by end Q2 • Adaptation Plan drafted for approval by end Q4 • **Refresh of the DAP** in response to the revised WG Decarbonisation Strategic Delivery Plan in line with WG timelines	• **DAP** year 2 actions • **Adaptation plans** delivery	• **DAP** year 3 actions • **Adaptation plans** delivery
A Value Based approach across the organisation which is embedded in culture	• Work with the JCC and partners to develop a **costing and benefit methodology** for emergency ambulance services, NHS111 and non-emergency patient transport services during 2025/26 • A refreshed approach to **Value Based Healthcare** will be developed throughout 2025/26	• Application of **value-based principles** & evaluation across our future service model	
Generate income alongside our core commissioned functions	• A **commercial strategy** based on outcome of market analysis exercise approved by end of Q4	• Review & refresh plan for 2026/27*	
Sustainable savings & efficiencies	• **Savings plans** will be reviewed and refreshed by end Q4	• Review & refresh plan for 2027/28	

11. Our financial plan

The full revenue and draft capital financial plan for the Trust for 2025/26 is provided in appendix **XXX**

Revenue

The financial plan is presented as a balanced revenue financial plan for the 2025/26 financial year, albeit even after the identification and delivery of a significant savings plan of c£6.5m, this still leaves a residual financial gap of c£2m to be closed as we enter and progress through the financial year. This is predominantly due to the continuing costs of the EAP Band 5 national development, which has yet to attract any additional funding support.

The ability to close this residual gap and balance in year is however considered achievable, with areas and ways through which this will be progressed fully detailed within the full plan provided in the above appendix, and this is as such presented as a balanced financial plan for approval.

This is based on some key funding and cost assumptions included with the plan and, as above, additional actions that are expected to continue to be progressed through the financial year to deliver savings, and exploit any emerging areas of additional income generation, in order to balance. Given the current financial environment and context, and the continuing way in which the NHS in Wales and, in particular our commissioners, are funded, this plan inevitably focusses on the 2025/26 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2027/28.

Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2025/26 financial year based on the following key financial assumptions:

a. The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 1.77% uplift provided to Health Boards in the 2025/26 NHS Wales Allocation Letter issued on 20th December 2024, and is applied to all of the Trust's key commissioning agreements;
b. That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated;
c. Specifically included within the above is c£3.5m costs for 2025/26, being this financial year impact of the need to move former EMTs onto the new EAP role at a A4C Band 5, and for which no separate, additional funding has been made available to the Trust to support these costs. How this is therefore afforded in year is captured within this overall financial plan, noting that the continuing work to balance in year in 2025/26 will need to also reflect the increasing costs of this element in 2026/27 and beyond;
d. The ability to fully deliver on the resulting range of cost containment, cost avoidance and savings required to balance in year;
e. That any and all additional costs the Trust may incur as a result of the following will either be funded separately, in addition to that currently assumed within this financial plan, or will not be able to be incurred:
    i. As per the above allocation letter issued to the NHS in Wales, costs relating to the 2025/26 pay deal, along with the recurrent costs of the 2024/25 pay deal, still to be confirmed;
    ii. The costs relating to changes to Employers NI from 6th April 2025,
    iii. Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, which have been subject to a separate business case submitted to commissioners and WG for funding consideration,
    iv. Any net additional costs of providing any new road based response service to parts of rural Wales, linked to the implementation of some of the service changes arising from the recent EMRTS Service Review, and
    v. Any remaining costs associated with the previously submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.

The high level summary revenue financial plan for 2025/26 is therefore as follows:

	Opening Budgets 25/26 £m	Planned Savings £m	Revenue Set Budgets 25/26 £m
Income	-310.469	-0.150	-310.619
Operating Expenses	304.723	-7.542	297.181
Profit on Disposal	-0.445	-0.250	-0.695
Interest Payable	0.240		0.240
Interest Receivable	-0.800	-0.558	-1.358
Depreciation (Baseline)	15.251		15.251
Total Expenditure	318.969	-8.350	310.619
Planned Budget Surplus (-) / deficit	8.500	-8.500	0.000

Risks

No financial plan is risk free and clearly entering into the financial year with a residual financial gap to close in year increases the risks of non delivery of a balanced position in year, particularly potentially earlier on in the financial year.

The main risks that will need close monitoring and mitigating actions through the upcoming financial year therefore, include:

- The recovery of all of the income assumptions this financial plan now makes, in particular ensuring the commitments and elements supported within the NHS Wales JCC IMTP are fully aligned and delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered;
- That the in year costs relating to both the 2025/26 pay award and the increase in employers NI is fully funded by WG;
- No other developments, enhancements or cost increases not currently funded within budgets, or identified within this financial plan supporting that contained within the IMTP, will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. However the ability to do this in the context of the current total savings already required to balance in year makes this unlikely;
- The ability to deliver up to a potential total requirement of c£8.5m in savings, efficiencies and cost management in year;
- Linked to the above, the ability to identify and agree changes to crewing skill mix and numbers for front line EAs, directly linked to the non funded costs of the EAP B5 development and the requirement for this to be sustainably affordable, both in 2025/26 and beyond;
- Some cost elements are still hard to predict through the coming 13 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2025/26 to manage any such variations;
- That the continuing impact of the recent changes in commissioning, and the move of the NHS Wales JCC more out of its current transition phase, have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS, 111 services, etc;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continues to hold.

Capital

Appendix XXX also summarises our initial capital programme for 2025/26, focussing predominantly on the discretionary capital funding received from WG, noting the already confirmed and carried forward discretionary capital commitments for the 2025/26 financial year. This is currently a draft plan, as in previous years, a detailed update on the final impact of the 2024/25 financial year end on the 2025/26 programme will be presented to both the Trust's F&PC and the Trust Board in May 2025, at which point it is assumed that the full capital programme for the Trust can be approved, fully consistent with the funding being made available from WG.

12. Delivering our plan

12.1 Risks to delivery

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

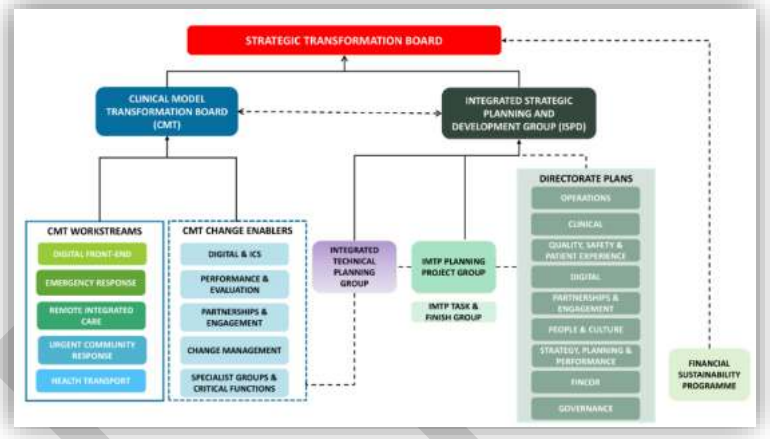
The **key risks to delivery** of this IMTP will be:

- Our ability to deliver a **balanced financial plan** – whilst the allocation from the commissioners included an uplift there remain challenges over the next three years and a key indicator of success of this plan will be to confidently present a plan that could balance and subsequent delivery of financial balance by year end in year one and into years two and three (reported monthly through the year).
- **Capacity to deliver** on priorities within the plan – the financial plan this year does not set out significant increase in investment to support delivery of the IMTP and therefore this will need to be done through existing resources. A capacity exercise has been undertaken to assess directorates capacity to deliver IMTP priorities that are over and above their core business.
- Difficulty in maintaining progress on strategic ambition with **focus on the short term** – it remains difficult to plan ahead of year one towards our longer-term ambitions without certainty of the future operating and financial context. However, recent Demand & Capacity reviews seek to address this imbalance and the financial plan identifies resources to support priorities within the plan.
- **Ongoing wider system pressures** impacting on our services - we are in a vicious circle of operational pressure we think can only be addressed through wholesale transformation. However, the focus on the here and now requires significant management time which cannot be focussed on the transformation agenda.
- **Commissioning landscape** – as the processes and governance within the JCC further develops there may be a change in perspective for ambulance services and our 111 commissioner, so we must work closely with our commissioners and partners to develop the clear rationale for decision making around our strategic ambitions and collaboratively develop opportunities that benefit the wider system and health board populations.

12.2 Managing IMTP delivery and strategic transformation

The **Trust Board** is overarching accountable committee for delivery of the Trust's IMTP and long-term strategic plans, with individual sub-committees maintaining oversight and scrutiny of specific deliverables. Further assurance is provided through the **Board Assurance Framework (BAF).**

To further support the Trust Board to retain an overarching view of IMTP delivery the **Strategic Transformation Board (STB)** (an executive level committee chaired by the Chief Executive) will continue to provide monitoring, oversight, and governance over the implementation of the deliverables in this IMTP. This is alongside a remit to continually focus on strategic development, horizon scanning and considering intelligence that impacts on our strategic plans.



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

However, with the integration of our strategic transformation agenda across our service areas in developing a service model fit for the future, we will **review the current transformation programmes** to ensure they are fit for purpose. The governance will remain broadly the same, but there are opportunities to make our approach even more **agile, lean and efficient.**

We continue to populate and test portfolio, programme and project management software to support the strategic and programme level oversight of our IMTP delivery.

The **Transformation Support Office** will continue to support the strategic transformation agenda across the organisation, developing the organisation's capacity and capability to manage large complex programmes and service change internally and across the system. Each programme will have its own detailed plans behind each of the deliverables in this IMTP. Based on the anticipated benefits set out in this IMTP, the new programme structures will update benefits realisation plans, which will feed into the mechanisms set out in the QPMF which will be a tool to support delivery of the IMTP. As a result, we will make best use of our quality improvement, innovation and transformation resources and approach under the STB to ensure our strategy development and transformation agenda is underpinned by **value & evidence based, data driven, and patient focussed service and quality improvement methodologies**.

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

12.2 Measuring our plan

We are developing measures of successful delivery of our strategic plans at three levels, supported by our Integrated Quality & Performance Reporting:

1. Impact of our long term strategy, reviewing measures;

2. Impact of the strategic transformation of our services through the clinical model transformation programme; and
3. Measures that demonstrate 'what good looks like' and 'what will be different' over the next three years of this IMTP.

We aim to develop dashboards/visual representation of these measures that are easily understood and show where there has been impact, in the context of the socio-economic and political environment in which we operate. These measures will be reported through the relevant committees and to the Board.

Questions

Thank you for taking the time to read our plan. If you have any questions about our plan or require any of the policies, strategies or plans referred to in this IMTP or require a version in Welsh please contact AMB_Planning_And_Performance@wales.nhs.uk

List of appendices

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Appendix 8

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust

IMTP 2025-28 APPENDIX 1

Challenges and opportunities shaping the plan

VERSION: 0.1

Contents

1.0 Planning Framework

Delivery expectations

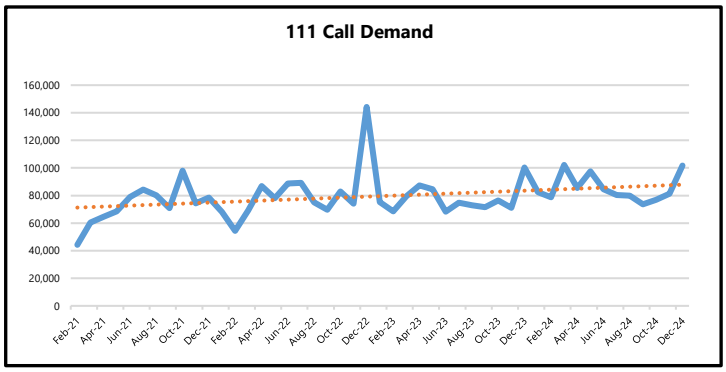
Priority	Delivery Expectations relevant to WAST	What is in this IMTP
Timely Access to Care	Reduce the number of ambulance patient handovers over 1 hour – national target - zero	Appendix 3a (ministerial template) sets out some of the work we are doing to support this expectation.
	Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero	Our NEPTS services and our transfers between hospitals by both EMS and Ambulance Care resources contribute to this and appendix 3e (ministerial templates) sets out the key deliverables for these services.
Population Health & Prevention	N/A	Whilst the expectations do not have direct relevance to WAST we have developed a population plan which will be published and implemented during the course of this IMTP. Appendix 3b also sets out what we are doing to support levels of prevention such as reducing deterioration of patients waiting outside an ED or waiting in the community, and also prevention of the escalation of care.
Building Community Capacity	Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required	Our IMTP continues to set out work with health boards around 111 pathways into services such as pharmacy and dental. As set out in appendix 3c: We will complement community palliative care services with the further enhancement of the palliative care paramedic role set out in section 4 of the plan. We will deliver a Clinical Triage Assessment Service (CTAS) in every Health Board to facilitate direct patient access to remote specialist clinical care (e.g.

	levels previously set for 2024/25 and greater where possible	physiotherapists). Collaborate with Health Boards to implement an integrated model that enhances patient access and delivers a consistent, equitable service across all seven Health Boards.
Mental health access	Delivery expectations relate to health board assessment and intervention in mental health.	Whilst the delivery expectations are relating to assessment and intervention, WAST is continuing to develop its mental health service offer for those who contact us through 999. As part of the Remote Integrated Care Service offer, we will develop mental health response and care planning for people in mental health crisis.
Women's Health	N/A	N/A at this stage

2.0 Our performance profile

111

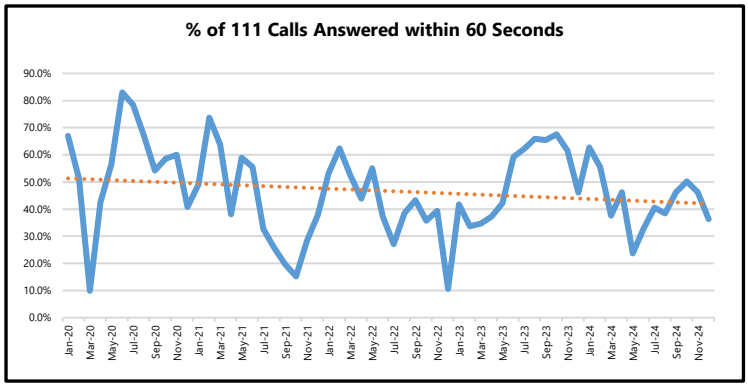
111 Demand



111 call demand, for those calls expected to be answered, was at 101,787 in December 2024, which was significantly above the 5-year monthly average of 78,848, although this is below the December average of 106,199, as demand does historically peak during this month of the year. Demand has grown year-on-year for each of the past 5 years, with the average for the last 12 months (Jan-Dec 24) of 85,399 being above the average monthly figure for the preceding 12 months (n=77,533). This sustained upward trend can be seen in the graph.

111 Call Answering - RAG

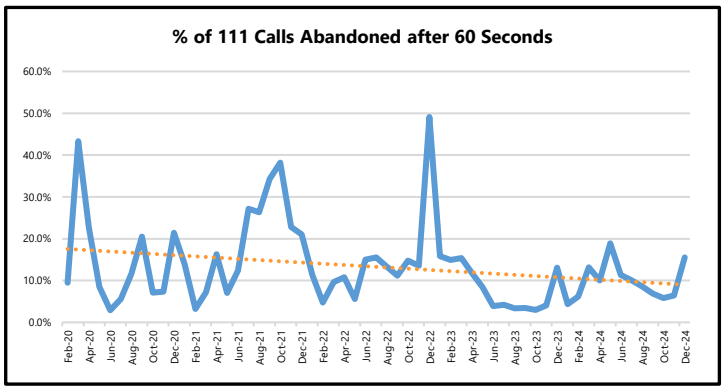
The percentage of 111 calls answered within 60 seconds was 36.3% in December 2024, which is significantly below the 95% target figure. This target has yet to be achieved in any month, with the highest recorded figure achieved remaining at 83% in June 2020. However, this was during the first Covid-19 lockdown and does not represent a true reflection of demand into the service. The highest figure recorded within the last year was 62.7% in January 2024.



In 2019, the last year prior to Covid, the average monthly call answering rate was 52%, which is higher than the 43% recorded over the most recent 12 months. There is evidence of some seasonal fluctuation, with average rates in December (for the past 5 years) being the lowest at 34.3%, while February recorded the highest rates at 55.3%. Recent improvement was seen in the service between June and November 2023, when rates consistently achieved over 60%. Performance has deteriorated since then due to a number of factors, including a sustained increase in demand (see above), the movement to a new CAS system in April 2024 and the reduction in the number of call handling staff as recruitment was paused during preparation for the new system. This has led to a slight downward trend in performance over the past 5-years, as highlighted in the graph above.

111 Abandonment Rate - RAG

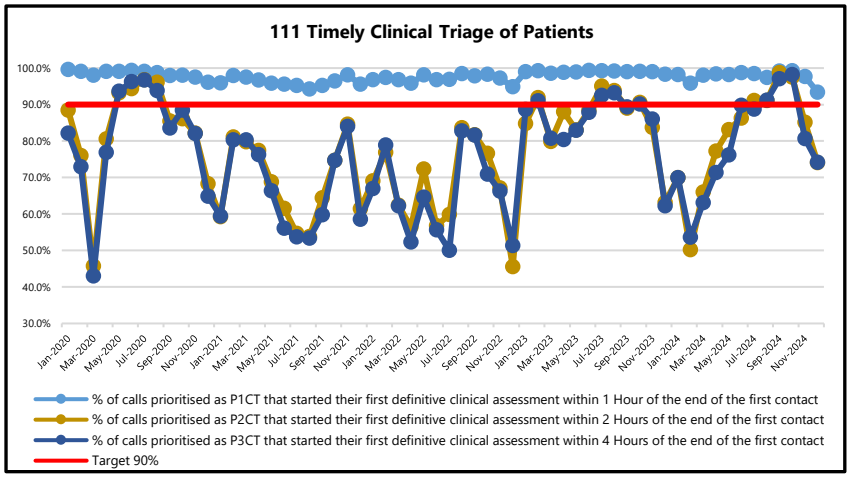
The percentage of calls abandoned after 60 seconds shares a strong reversed correlation with the calls answered rate. **The abandonment figure for December 2024 was 15.5%,** which was lower than in recent December's, where the average was 24.1% but slightly above the 5-year average figure of 13.1%.



The 5% target figure was only achieved in one month during 2024 compared to six months during 2023. However, this is primarily due to a number of the reasons highlighted above.

111 Clinical Response - RAG

Calls prioritised as P1CT, requiring a clinical assessment within 1-hour have consistently achieved the 90% target over the past 5 years, with the monthly rate over this period being 97.6%. This has been sustained in recent times with the average figure for the past 12 months being 97.7% and for **December 2024, 93.4%.**



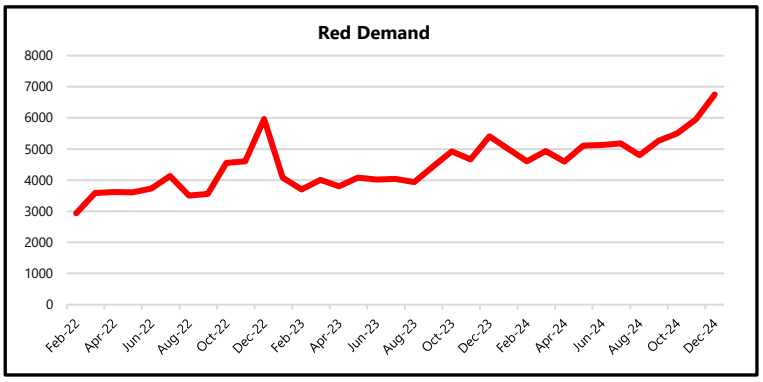
As can be seen in the graph below, performance within the lower priority assessment areas, P2CT (clinical call back within 2 hours) and P3CT (clinical call back within 4 hours) has fluctuated a lot more, with the 5 year monthly average figures for both being 75.5% and 74.1% respectively. Following a dip during the first half of 2024, due partly to some of the reasons already stated, as well as high levels of clinician sickness absence, performance in the last few months has

improved significantly, with the **average figures for the last 6 months of 2024 being 89.6% for P2CT and 88.4% for P3CT.**

The overall indication is that 111 is now beginning to stabilise following the implementation of the new 111CAS system earlier this year, however, high levels of staff sickness during the latter part of the year has had an impact.

Ambulance Response

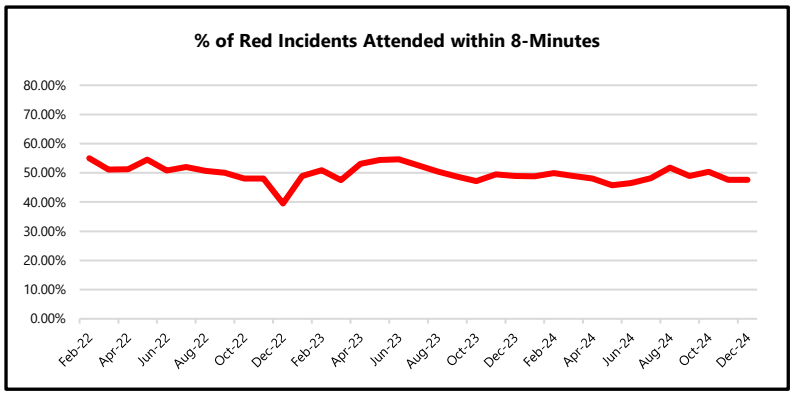
Red Demand



The number of Red calls received in December 2024 was 6,754, which is the highest monthly figure recorded in the past 3 years. It is also above the 5,236 12-month average and significantly above the 4,476 3-year monthly average, highlighting the consistent increase in Red demand over the past few years, evident in the graph.

Red 8-Minute Response - RAG

The 8-minute response percentage for December 2024 was 47.6%, which was marginally below the 48.5% 12-month average, but significantly lower than the 54.3% 5-year monthly average. It is also below the 65% commissioned target.

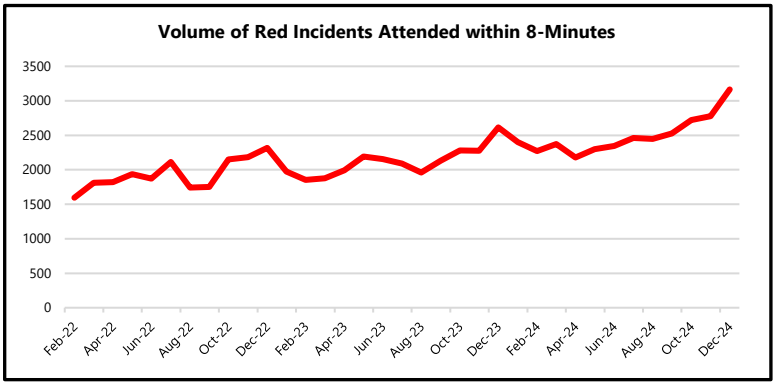


The 12-month average in 2019 (pre-Covid) was 68.7%, with the last individual month when the 65% target was achieved being July 2020 (68.5%). Since this time there has been a steady decline in Red 8-minute performance (see graph), which mirrors an increase in Red demand (above) coupled with an increase in hours lost to handovers at hospitals.

Traditionally the factors which most affect response times are demand and capacity. Recruitment and staff in post versus establishment is currently good, but the increased demand coupled with the lost capacity through handover at hospital means the situation remains extremely challenging.

The Trust continues to work on actions within its control to mitigate this risk, including maintaining high levels of EA production and fully rolling out the CHARU service. The Trust's main focus during the early part of 2025 is to implement a material change in how it responds to patient demand by evolving its clinical model, with the first part of this change already being implemented in December 2024

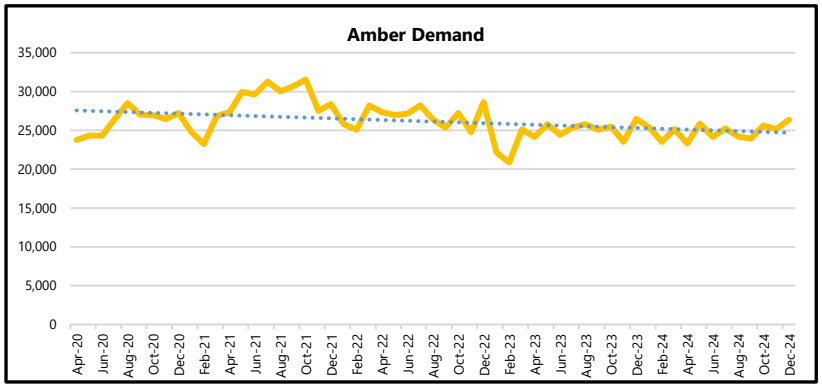
Although performance in the percentage of red incidents attended within 8-minutes has declined, the actual volume of Red incidents attended has continued to increase over the past few years.



In December 2024 3,165 Red incidents were responded to within 8-minutes, which is 21.1% above the 12-month average (n=2,497) and 33.2% higher than for the previous 12-months (n=2,115). This indicates that performance within the organisation, in regard to Red response, is

actually improving, but that other factors such as increasing demand and high levels of handover are offsetting this improvement.

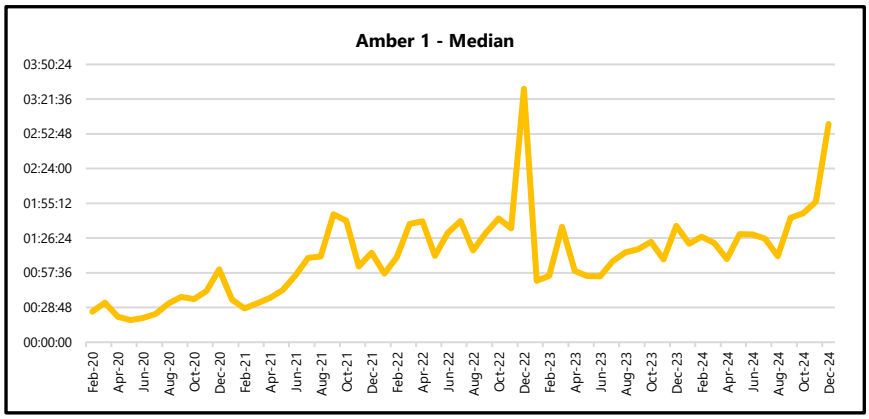
Amber Demand



Unlike Red, Amber demand has seen a slightly downward trend over the last 5-years, although this has levelled off since the beginning of 2023. **December 2024 saw 26,370 Amber calls into the service**, which is 6.6% above the 2-year monthly average (n=24,624).

Amber 1 Response - RAG

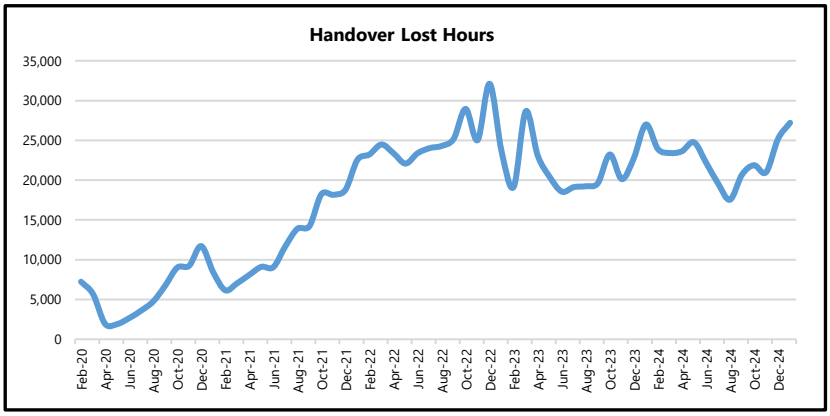
Although Amber demand has declined over the past five years, so too has Amber performance. This is predominantly due to a large increase in hours lost to handover, with a strong correlation being identified between the two. **The Amber 1 median in December 2024 was 3 hours 1 minute**, which was significantly above the 2-year monthly average of 1 hour 28 minutes and is the second highest figure recorded within WAST for this metric over the past 5 years. This is also against an ideal Amber 1 median response time of 18 minutes.



The extent of this decline in the Amber 1 median performance can be seen in the graph opposite, which shows that the monthly Amber 1 median in 2020 was just 31 minutes. A monthly figure this low has not been seen since February 2021. The Amber 1 monthly median for 2024 was 1 hour 37 minutes. The graph also highlights that although performance deteriorated relatively quickly during 2021, it has remained at relatively stable levels since this time with the exception of two significant spikes in December 2022 and December 2024.

Lost Hours to Handover at Hospital - RAG

As mentioned above, the increase in lost hours to handover at hospital has had a negative impact on many areas of EMS performance over the past five years. **In December 2024 25,195 hours were lost to handover outside emergency departments**, which is above the 2-year monthly average of 22,007 and the 5-year monthly average of 17,511. This is also significantly above the Welsh Government target, which equates to 7,500 lost hours a month with the last time this figure was achieved being March 2021.



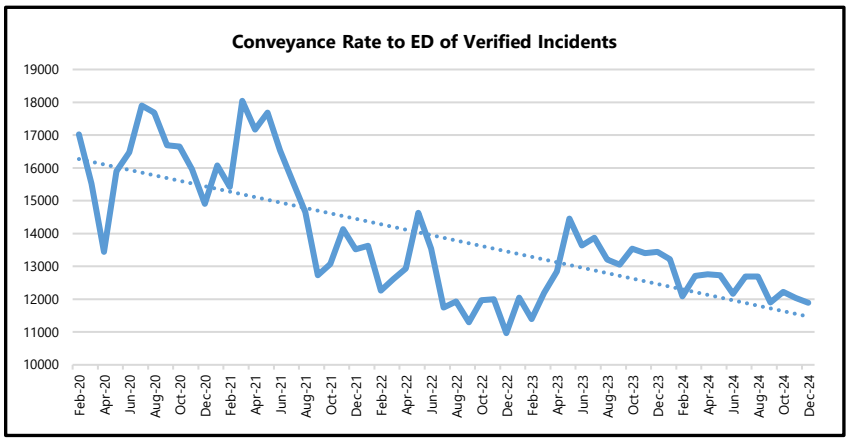
The graph opposite shows that hours lost to handover were much lower during 2020, with the average monthly figure during that year being 6,251. They then increased substantially between February 2021 and December 2022, when they peaked at 32,098 lost hours. Although there were signs of improvement during 2023, there has been a further deterioration in this area during 2024.

The increase in lost hours has not been consistent across all health boards, with Cardiff & Vale seeing a significant reduction in lost hours between 2022 and 2024, reducing its figure by 65%. This means that C&V are roughly back to their 2020 levels of handover. However, over the same 2022 to 2024 period, Betsi Cadwaladr University health board has seen a 13.7% increase, meaning their current level of lost hours is now 339% higher than during 2020.

Overall performance into December 2024 has remained challenging, with days where over 1,000 hours were lost. Welsh Government have re-iterated to all health boards the critical importance of improvements in this area.

Outcomes/Dispositions

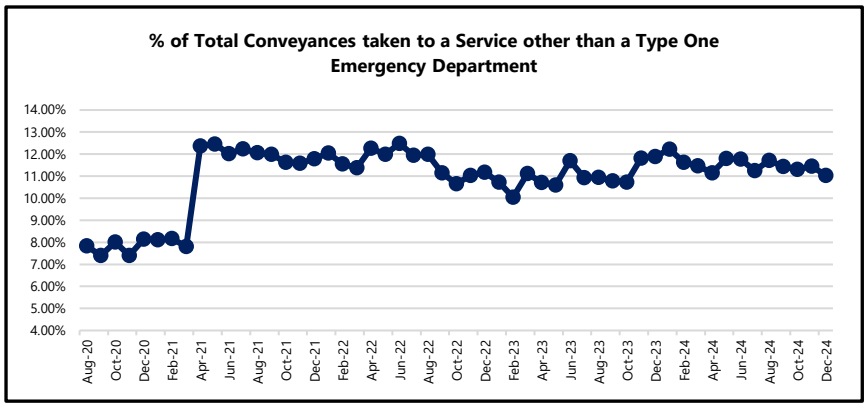
Conveyance to Emergency Department (ED) - RAG



The strategic ambition of the Trust remains to convey less people to a major ED and treat more people at home or within the community. **In December 2024 31.1% of all verified incidents were conveyed to a major ED,** which is below the 2-year monthly average of 36.5% and a significant improvement on the 5-year monthly average of 37.9%.

The graph above highlights that conveyance rates have declined over the past 5-years, with the average conveyance rate to an ED over the last 12 months of 35.1%, being 9% below the rate seen during 2020 (n=44.1%).

Conveyance to a Service other than an ED – RAG

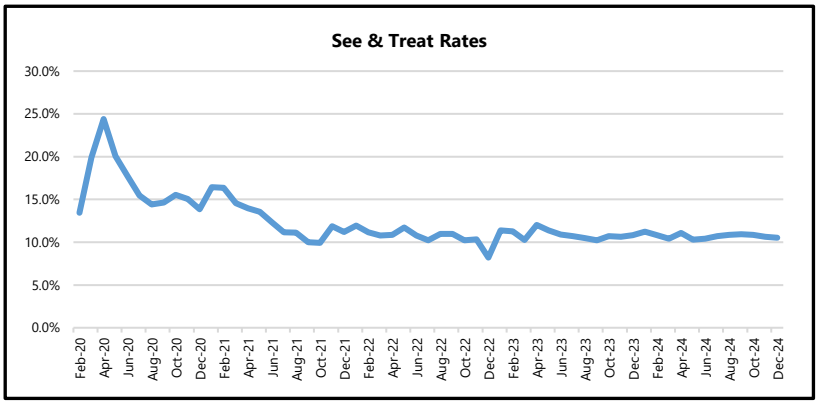


This metric has increased slightly over the past four years, **with the percentage figure for December 2024 of 11%**, being 2.9% higher than that seen in December 2020, although this is largely driven by a sharp rise evident in April 2021 (see graph opposite). This increase was primarily driven by changes to hospitals status, such as in Aneurin Bevan when the Royal Gwent and Nevill Hall hospitals became minor injury units.

These improvements are aimed at helping to divert patients away from emergency departments and help alleviate pressures on handover times.

See & Treat/Consult & Close - RAG

See & Treat rates against verified incidents in December 2024 were 10.9%, which was slightly below the 2-year monthly average figure of 10.9. it is also below the 5-year monthly average of 12.3%. The graph opposite shows that See & Treat rates have remained relatively consistent , while over the same time period Consult & Close rates have increased. **The Consult & Close rate for July 2024 was 11%,** which is lower than the 12-month figure of 13.2%. The target for Consult & Close is 17%, which has not yet been achieved in any single month, but the highest rate of 15.1% was obtained recently in April 2024.

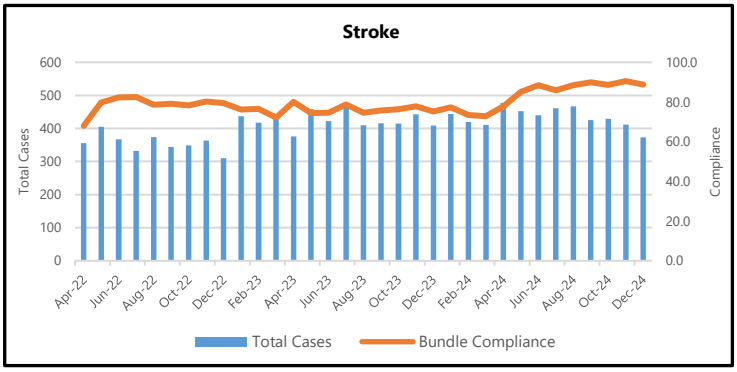


Clinical Outcomes

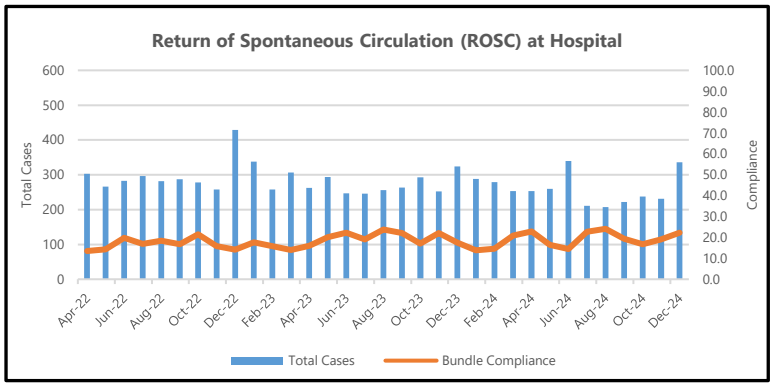
Stroke - RAG

The percentage of suspected stroke patients who are documented as **receiving an appropriate stroke care bundle in December 2024 was 88.7%,** which although remaining below the 95% target, is above the average for the past 12 months of 83.9%.

The graph opposite indicates there has been a gradual improvement in stroke bundle compliance since March 2024, with percentage levels exceeding 85% for each month since May 2024. Work continues to improve reporting and compliance through the ePCR system.



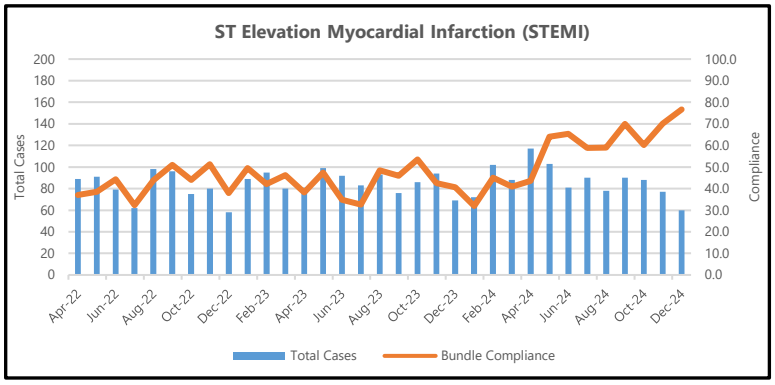
ROSC - RAG



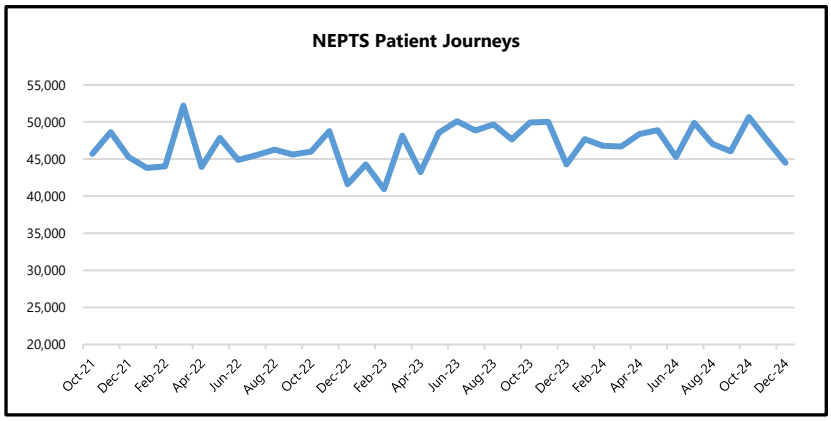
The return to spontaneous circulation (ROSC) compliance rate was at 22.3% in December 2024, which was above the 19% 12-month average and the 18.4% 2-year monthly average. However, this is still below the 25-30% IMTP ambition for ROSC rates, and as the graph below shows, bundle compliance rates in this area have fluctuated over the past two years.

STEMI - RAG

ST Elevation Myocardial Infarction (STEMI) compliance rates in December 2024 were 76.7%. This was significantly above the 57.2% 12-month average and 48.1% 2-year monthly average, and, as seen in the graph opposite, indicates a clear improvement in compliance rates since April 2024.



Ambulance Care

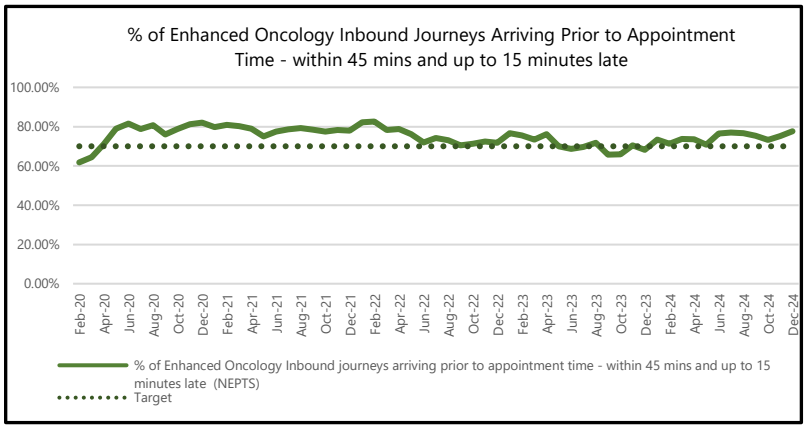


Overall demand for **NEPTS** services, following a sharp rise during the latter half of 2020, has levelled off to a degree, with the average monthly demand during 2024 (n=47,446) being only marginally higher than that seen during 2023 (n=47,143). However, demand still remains below pre-pandemic levels, as the average number of journeys carried each month in 2019 was 56,820.

Oncology - RAG

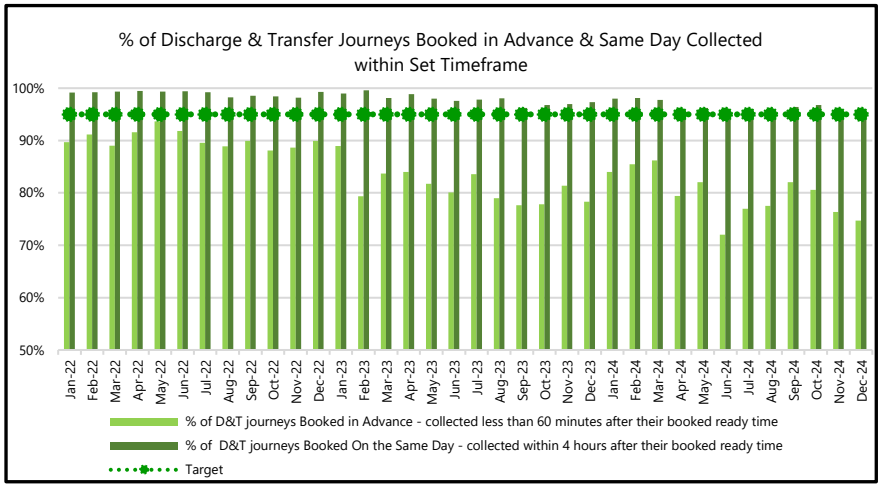
Oncology performance in December 2024 was 77.6%, which is above the 72.8% 2-year monthly average and also achieving the 70% target.

As the graph opposite indicates, performance in this area has seen sustained improvement since September 2023, and is now comparable to levels achieved during 2021, following a dip during 2022.



Discharge & Transfer - RAG

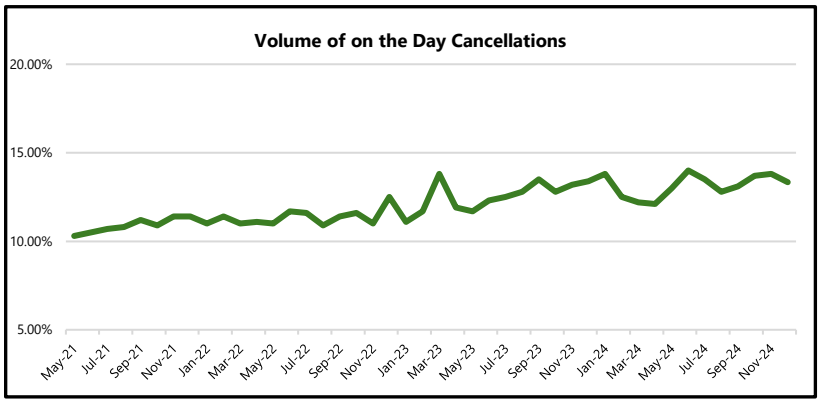
Booked in advance Discharge & Transfer (D&T) journeys collected on time in December 2024 were at 75%, which was below the 81% 2-year monthly average and also below the 95% target. The number of booked in advance journeys collected on time has declined since early 2023, with the monthly percentage figure in 2022 being 90%.



Booked on the day journeys collected on time was at 96% in December 2024 and, remaining relatively stable over recent months and continuing to achieve the 95% target.

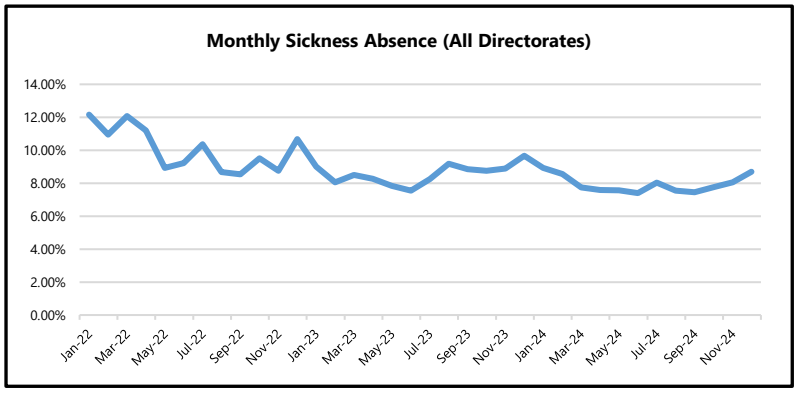
On the Day Cancellations - RAG

The volume of on the day cancellations shows an increasing trend over the past 3 years**, with the figure for December 2024 being 13.3%.** This is only marginally above the 2-year average of 12.9% and, as seen in the graph, indicates that the number has levelled off over the past 12 months.



The Operations Directorate LDP includes delivering a range of efficiencies and improvements, for example: aligning clinic patient ready times to ambulance availability and addressing oncology performance.

Sickness - All Directorates - RAG



The Trust's overall sickness percentage rate for December 2024 was 8.69%, which although slightly higher than the 7.94% 12-month average, primarily due to seasonality increases during the winter, it is significantly lower than the 10.1% rate recorded during 2022.

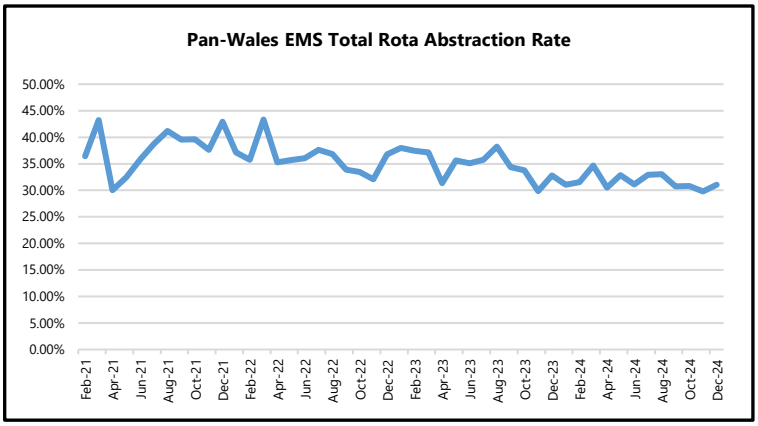
Actions within the IMTP concentrate on staff well-being, with an aim to continue to reduce this level supported by the ten-point plan. Although the current rate remains above the 2024/25 IMTP

ambition of 6%, is still showing a good, and sustained, improvement. As can be seen in the graph above, overall sickness rates have been on a downward trajectory over the past 3 years.

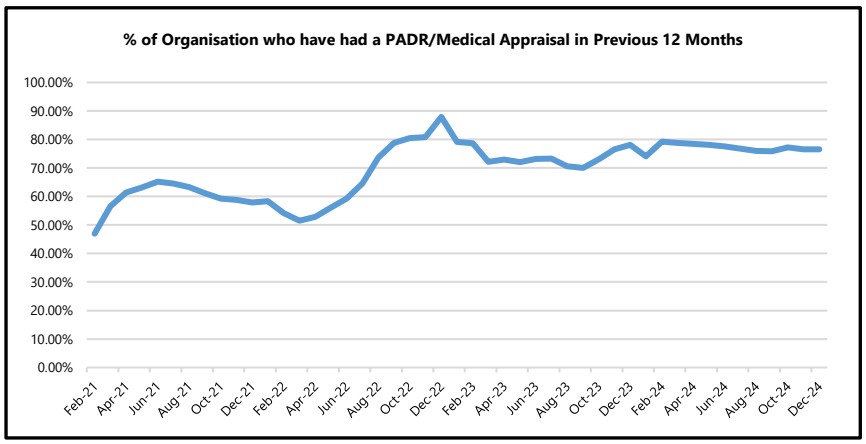
Absence due to mental health was at 2.93% in December 2024. This metric has seen a steady increase during 2024, with the latest figure being the highest yet recorded.

EMS Abstractions - RAG

EMS abstractions were at 31.05% in December 2024, which is below the 2-year average figure of 33.32% but failed to achieve the 30% target. However, abstraction rates have seen a steady improvement over the past 3-years, as shown in the graph opposite. The 30% target was also achieved in November 2024 (29.79%).



PADR Rates – RAG



PADR rates did not achieve the 85% target in December 2024, standing at 76.6%. Although rates did improve between early 2021 and December 2022, they have subsequently declined slightly and failed to achieve the 85% target since January 2023.

Implications for the IMTP

The key implications for the IMTP fall into the following categories:

1. **Increasing Demand**: The sustained upward trend in 111 call demand and Red call demand indicates a growing need for urgent and emergency services. This requires integrated planning and modelling to ensure adequate resources and capacity to meet this increasing demand.
2. **Call Answering and Abandonment Rates**: The percentage of 111 calls answered within 60 seconds is significantly below the target, and the abandonment rate is high. This suggests a need for improvements in call handling efficiency to release the capacity needed to reduce wait times and abandonment rates.
3. **111 Clinical Response**: While the highest priority clinical assessments (P1CT) are consistently meeting targets, lower priority assessments (P2CT and P3CT) have fluctuated. This indicates a need for better resource allocation and management to ensure timely clinical responses across all priority levels.
4. **Ambulance Response Times**: The decline in Red 8-minute response performance and the increase in Amber 1 median response times highlight challenges in meeting response time targets. Factors such as increased demand and lost hours to handovers at hospitals are contributing to these issues. This is

a key issue for our transformation plans as we respond to the review of the ambulance response target.

5. **Lost Hours to Handover at Hospital**: The significant increase in lost hours to handover at hospitals is impacting overall EMS performance. This requires collaboration with health boards to improve handover processes and reduce lost hours, as well as a transformation in our services to seek to care for more people in the community.
6. **Outcomes/Dispositions**: The strategic ambition to convey fewer people to major EDs and treat more people at home or within the community is showing progress. However, continued efforts are needed to further reduce conveyance rates to EDs and increase conveyance to other services.
7. **Clinical Outcomes**: Improvements in stroke care bundle compliance and ROSC rates are positive, but there is still room for improvement to meet targets. Continued focus on clinical outcomes and compliance through systems like ePCR is necessary.
8. **Ambulance Care**: The demand for NEPTS services has levelled off but remains below pre-pandemic levels. Oncology performance has improved, but discharge and transfer journeys collected on time are below target. Efforts to align clinic patient ready times to ambulance availability and address oncology performance are needed.
9. **Sickness Absence/Abstractions**: The overall sickness rate is higher than the IMTP ambition, and mental health absence rates are increasing. EMS abstractions are improving but still above target. Focus on staff well-being and reducing sickness absence through the ten-point plan is essential.
10. **PADR Rates**: The decline in PADR rates indicates a need for improved performance appraisal and development processes to meet targets. Plans for our people need to focus on how we better support our workforce.

Overall, the organisational plan should prioritise resource allocation, staff recruitment and retention, process improvements, and collaboration with health boards to address these challenges and improve performance across all areas.

3.0 Public and patient feedback

Targeted IMTP engagement

Throughout 2024/25 we have been asking the public what a good quality ambulance service looks like. Peoples' responses have helped us in shaping the development of this IMTP, the Trust's Quality Plan and also helped us to understand how we develop our services to improve quality in line with the Health and Care (Quality & Engagement) (Wales) Act.

Through our continuous engagement and surveys, the priorities for our plan offered by patients and the public include:

- **Improvement in delays**: Prioritise solutions to ambulance-hospital delays.
- **A focus on inclusivity**: Ensure that feedback from diverse communities (including those whose first language is not English or Welsh and people with additional needs) is integrated into service design.
- **Transparent communication**: Be honest about the challenges the service faces but also offer hope with clear steps toward improvement.
- **Enhance community-based care**: Expand roles like "Community Welfare Responders" and increase care outside hospitals.

Putting things right

Our quarter three report (October to December) to our Quality, Patient Experience and Safety Committee highlights the following themes that have come through the Putting Things Right process:

- Harm due to extensive response times in the community for emergency care
- Distress caused by cancellations of pre-booked transport
- Large volume of high harm cases shared with Health Boards for joint investigation
- Two prevention of future death reports relating to delayed response times.

Utilising Compliments

We value the time people take to tell us of their positive experiences, they are especially valued by staff. We learn a lot from compliments as they are based on an individuals' own perspective as patients, carers and users of our services.

The general themes from compliments have been around friendly, kind and comforting staff. Interacting with professional, calming and efficient staff has positively impacted on people with

feedback reflecting on staff 'doing an amazing job' and 'going above and beyond'. We have heard how grateful people have been for the services and care received from staff who have demonstrated humanity and connectedness to their patients.

It is expected that all NHS Wales Bodies develop and implement a robust 'Always on' system for the collection of compliments within easy reach for all people and communities.

All compliments submitted to us are recorded and form part of our national reporting requirements. We promote and share compliments received with Trust staff via a dedicated page on our internal communication channels, station posters and directly with line managers. For the public compliments are made available via the Trusts website.

Examples of compliments received:

I am delighted and relieved to share some positive feedback with you regarding the experience that I and my family had with your service today. I appreciate how stretched and under resourced you are, so I know that working conditions themselves are both challenging and inevitably frustrating. Sadly, I had to call 999 today for my Dad who had collapsed and was unconscious, I rang at 10.48am, the call handler was fantastic and patient, especially as my signal was poor, her calm and pleasant approach helped me to remain calm.

Rob the paramedic who arrived with us within the hour was nothing short of exemplary, a shining example to all health professionals in my view. (I have Worked in the NHS for over 30 years). He was diligent, professional, thorough, respectful and his values are clearly patient centred, being kind, thoughtful, attentive and gentle in all of his interactions with my Dad. Please let me know if you would like any further detail Rob's assistance and the manner in which he undertook his job restored some of my faith in the NHS, please pass on our formal thanks to him and wish him well for the future.

Hello, not sure if this is the correct department. I rang NHS 111 at 04:55 due to an unbearable Toothache, I couldn't even think straight. I cannot remember the Ladies name, buy she was very calming, and she listened, and gave good advice, very kind and caring, as I was dreading making the call, due to the pain. So, thanks very much whoever you are!

The care I received from the ambulance transport service to and from my home when I needed to get to hospital was amazing, the gentleman was polite well caring, listened to me and I think he enjoyed wheeling me through the hospital. This was all arranged by my community advance nurses, but I wanted to pass on many thanks.

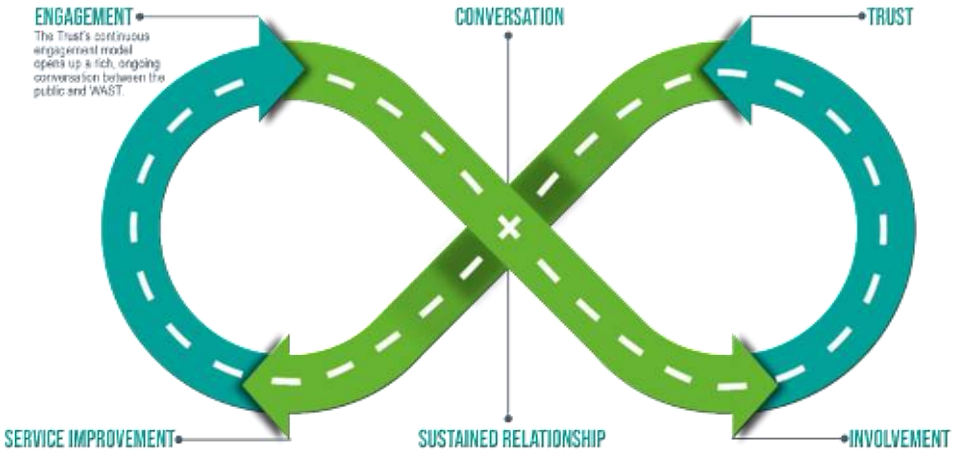
Patient and Public Engagement

Patient experience at the Welsh Ambulance Service (WAST) is influenced by the many interactions people have with staff, their expectations, and their first and lasting impressions. Patient experience is defined by what it feels like for people to access and receive care from WAST, it is based on their own perceptions of the care and treatment received.

Though patient experience may be seen as a subjective indicator of quality, experiences and feedback are essential components for monitoring and serving as quality indicators and help us to

plan improvements in our services. This includes the experience of all service users including families and carers.

Information and data has been captured using our continuous face-to-face engagement model and various channels for experience feedback including; surveys, stories and our 'Have your say' online facility.



The following feedback is from our bi-annual Patient Experience report taken to Quality, Patient Experience and Safety Committee in November 2024.

999 Experience

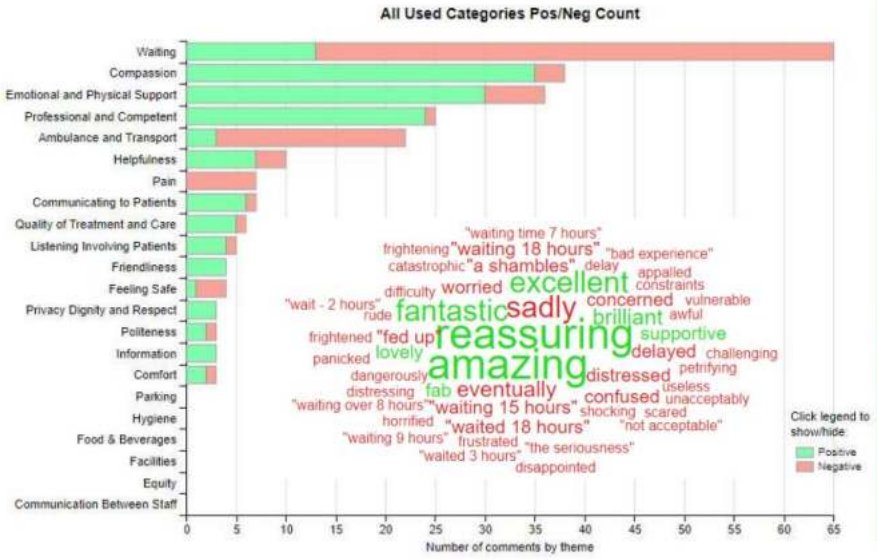
Our 999 patient experience survey is made available to members of the public through the WAST website and is frequently promoted across all available social media channels.

It is acknowledged that the low response rate to this survey does not paint a truly representative picture of what is feel like to be a user of our 999 service and we are exploring options available to increase engagement with the survey, including the use of SMS Text messaging and the introduction of QR code stickers into our EMS vehicles.

Taking that into account, responses received to this survey show that people think our staff provide good care, with wait times being the largest area of concern.
In this reporting period 157 responses were received.

- 65% of respondents said they felt confident in the ability of the person who answered their call to manage the call and provide appropriate advice
- 70% of respondents said they did not receive a call back from a clinical advisor
- Of those who did receive a call back from a clinical advisor, 43% said they felt they were given enough advice about what to do next.
- Of those who said an ambulance was sent, 87% said they felt safe whilst in the care of the ambulance crew.
- 50% of people who completed the survey rated their overall experience as 'Good' or 'Very Good'

The Civica Experience platform also uses Akumen pansensic text analysis. This uses advanced emotion analytics to scan text-data, identifying emotions, sentiment, themes and behavioural indicators to provide a previously unavailable level of understanding about our feedback.



What people said:

"The service from call handler to paramedic was outstanding"

"The call operator talked me through everything and was very patient with me when I got worked up and upset"

"Mum had signs of another stroke, told waiting time 7 hours. Unacceptable!"

"70yr old male, collapsed suddenly in a public place. Was unconscious and very unwell. We were told it would be 4 to 5 hours for an ambulance. We had to take him to hospital ourselves, laid out on the back seat of the car and terrified he would die on route. Thank goodness for the kindness of strangers who helped us, as we couldn't rely on the ambulance service"

111 Experience

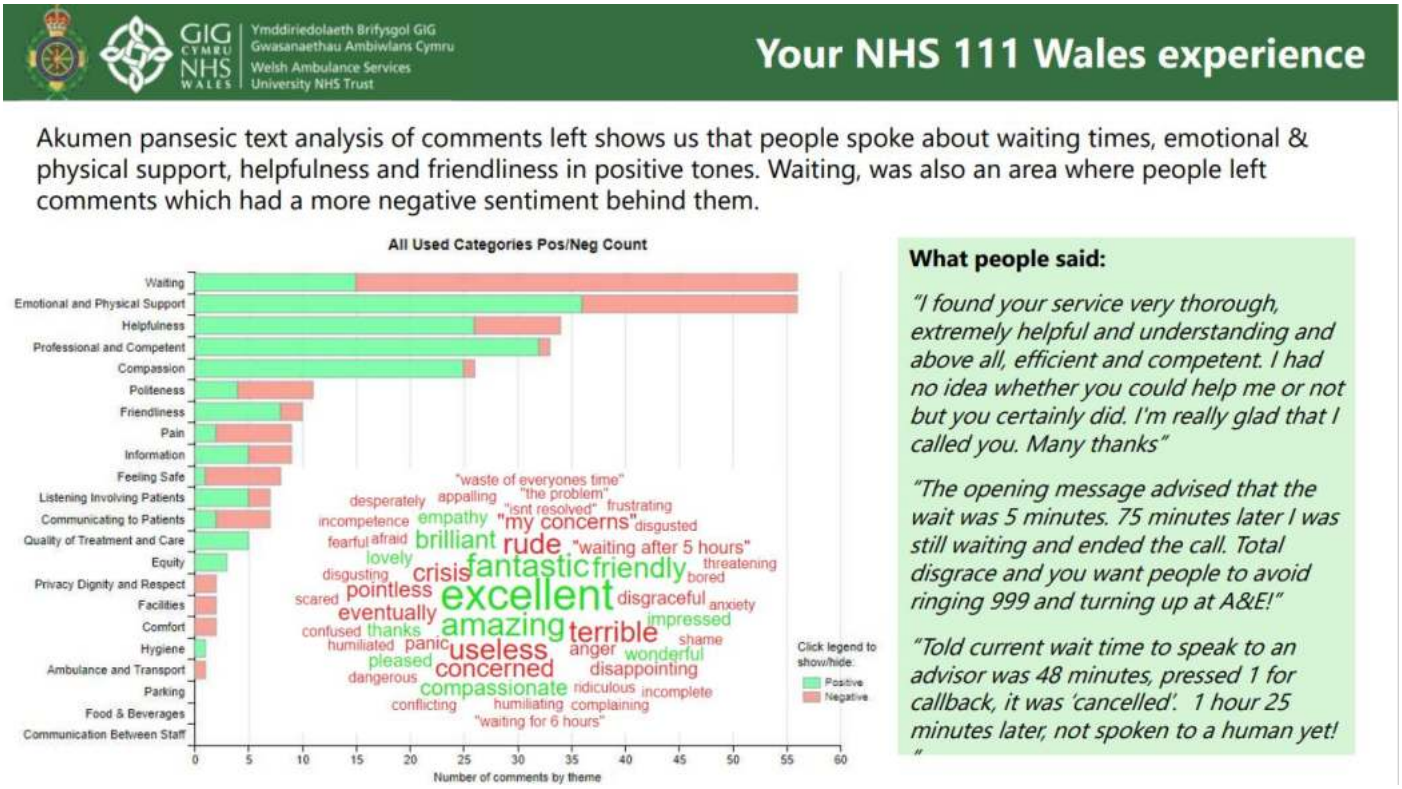
There are two surveys in place for NHS 111 Wales, separately collecting feedback about people's online experience and telephony experience.

We are currently reliant on people using their initiative and accessing the survey online themselves to provide feedback. However, we have had initial discussions with the NHS 111 Wales Senior Management Team about how we can potentially increase participation in this survey using SMS Text messaging or messaging in the 111 telephony IVR.

The online experience survey is available through the NHS 111 Wales website, users are prompted to leave feedback using a pop up that appears on screen.

In this reporting period 104 responses to the Telephony survey were received; and 180 to the Online survey.

- 71% of respondents told us that NHS 111 Wales had been their first port of call and that they had not been referred on from another service
- 59% of people told us they called 111 looking for health information or advice for themselv es
- 58% of people told us they found their call to NHS 111 Wales 'Extremely Helpful' or 'Helpful'
- 82% of people said they went on to follow the advice given to them by NHS 111 Wales



111 Website

We have continued to make available a patient experience survey asking people to share their views with us about accessing health information and advice through the NHS 111 Wales website. Between April and September 2024 180 people completed a website experience survey.

- 57% told us that they found it 'Extremely Easy' or 'Easy' to find the information they were looking for on the website
- In contrast, 34% of respondents said they found it 'Not so easy' or 'Not at all easy' to find the information they needed
- 53% of people said they intended to follow the follow the advice they found on the website
- 50% of respondents rated their overall experience of using the website as 'Good' or 'Very Good'.
- 33% of respondents rated their overall experience of using the website as 'Poor' or 'Very Poor'.

We know the reasons behind these metrics and this IMTP has a clear commitment to improving the 111 website.

Non-emergency patient transport

An established governance process is in place which allows us to contact people who have received transport to their appointment and ask for feedback. Responses to this survey continue to show us that overall NEPTS users are broadly satisfied with the service they receive. With negative comments tending to focus on timeliness.

Survey results continue to show that wait time for transport home following an appointment is still the main area of concern for patients. From 1st April we also changed the question we ask about seatbelt safety, which revealed that many people were telling us that they were reporting that they

were not reminded to put on the seat belt because they had already put it on independently and didn't need to be reminded.

In this reporting period 680 responses were received.

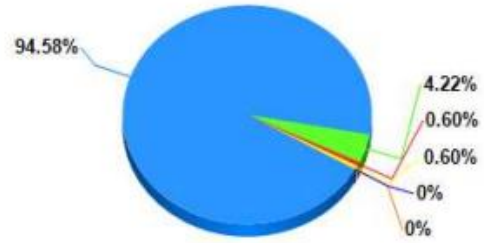
- 95% found the booking process easy
- Those who answered negatively said they experienced long delays waiting for their booking call to be answered
- 90% said they were happy with the transport they received
- Majority of people (87%) said their overall NEPTS experience was either Very Good or Good.

Falls services

Working with the WAST Falls Improvement Lead we have developed two Falls Experience surveys. One for Level 1 Falls Assistants and one for Level 2 Falls Responders. Patients attended to by either a Falls Assistant or Falls Responder are left an invitation to complete a survey to share their experience. The invitation contains a QR code that can be scanned to complete a survey online, as well as the phone number and email address for the PECI Team for anyone who would like a hard copy survey. Feedback from these surveys is overwhelmingly positive, with people saying they appreciated the service received and valued being responded to by a dedicated service that was able to safely lift them and work to keep them at home if possible.

In this reporting period 183 Falls Assistant responses were received and 17 Falls Responder responses.

How was your overall experience with the Falls Assistant today?



Available Answers	Responses	Score
Very Good	157	94.58%
Good	7	4.22%
Neither Good nor Poor	1	0.60%
Poor	1	0.60%
Very poor	0	0%
Don't Know	0	0%
Total	**166**	**100%**

How was your overall experience with the Falls Responder today?

Available Answers	Responses	Score
Very Good	16	94.12%
Good	0	0%
Neither Good nor Poor	0	0%
Poor	0	0%
Very poor	0	0%
Don't Know	1	5.88%
Total	**17**	**100%**

4.0 Staff feedback, cultural metrics and survey data

WAST Live questions

The questions raised at WAST Live over the last six months span a range of themes primarily focused on operational concerns, policies, and staff welfare, which include:

1. **Operational Resources and Equipment**:
    - Queries about the availability and sufficiency of uniforms, protective gear, and medical equipment.
    - Concerns around the effectiveness and availability of new vehicles, hoists, and technology such as in-cab radios and sat-nav systems.
    - Requests for updates on digitising systems like timesheets and improving communication tools.
2. **Training and Career Progression**:
    - Questions about access to training programs for EMTs and paramedics, including the availability of external paramedic training and clarification on progression criteria.
    - Inquiries about the fairness and accessibility of progression opportunities, including concerns about nepotism and favouritism.
    - Requests for clarification on policies related to job descriptions, career progression frameworks, and formal qualifications.

3. **Staff Welfare and Working Conditions**:
    - Concerns about staff welfare, including burnout, low morale, and the fairness of managerial processes.
    - Questions about support systems in place for abusive calls, mental health, and the psychological toll of the job.
    - Complaints about working conditions, such as delays in being relieved after shifts, meal break management, and long wait times at hospitals.
4. **Policy and Governance**:
    - Requests for clarification on policies regarding job descriptions, annual leave carryover, and pay increases.
    - Concerns about the uniform policy and whether it accounts for different needs (e.g., female-specific uniforms, menopause accommodations).
    - Inquiries about changes in job roles, such as the EMT3 role and leadership responsibilities for managers.
5. **Technology and Communication Issues**:
    - Multiple questions surrounding technical challenges, particularly with IT equipment like iPads and ePCR systems, sat-nav, and radios.
    - Suggestions for improving technology to streamline operations, such as introducing body-worn cameras and improving communication for NEPTS crews.
6. **Workforce Engagement and Feedback**:
    - Discontent with management responses to staff feedback, particularly regarding workforce surveys and the implementation of behaviours and values (e.g., "OUR BEST" behaviours).
    - Concerns about the effectiveness of staff engagement and whether issues like low survey response rates are being properly addressed.
7. **Patient Care and Service Delivery**:
    - Questions about improving collaboration with hospitals, especially around "fit to sit" patients and reducing waiting times for ambulances outside hospitals.
    - Suggestions to improve patient transfer protocols and reduce strain on emergency services by leveraging alternative transport options (e.g., taxis for non-emergency cases).
    - Inquiries about expanding clinical roles and capabilities, such as critical care paramedic roles and mental health response units.
8. **Uniform and Appearance**:
    - Multiple concerns regarding the fit, comfort, and appropriateness of uniforms, particularly for female staff and the availability of gender-specific designs.
    - Requests for new uniform options like black t-shirts and shorts for non-frontline staff.

These questions reflect a workforce that is engaged with the day-to-day challenges of delivering healthcare services, with a strong emphasis on operational efficiency, fairness in career progression, and the need for better support from management.

CEO Roadshows

In November 2024 we held a series of CEO Roadshows where we engaged with our people around Wales. The key issues raised through Q&A sessions at these roadshows included:

- Organisational Operations and Efficiency: Concerns about improving the organisation's structure, workflows, and decision-making processes.
- Mental Health and Well-being: Requests for updates or improvements in mental health resources, emphasising employee support and well-being initiatives.
- Public Health Messaging: Suggestions regarding better use of organisational platforms, such as vehicles, to communicate public health messages effectively.
- Employee Concerns (Uniforms, Surveys, Policies): Questions related to employee satisfaction with uniforms, input on surveys, and workplace policies, showing a focus on working conditions and feedback.

Cultural metrics

Our last two IMTPs have set out how we will approach our People & Culture Plan focussing on 3Cs: Culture; Capacity; Capability. We also set out three clear commitments to staff around: flexible working; their digital experience; shift overruns. A report on our progress against the plan and our commitments to our people is presented to People & Culture committee every 2 months. Some of the key points from the latest report are as follows.

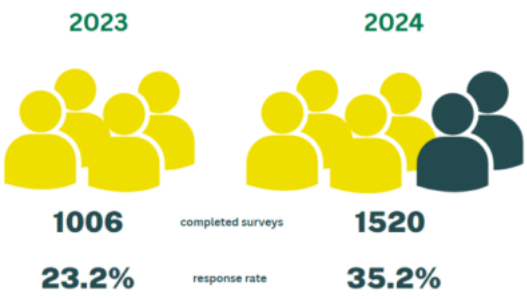

"Digital Literacy was useful at the time because we were using a lot of new digital equipment, like the iPads and ePCR, but it was really helpful when I applied for the part time Paramedicine degree. I had to make a poster presentation, so I was able to use what I learned to put together a pretty slick presentation in Power Point".

"I appreciated having the opportunity to undertake the Digital Literacy training. I'm on alternative duties and I felt a bit out of my depth in the office environment. It's really helped me get up to speed with the new way of working on the Cloud"

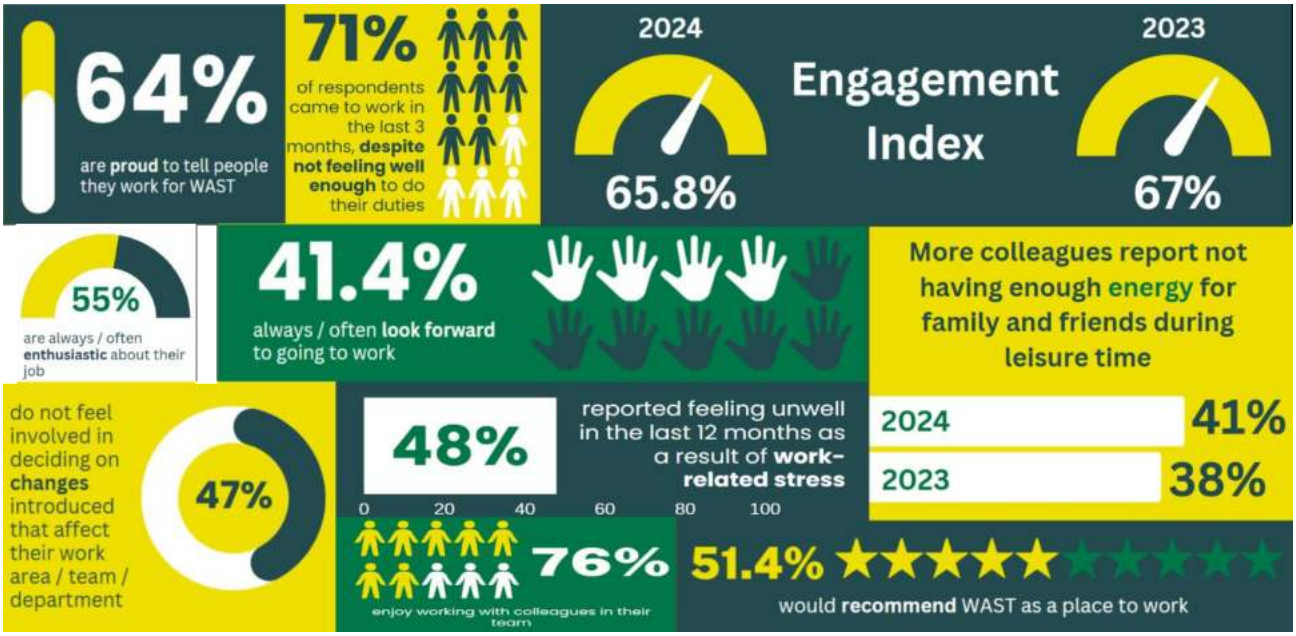
"I think the Digital Information Literacy strand is particularly important because of all the misinformation that's around. CRAAP has been a really useful tool for evaluating information I've used in my studies, but it also has been useful when I've waded through articles sent to me on Facebook"

Positive feedback was received in relation to Digital Literacy, including the benefits to colleagues applying for the paramedic science conversion programme. This work is part of our ambition to enhance colleagues' digital experience and this feedback suggests that a range of benefits are being realised.

This year we saw an increase in engagement with the NHS Staff Survey.



With the following results:



5.0 Our Risk profile

Risk ID	Description	Score
223	The Trust's inability to reach patients in the community causing patient harm and death	25
224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients	25
160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	20
201	A loss of stakeholder confidence that damages the Trust's reputation	20
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	20
163	Maintaining Effective & Strong Trade Union Partnerships	16
542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	16
260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	15
558	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	15
623	Failure to comply with Data Protection Legislation	15
100	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	12
139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	8

Risk 223: The Trust's inability to reach patients in the community

This risk remains at the highest score of 25, reflecting the potential for patient harm or death due to delays in reaching patients in the community. The score is not based on the frequency of catastrophic incidents but on the potential for any individual to experience avoidable harm. Despite various controls being implemented, such as the Swansea Bay Winter actions, the Volunteer Alternative Responder Scheme (VARS), and an increase in Advanced Paramedic Practitioners, the risk remains high due to persistent delays and pressures across the NHS system.

Risk 224: Handover delays outside Accident and Emergency departments

This risk also holds a score of 25, due to significant delays in handing over patients from ambulances to A&E, which affects timely access to definitive care. Although there has been a slight decrease in lost handover

hours during June and July 2024, overall pressures in the urgent and emergency care system continue to lead to avoidable patient harm. The Trust is working on mitigating these issues through its avoidable harm action plan, yet external pressures limit improvements in performance. The Trust is reviewing its approach to managing areas within its control, while stakeholder involvement remains critical.

Both risks are under constant review and are discussed in governance meetings to explore further mitigation strategies and actions.

Evidencing Due Regard – Integrated Equality Impact Assessment form

These assessments will help to gather and record evidence of due regard to the equality duties. The key purpose to purpose is to provide evidence that the Trust Board's decisions are compliant with **statutory requirements for the** Public Sector Equality Duty, Socio-economic Duty, Welsh Language Duty, Human Rights Act and Armed Forces Covenant.

Step 1

Complete Part A

Section 1

- General Information
- Which Assessments are Required
- Links to WAST Behaviours and Strategic Equality Objectives
- Wellbeing of Future Generations

Section 2 – Evidence to support assessment

a. Record of Engagement and Consultation activity
b. Additional information

Complete Step 2 and 3 if required.

Format as Arial 12 black font.

Step 2

Complete Part B – Equality Impact Assessment (EqIA)

Section 1 - Equality Impact

Section 2 - Human Rights

Section 3 – Armed Forces Due Regard

Section 4 - Welsh Language

Section 5 - Assurance for Compliance

Section 6 – EQIA Action Plan

Section 7 – Equality Risks

Section 8 – Sign Off

Step 3

Complete Part C - Socio-economic Impact Assessment (SEIA)

Section 1 - Assessment information

Section 2 - Impacts on Socio-economic Duty Domain Areas

Section 3 – SEIA Action plan

Section 4 – Sign Off

Part A – Information on assessment work required

Section 1 – General information

Title: IMTP 2025-2028 EQIA
Assessment Lead: Kelsey Rees-Dykes
Who has been involved in undertaking this equality assessment: Alexander Crawford Kathryn Cobley Planning & Performance Business Partners

Quick guide on what assessments are required: This section will help guide you to which assessments are required for your proposal.			
Types of decision being assessed:	**What is being assessed?** **please tick the one which applies** ✓	**EQIA Required** [Part B]	**SEIA Required** [Part C]
Strategic policy development with strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions			
Trust Wider Plans. Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)	✓		
Business Case/Capital Involvement/Options Appraisal required			

Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)	✓		
Changes to and development of public services/Closure of Services	✓		
Decisions affecting service users, employees or the wider community including (de)commissioning or revised services	✓		
Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities	✓		
Directorate Financial Planning	✓		
Divisional policies and procedures affecting staff			
New policies, procedures or practices that affect service delivery	✓		
Large Scale Public Events			
Major procurement and commissioning decisions	✓		
Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)	✓		
Other – please state (seek advice if not sure what assessments are required)			

Equality Impact Assessment	**Socio-economic Impact Assessment**
Start date: 02/01/2025 Completed date: 10/03/2025	Start date: N/A Completed date: N/A
If not undertaking EqIA state reason: (Note that EqIA is a requirement of the Trust to evidence compliance to equality legislation)	**If not undertaking SEIA state reason:** For individual initiatives individual assessment will be conducted to see if a SEIA is required.
Please complete the rest of this section if EQIA / SEIA is required.	
Summary of the purpose and aims of the decision / service / policy / function / change being assessed:	

Our three year medium term plan which sets out delivery against our long term strategic ambitions, commissioning intentions and political, economic, social, technical, legal and environmental drivers over the next three years. It also addresses key performance improvements and risks across the Trust.

Links to WAST Behaviours

Indicate any behaviours that relate to the decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

						
✓	✓	✓	✓	✓	✓	✓

Links to WAST Equality Objectives 2024 - 2028

The Trust published the Strategic Equality Plan (SEP) in 2024, for the period 2024 - 2028. Please indicate which objectives align for this decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

Equality Objectives	**Tick if decision relates**	**Any supporting narrative**

1	We will design equitable services	✓	
2	We will lead by example	✓	
3	We will be an employer of choice	✓	
4	We will create allyship	✓	

Well-being of Future Generations (WFG)

Indicate any goals of the WFG Act that are being considered within the decision / service / policy / function / change being assessed.
please tick the one which applies ✓

A Prosperous Wales	 A Resilient Wales	 A More Equal Wales	 A Healthier Wales	 A Wales of Cohesive Communities	 A Wales of Vibrant Culture & Thriving Welsh Language	 A Globally Responsible Wales
✓	✓	✓	✓	✓	✓	✓

For descriptors of these goals - Well-being of Future Generations (Wales) Act 2015 – The Future Generations Commissioner for Wales

Is the decision / service / policy / function / change being assessed related to, or influenced by, other Policies or areas of work?

Yes, it covers all areas of the Trust's business

Governance Route for this assessment and Executive Sponsor (usually Director level): please state which Committee / Board will scrutinise and approve this assessment:

Trust Board.

Section 2 - Evidence to support assessment

a. Record of Engagement and Consultation

The drive towards closer integration of health and social services with improved public engagement is reflected in the aims of A Healthier Wales. This sets out the goal of ensuring citizens are placed at the heart of a whole-system approach to health and social care services and stresses the importance of listening to all voices through continual engagement. We also have a legal duty to engage with people who share protected characteristics and who are socio-economically disadvantaged under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could potentially impact upon people / groups.

Please record here details of any engagement and consultation you have planned / undertaken / or analysed. This may include engagement with patients, carers, communities, stakeholders and staff.

a. What steps have you taken, or planned in order to engage and consult with people who share protected characteristics and how have you done this? Include consideration for co-design.

- Formal and Informal Trust Board (https://ambulance.nhs.wales/about-us/wast-trust-board/trust-board-members/) engagement in December, January, February and March
- Ongoing patient and staff feedback informing the plan, including CEO roadshows, Behaviours and Values reset, regular WAST Live CEO sessions, Viva Engage, PECI engagement activity with patients and the public including specific engagement with people with protected characteristics as set out in Appendix 1 of the IMTP. All plans developed have been through thorough checking across the organisations directorates as well as cross checked via the Project group members with representation from People and Culture, Capital and estates, finance colleagues as well as our planning business partners and performance managers.

- TU partners included in Board strategy development sessions and engagement through the Corporate Partnership Forum and WASPT. TU partners have championed the needs of colleagues with protected characteristics and provided valuable learning as we develop summary versions of our plans in accessible format.
- The IMTP is socialised and shared with the Joint Commissioning Committee (JCC) at numerous points in its development ensuring that it aligns with our commissioning intentions, notably through the Interim Ambulance and 111 Commissioning Group, JCC Development sessions withCEOs of health boards and informal touch points with senior JCC staff.
- Head of people and engagement play a key role in reviewing the IMTP from a Equality lens ensuring that there are specific actions addressing the 9 characterises and the challenges they face when using our services.

b. Give a summary on how the decision / service / policy / function / change will be shared?

The IMTP is shared at Executive Leadership Team, Strategic Transformation Board Finance & Performance Committee, Trust Board as well as disseminated across the organisation via team meetings and service meetings. Additionally summarised posters will be displayed across sites and stations within Welsh Ambulance service and added to Siren where all employees have access to.

Externally, the IMTP will be published on our website and presented and shared with all DOP/ADOP members of Health Boards, Trusts and other NHS organisations, commissioning and Welsh Government Meetings and presented at TU committees.

We will be producing a short video about the key deliverables in the IMTP which will be accessible and available in both English and Cymraeg.

c. Are there planned arrangements for gathering feedback during implementation of the decision / service / policy / function / change being assessed?

All initiatives agreed and signed up to within the IMTP have been reviewed via a prioritisation process at ALDT/ELT level on 3rd February 2025 and at Board Development in November and December with a draft of the plan shared with the Board prior to final sign off at Board on 27th March 2025

We work closely with the PECI team around engagement with patients and the public on the impact of our plans, and how these affect communities across Wales.

Following the agreement and implementation of the IMTP, each initiative individually will be expected to complete its own EQIA where a strategic decision is required.

Alongside continuous engagement activity which informs the IMTP and other plans we will be establishing a Patient and Public Reference Group in 2025/26. The exact details are not yet established but it will be a diverse forum with representation across protected characteristics.

d. Summarise any emerging themes from the engagement work carried out:

It is recognised across the organisation that we will continue to develop services to provide a better offer as a health care provider to the population of Wales.

Some key feedback from our networks included:

Improvement in delays – our transformational plans seek to address this by focussing on clinical priority over time, ensuring that there is equity in the access to our services. However some external factors are outside our control but we work with health boards on improvements in system flow.

Focus on inclusivity – our strategic equality plan is key to this. But also plans for a patient and public forum to ensure insights from all characteristics.

Transparent communication – this will be a key element of our emerging clinical model, but also how we engage internally and externally with stakeholders in accessible formats is a key area of focus. Also our plans around the use of Welsh language seek clearer communication for those who wish to communicate in Welsh as their preference.

Enhanced community based care – our evolving clinical model is based on an approach which seeks to avoid conveyance to an ED where safe and appropriate and working with health board partners to care for people at home or closer to home. This can be a benefit to people within protected characteristics for example those who might be frail and could decondition in hospital, or people without capacity or difficulties communicating for themselves.

e. How has the engagement work influenced / or how will the planned engagement influence your work/guide your policy/proposal? Does the engagement work highlight any opportunities to address adverse impacts?

Appendix 1 of the IMTP sets out how the feedback from our people, patients and the public has been used to guide the plan.

What do the public say about our services.
The People's Experience Framework (PEF) launched in 2025, places a duty to promote listening and learning from experience and feedback. PEF is aligned with various regulations and acts, including the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (Duty of Quality and the Duty of Candour), the National Health Service (Concerns, Complaints, and Redress Arrangements) (Wales) Regulations 2011, the Public Services Ombudsman (Wales) Act 2019, the Well-being of Future Generations (Wales) Act 2015, the Equality Act 2010, the Value Based Health Care Strategy and the Socio-economic Duty. Listening and learning from people's experiences is an integral element of these regulations.
The PEF enables the PECI team to develop its plan to improve people's experience through a value lens. Using a range of methods from patient experience surveys, face-to-face engagement events and patient stories people have told us that they want: • fast access to reliable care • immediate attention for their 'medical' emergency
Their responses have been influenced by their experiences of: • challenges in accessing 'primary care' (leading to increase reliance on urgent care services) • Long waiting lists • Not knowing who else to contact • Communication gaps
What would a good quality ambulance service look like to you?

Throughout the year we have been asking the public this question at all our engagement events. Peoples' responses have helped us in shaping the development of the Trust's Quality Plan.
In response to our question 'What would a good quality ambulance service look like to you'? people have stated the following: • Having kind, compassionate, caring staff • Being informed, receiving good communication • Instilling trust and confidence in people
Good quality has also been defined as: • Considering the needs of those with special needs / requirements • Being inclusive of all • Having an educated workforce on diversity, neurodiversity and mental health
When asked what areas that people thought we could improve upon, they tended to relate to aspects of Trust performance that have been well documented through the media such as:
• Long wait times • Peoples condition worsening in the community • Experiencing handover delays outside emergency departments
People have also asked us to be: • more open/transparent with the public • Manage people expectations and; • Acknowledge patient/carer/parent expertise when assessing patients
Improving the lives of people with learning disability

A change request to make improvements to the EPCR to record patients with additional LD needs (including, Autism and Neurodiversity) and a prompt to record reasonable adjustments made on scene, has been. Checks to ensure background data structures necessary for the reporting dashboard, and the required paperwork are in place is being finalised. The changes will go live at the end of October 2024 enabling us to better understand the volume of patients accessing Trust services and the experiences they have when in our care.

We were instrumental in advancing an improvement project to increase the identification of patients with a learning disability accessing the Trust. We introduced a new tab to WASTs electronic Patient Clinical Record System (ePCR). The tab, placed more prominently on the system provides prompts to increase the uptake of reasonable adjustments that clinical responders can make with their patients.

The system previously had one function to record learning disability which was generally underutilised, giving us no useable data on how many adults with a learning disability we responded to.

The new “Needs tab” was launched on 1st October 2024, is encouraging staff to ask early on whether someone has a learning disability as part of their assessment/intervention.

Early data suggests that patients are being identified and recorded as having a learning disability, are autistic, neurodivergent or any combination of the 3* with evidence on reasonable adjustments being made.

A reporting dashboard, currently being built, will collate data and filter ePCR records by demographics such as age-band, gender, health board area, incident type (e.g. cardiac / falls / respiratory / injury etc), call category (e.g. red, amber, green) and closure summary.
It is anticipated that the dashboard will go live with version 01 in early 2025, with review points projected at 6 monthly intervals, to expand to include additional activity such as average time on scene, response type, handover time at hospital etc.

Section 9 of the IMTP sets out how we will continue to engage with the public and we will continue to engage with staff through existing means, including at CEO Roadshow events in April 2024 (and every 6months thereafter).

b. Additional information

Evidence to support assessment - your decisions must be based on robust evidence. What evidence base have you used in support?

The IMTP sets out the range of legislation that drives the IMTP.

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

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

As an all Wales emergency services provider our plans are based on the principle that our service is accessible to all people. We use ORH and Optima modelling to determine the levels of service required within our plans for the population of Wales to try to maintain equitable access. This has driven actions within the plan such as a focus around rural areas.

We intend through the course of this IMTP to continue work around the use of health inequalities data and will engage with Public Health Wales and AACE on the evidence base for improved service delivery driven by health inequalities including both deprivation and protected characteristics. In particular we should be looking to published research such as the following to inform our improvements in population health outcomes:

Equality and Human Rights Monitor 2023: Is Wales Fairer? | EHRC (equalityhumanrights.com)

mentalhealthstrategyreport_english_dev6.pdf (mind.org.uk)

Black, Asian and Minority Ethnic COVID-19 socioeconomic subgroup: report | GOV.WALES

Cost of living crisis: a public health emergency - Public Health Wales (nhs.wales)

This year we will be publishing our updated Population Health plan which has been developed by a seconded Public Health Registrar working closely with colleagues across the Trust and engaging with stakeholders. This will support the continued development of Value Based Health care within WAST.

End of Part A

Part B – Equality Impact Assessment with Human Rights

Section 1 - Equality Impact Assessment

Assessment – due regard relating to people / group who share protected characteristics

This section should record any known or potential impacts for those who share protected characteristics and other key groups. Impacts may be both negative and positive and the assessment will help to identify how different groups may be disproportionately impacted. Include consideration for any intersectional impacts. Evidence can link to Part A. You can copy and paste this tick: ✓

Age	**Positive effect**	**Negative effect**	**Neutral**
	✓		

Evidence / supporting narrative:

A key pillar of the IMTP is the improvement in the quality of services for all patients.

The National Service Framework (NSF) for Children, Young People and Maternity Services sets out the quality of services that children, young people and their families have a right to expect and receive in Wales. Its scope includes all children and young people from pre-conception to 18th birthday, for whom NHS Wales and local social services authorities have a responsibility.

There are particular plans in the IMTP around improving services around falls and frailty.

The ageing population is increasing faster in rural authorities than in urban areas, compounded by the outward migration of young people and inward migration of older people. This will have a significant impact on local service needs and support systems across health and social care. We have a focus in this plan on seeking to address key actions in rural areas such as recruitment to some of our core services and how our volunteers can better support in these areas.

As we transform our services digital will play a greater part in how we deliver services, so we will be cognisant of the need for support around digital literacy. This is not only for patients but also the confidence of our staff of all ages to use digital and technology solutions – we have a key commitment in our plan around the digital experience of our people.

Our mental health and dementia plan aims to improve environments within which we provide care for people with dementia.

We take account of the following:

The Strategy for Older People in Wales 2013 -2023 aims to address the barriers faced by older people in Wales today and to ensure that wellbeing is within the reach of all.

Health in Wales | Older People
Health in Wales | Populations
Life Expectancy and Mortality in Wales report published - Public Health Wales (nhs.wales)
What is happening to life expectancy in England? | The King's Fund (kingsfund.org.uk)

Mitigation action if adverse impact found:

N/A

Disability (Including long term conditions, mental health, neurodivergence and invisible impairments)	**Positive effect**	**Negative effect**	**Neutral**
	✓		

Evidence / supporting narrative:

This IMTP sets out the implementation of our Strategic Equality objectives covering a range of disabilities and is published on our website.

There are specific actions relating to mental health, our support to people with long term conditions in terms of how we play a role in public and population health and we have engaged with people with learning disabilities and those with neurodivergence with further plans through our PECI team how we further understand the needs of these protected groups. We have set this out in the IMTP.

Our mental health and dementia plan aims to improve environments within which we provide care for people with dementia.

We will take account of the following:

Learning-Disability-Strategic-Action-Plan2021-26-Draft-V5-Action-Plan-January-2022.pdf (ldw.org.uk)

Review of Evidence of Inequalities in Access to Healthcare Services for Disabled People in Wales. This report was undertaken to review inequalities in access to healthcare services associated with the protected characteristic of disability. This report therefore presents a synthesis of such evidence based on a scoping review of published literature.

Mental health problems can affect anyone, regardless of age, race, gender or social background. Mental health disorders take many different forms and affect people in different ways. Schizophrenia, depression and personality disorders are all types of mental health problem. Diseases such as Alzheimer's and dementia generally develop in old age, whereas eating disorders are more common in young people. (Source: NPHS website)
Health in Wales | People with Mental Health Problems

Mitigation action if adverse impact found:

N/A

Sexual Orientation	**Positive effect**	**Negative effect**	**Neutral**
			✓

Evidence / supporting narrative:

This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and sexual safety work commenced in our last IMTP to create safe working environments for all no matter their gender, gender assignment/identity or sexual orientation. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture.

However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area.

We take account of the following:

LGBTQ+ Action Plan for Wales (gov.wales)

We will continue to work with Stonewall Cymru and take account of their research when implementing initiatives set out within the IMTP.

Stonewall commissioned YouGov to carry out a survey asking 1,272 lesbian, gay, bi and trans (LGBT) people in Wales about their life in Wales today. This report investigates their experiences at work. This report, part of a series based on the research, investigates the specific experiences of the 825 employed LGBT people and their experiences of discrimination in the workplace as well as the extent to which LGBT people still feel they have to conceal who they are at work. It also looks at steps taken by employers to ensure a safe and equal work environment for LGBT people, for example, implementation of equality policies, steps to make the workplace trans inclusive and visible commitment from senior management.

Ward, R, Pugh, S, Price, E (2010) Don't look back? Improving health and social care service delivery for older LGB users

Aspinall, P.J., Mitton, L. (2009) Operationalising 'sexual orientation' in routine data collection and equality monitoring in UK Culture, Health & Sexuality, 10(1), pp.57-72

Mitigation action if adverse impact found:

Gender Reassignment / Gender identity (Including non-binary, gender fluid and intersex)	**Positive effect**	**Negative effect**	**Neutral**
			✓

Evidence / supporting narrative:

Inequalities in the prevalence of mental ill-health for people in this characteristic.

Assessing differences in the prevalence of mental illness between social groups is challenging and complex, because rates of recognition, reporting and diagnosis are likely to vary between groups. Existing evidence, although in many cases patchy and inconsistent, suggests a number of important patterns.

Evidence suggests that inequalities in various types of mental ill-health exist across a range of protected characteristics, including sexual orientation, sex and ethnicity. People in the United Kingdom who identify as lesbian, gay, bisexual or transgender (LGBT), for example, experience higher rates of poor mental health, including depression, anxiety and self-harm, than those who do not identify as LGBT.

This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and sexual safety work commenced in our last IMTP to create safe working environments for all no matter their gender, gender assignment/identity or sexual orientation.

However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture.

We will continue to work with AACE LGBTQ+ Network to educate staff and raise awareness of the issues faced by our trans communities.

Mitigation action if adverse impact found:

N/A

Sex / Gender	**Positive effect**	**Negative effect**	**Neutral**
			✓

Under the Worker Protection (Amendment of Equality Act 2010)Act 2023 we have a duty to ensure preventative measures are in place to protect workers from sexual harassment. We continue to build on our culture work in addressing sexual harassment and misogyny in the workplace. This IMTP places emphasis on this continued work. Our Freedom to Speak up campaign is a key element of this and continues to drive improvement through this IMTP in section 5.

Evidence / supporting narrative:

There are biological differences between the sexes in rates of susceptibility, symptoms and response to treatment in many major areas of health, including heart disease and some cancers.

There are also a wide range of personal, social, economic and environmental factors like smoking, drinking alcohol, physical activity levels, low paid work and bringing up a family that can affect the health of men and women differently. Some of the important issues for Women's Health, including :

- Coronary Heart Disease
- Women's Cancers
- Sexual Health
- Mental Health
- Pregnancy and early years

Life Expectancy and Mortality in Wales report published - Public Health Wales (nhs.wales)
What is happening to life expectancy in England? | The King's Fund (kingsfund.org.uk)

This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and sexual safety work commenced in our last IMTP to create safe working environments for all no matter their gender, gender assignment/identity or sexual orientation.

However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Freedom to Speak up campaign and the programme of work to reduce misogyny and improve sexual safety continues to be an element of the plans to improve WAST culture.

Mitigation action if adverse impact found:

Race (including ethnicity)	**Positive effect**	**Negative effect**	**Neutral**

	✓		

Evidence / supporting narrative:

This plan specifically references the Race Equality Action Plan as a driver for our IMTP. This is a key element of our EDI across WAST and builds on the cultural journey started in our 2023-26 IMTP and the range of Allyship and Bystander training available and being developed and the objectives within our Strategic Equality Plan. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture.

Race/Ethnicity is an important issue because, as well as having specific needs relating to language and culture, people from ethnic minority backgrounds are more likely to come from low-income families, suffer poorer living conditions and gain lower levels of educational qualifications. In addition, certain ethnic groups have higher rates of some health conditions. In addition, certain Black, Asian and Minority Ethnic groups have higher rates of some health conditions. For example, South Asian and Caribbean-descended populations have a substantially higher risk of diabetes; Bangladeshi-descended populations are more likely to avoid alcohol but to smoke and sickle cell anaemia is an inherited blood disorder, which mainly affects people of African or Caribbean origin. (Source: Public Health Wales) All can impact on our work in terms of having this knowledge. COVID-19 Black, Asian and Minority Ethnic Socio-economic Subgroup Report: Welsh Government response [HTML] | GOV.WALES

We will continue to implement the actions set out in the healthcare sector within Welsh Government's Anti-Racist Wales Action Plan: 41912 An Anti-Racist Wales - Race Equality Action Plan for Wales (gov.wales)

Life Expectancy and Mortality in Wales report published - Public Health Wales (nhs.wales)
What is happening to life expectancy in England? | The King's Fund (kingsfund.org.uk)

We intend in 2025/26 to be more sophisticated in the use of health inequalities data and will engage with Public Health Wales and AACE on the evidence base for improved service delivery driven by health inequalities including both deprivation and protected characteristics.

https://www.nhs.wales/sa/workforce-race-equality-standard/national-report-2024/

https://www.gov.wales/anti-racist-wales-action-plan-2024-update-html

Mitigation action if adverse impact found: N/A			
Religion and Belief (including non-belief and Philosophical belief)	**Positive effect**	**Negative effect**	**Neutral**
			✓
Evidence / supporting narrative: This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and mentoring opportunities that have been available to our senior leaders. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture. However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. Some important sources of information for us include: The Role and Value of Chaplains in the Ambulance Service: Paramedic Perspectives | SpringerLink Religion or belief: A practical guide for the NHS (clatterbridgecc.nhs.uk)			
Mitigation action if adverse impact found: N/A			
Pregnancy and Maternity	**Positive effect**	**Negative effect**	**Neutral**
	✓		
Evidence / supporting narrative:			

The plan sets out specific actions relating to the continuation of the maternity and neonatal clinical leadership role which has already helped to improve outcomes for expectant mothers and babies. The ambition in the plan is to develop a 24/7 labour line along with continued improvements in obstetric and neonatal care that our services can provide. We are also linked into the South Wales Neonatal network regional service development through an Operational Delivery Network.

We also take account of the following reports:

What is happening to life expectancy in England? | The King's Fund (kingsfund.org.uk)
Sharp rise in ambulance call-outs following home abortion pills - The Christian Institute

Mitigation action if adverse impact found:

N/A

Marriage and Civil Partnership	**Positive effect**	**Negative effect**	**Neutral**
			✓

Evidence / supporting narrative:

There is no specific evidence or research that suggests that there is a direct impact on this protected group. However, evidence cited for some of the other protected groups, e.g, Sexual orientation, gender etc will have an impact on our plans.

For our people, improvements through our people and culture plan and across our commitments to staff on flexible working would support the rights of this protected characteristic. However we have rated this as neutral on the basis of there being no specific actions that would relate to these groups.

Mitigation action if adverse impact found:

N/A

Other groups at risk of poorer health outcomes:

Unpaid Carers	**Positive effect**	**Negative effect**	**Neutral**
	✓		

Evidence / supporting narrative:

This plan does not directly address the needs of unpaid carers, however our people and culture plan and our commitment to flexible working opportunities provide opportunities for working carers to enhance the existing mechanisms which include:

WAST are members of Employers for Carers Wales and membership includes access to EFCDigitalWales.org
WAST hosts a Carers Network for working carers
Carers Passport - A tool which can be used by Carers and line managers to start the conversation on caring responsibilities and the support and flexibility available.

Our Making Every Contact Count training will also equip staff with tools to identify the public health needs of all people with whom they come into contact, including unpaid carers, and through this IMTP we want to more strongly our focus on public and population health.

Our IMTP will monitor our implementation of the Strategic Equality Objectives which will also encompass support for unpaid carers.

Mitigation action if adverse impact found:

N/A

Socio-economically disadvantaged	**Positive effect**	**Negative effect**	**Neutral**
			✓

Evidence / supporting narrative:

Through the development of the IMTP we updated our previous 24/25 detailed PESTLE analysis with our assistant directors, execs and the Board. Some of the themes that came up included poverty, health inequalities and socio-economic disadvantage. Whilst the IMTP

will not detriment these groups, we acknowledge we have more to do to understand these inequalities across Wales. We are taking part in work with AACE around tackling health inequalities and learning from colleagues in England such as Yorkshire and London ambulance services who have done a lot of work in this area.

Through our engagement with staff at CEO roadshows there was concern last year around the cost of living and rising costs. We undertook some work on this in previous year's and this is now business as usual and support is available for staff.

We also need to be cognisant in our plans around digital, particularly around digital literacy and Wi-Fi & digital poverty, as well as NEPTS eligibility for services ensuring that our plans are individually assessed to ensure they do not have detrimental impact on socio economic disadvantaged populations.

Mitigation action if adverse impact found:

n/a

Other groups / communities of interest - please state	**Positive effect**	**Negative effect**	**Neutral**

Explanation:

Mitigation action if adverse impact found:

Intersectional disadvantages - summary potential impacts – this may include how potential impacts may be more adverse due to the interconnected nature of multiple disadvantages.

We recognise that for some individuals, intersectionality will impact their experiences of accessing services. Equally, some staff with intersectional needs may require more tailored support. The Strategic Equality Plan Objectives and the work of the Inclusion, Culture and Wellbeing Team will help to address intersectionality where it presents itself.

Our plan also includes the continued focus on our people networks. They champion culture, and celebrate difference for example our Muslim network recently held a Ramadan Iftar for senior leaders in the Trust to attend,sharing learning about Islam and Ramadan. This network plays a strong part in community and staff engagement as we seek to recruit a workforce that is representative of the communities we serve. This is one example of our growing networks.

Section 2 – Human Rights Assessment

Assessment – based on human rights-based approach in health Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our Betsi pages and additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker https://humanrightstracker.com	
Here is a list of Human Rights (articles) and UN Conventions that may potentially impact on our patients, carers and staff. Please tick which are relevant to the proposal?	Use a tick ✓
Article 2 - Right to life	✓
Article 3 - Prohibition of inhuman or degrading treatment	✓
Article 5 - Right to liberty and security	✓
Article 8 - Right to respect for family and private life	✓
Article 9 - Freedom of thought, conscience and religion	✓
Article 14 – Prohibition of discrimination	✓
UN Convention on the Rights of the Child	✓
UN Convention on the Rights of Persons with Disabilities	✓
UN Convention on the Elimination of All Forms of Discrimination against Women.	✓
UN Principles for Older Persons	✓
Other articles – *please state:*	

Is the proposal aligned to the FREDA principles? You can copy and paste this tick: ✓

Fairness	Respect	Equality	Dignity	Autonomy
✓	✓	✓	✓	✓

If any negative impacts are identified, how will this be reduced/addressed?

Section 3 – Armed Forces Covenant

All decision makers are required under the Armed Forces Act 2022 to have due regard to the principles of the Armed Forces Covenant. WP7 contains guidance and information to help complete this section. Decision makers should recognise the unique obligations of, and sacrifices made by, the Armed Forces and ensure there are no adverse effects and where possible a positive or increased positive effect on the armed services community. Special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.

Due regard to the Armed Forces Covenant - Factors regarding impact to the Armed Forces community have been considered. You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Considering the unique obligations of, and sacrifices made by, the Armed Forces have you identified any potential impacts?			✓
Reasons for your decision (including brief summary that has led you to decide on the level of impact) **If any negative impacts have been identified, how will this be reduced/addressed? Include here any special provisions if appropriate.**			

There are no specific actions relating to armed forces but the service has received the Employer Recognition Scheme Gold Award which celebrates organisations that employ and support those who serve, both veterans and their families. We are also committed to a pathway into employment for veterans and we have plans this year to recruit additional staff through our workforce plan.

Section 4 – Welsh Language

In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.

Welsh Language Impact Assessment You can copy and paste this tick: ✓		
Will the proposal ensure that patients and carers can choose to live and receive services through the medium of Welsh? For example - delivered bilingually in Welsh & English. e.g. Consider if the proposal increases or decrease the opportunities for people to receive information or access information in Welsh	**Yes** ✓	**No**
We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. This plan sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal have a positive effect on opportunities for persons to use the Welsh language? Will the proposal encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh? e.g. Consider if the proposal will alter the linguistic nature of the department. Consider opportunities to develop Welsh language skills within the department?	**Yes** ✓	**No**

We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. This plan sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal act as a catalyst for Welsh cultural awareness, understanding, activity and integration? For example, encouraging new staff and students to take up Welsh language learning opportunities and to appreciate the socio-economic and cultural context of Wales.	**Yes** ✓	**No**
We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. This plan sets out how we will continue our commitment to the Welsh Language. We will also as part of our commitment continue to deliver Welsh Language awareness training through ESR. We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal increase the department/division's ability to deliver services through the medium of Welsh? *e.g. Considerations for the proposal ensuring that people can access services in their preferred language, Welsh or English, and increases or reduces the opportunity for persons to use the Welsh language within the workplace. Consider impacts on the number of Welsh speaking staff within the service and if the proposal increases or reduces the opportunity for staff to improve their Welsh language skills or access training via the medium of Welsh.*	**Yes** ✓	**No**
The commitment across the whole Trust is to improve Welsh Language compliance through this IMTP We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal treat the Welsh language no less favourably than the English language?	**Yes** ✓	**No**

e.g. Consider how Welsh speakers receive services to the same standard as those who access the same services through the medium of English.		
The commitment across the whole Trust is to improve Welsh Language compliance through this IMTP We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		

Section 5 – Summary of assurance for compliance – Public Sector Equality Duty and Human Rights

Equality Legal Duties – summary of compliance	
Has WAST given due regard and given consideration for this proposal with the following:	
Eliminating unlawful discrimination, harassment, and victimisation? *Unlawful discrimination takes place when people are treated 'less favorably' as a result of having a protected characteristic*	Yes
Advancing equality of opportunity between people who share a protected characteristic and those who do not? *Making sure that people are treated fairly and given equal access to opportunities and resources*	Yes
Fostering good relations between people who share a protected characteristic and those who do not? *Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference*	Yes
Are there any potential Human Rights concerns?	No
Compliance to the Welsh Language requirements?	Yes
Compliance to giving 'due regard' to the principles of the Armed Forces Covenant?	Yes
Supporting narrative to support the above responses: *This section must be completed*	

The IMTP is developed in line with relevant legislation, which are drivers for our plans. Our service and enabling plans are built on the premise of equality of access to all who access our services via 111, 999 or NEPTS irrelevant of whether they have a protected characteristic or not. Through our six strategic objectives, we strive to continually improve our services to meet Welsh population needs.

Do you consider the evidence used in this assessment to be robust? If you answer no, address this in the action plan (section 6)	No
Has this assessment been subject to scrutiny / been reviewed?	Yes
As part of the IMTP approval process at Trust Board	

Section 6 – EQIA Action Plan and Recommendations

This needs to address negative impacts, which may represent a potential equality risk. All equality risks should be reviewed in line with WAST risk management procedures. Include any positive action.

Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ owner
Identify how within cultural metrics and through our patient engagement how we evidence positive impacts across all protected characteristics – discussion to be held at STB in Q1	Improved understanding of the impact of our plans on protected characteristics to ensure we continue	Neutral	End Q1	STB	Asst Director of Planning & transformation

Establish our baseline health inequalities maturity (ongoing work with AACE) and use this to determine how we further use population health analytics which is built into this IMTP	Improved understanding of health inequalities through data and exploration of how to improve and deploy our resources more effectively	TBC through digital plan	TBC	STB	Asst Director of Data and Analytics

Section 7 Equality Risks

This section helps you work out the level of risk posed by any equality related risks identified above. Guidance is available **here** on completing this section, which may be helpful if you are not familiar with risk score analysis. If you have not identified any equality risks, please note this in the narrative box below. Examples include retrospective assessments and decisions that treat a protected characteristic unfavourably without objective justification.

Equality Related Risk Assessment Section					
If you have identified an equality risk, please use the table below to work out the risk score. Use the table below to record the highest risk score. If you have a score of 9 and above you **should escalate to risk management procedures**.					
	Level of risk				
Level of consequence	RARE: 1	UNLIKELY: 2	POSSIBLE: 3	LIKELY: 4	VERY LIKELY:5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25

If you have identified an equality risk: No What is the consequence? 4 What is the likelihood? 1 Risk score = consequence x likelihood	Risk Score = 1x4
Any narrative relating to risk score: We consider our IMTP to be low risk as it is based on a premise of improving services to which all members of society have access. However it also included strong plans to improve how we meet the specific needs of people within the protected characteristics groups.	

Section 8 – EQIA Sign off

Name of persons who signed-off this Equality Impact Assessment (see below): *As per the Trust's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee, or officer of the Trust as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.*
Approval Date: 02/01/2024
Review Date:

Project Lead Sign-off	**Equality Team Sign-off (Required when both EQIA and SEIA is required)**	**Committee Chair Sign-off**
I confirm that this Equality Impact Assessment has been carried out in accordance with Welsh Ambulance Services NHS Trust's Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights,	I confirm that I have reviewed this Equality Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee.	I confirm that this Equality Impact Assessment represents evidence that we (The Trust), in making this decision, have given due regard to the need to: 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. 2. Advance equality of opportunity between people who share a protected characteristic and those who do not.

Welsh Language requirements and Armed Forces Covenant. Signed: (Project Lead) **Alex Crawford** **Assistant Director of Planning & Transformation**	 Signed: Kathryn Cobley, Head of Inclusion and Engagement (Head of Inclusion and Engagement)	3. Foster good relations between people who share a protected characteristic and those who do not. Signed: (Committee Chair)

End of Part B. Only complete Part C if required.

Part C – Socio-economic Impact Assessment

The requirement for completion of Part C will have been identified in Part A and relates to complying with the Socio-economic Duty. This is a statutory duty with the aim of improving decision making to help improve outcomes for those who are socio-economically disadvantaged. The Socio-economic Duty gives us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision-making and will build on the good work public bodies are already doing.

This SEIA procedure should be commenced at the outset and inform the development of both new strategic decisions and when reviewing previous strategic decisions. It provides a clear audit trail for all decisions made under the 2010 Act.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see https://gov.wales/more-equal-wales-socio-economic-duty

Section 1 - Assessment information – evidence	
Has this assessment identified Stakeholder groups: *Supporting narrative if different to Part A.*	Yes / No
Has this assessment used a range of evidence: *Supporting narrative to consider socio-economic disadvantage and inequalities of outcome in relation to this decision? Note additional evidence if different to information within Part A.*	Yes / No
Has this proposal engaged with those impacted by the Policy / Strategy Proposal / Policy? *Supporting narrative if different to Part A.*	Yes / No

Relevant communities of interest identified that may be impacted by this proposal and engagement work undertaken:	**Proposal may impact these groups** Use a tick ✓	**Engagement undertaken** Yes / Planned	**Any supporting narrative / comments**
People experiencing poverty			
Carers			
People who share a common first language			
People experiencing homelessness			
Lone parent families			
Those seeking sanctuary			
Experience of local health and social care system			
Military Veterans and Armed Forces Community			
University students			
Long term caravan residents and second home visitors			
Other – please state:			

Relevant communities of place			
Urban areas			
Rural areas			
Areas of high levels of unemployment / deprivation			
Other – please state:			
How has / will this influence your work/guided your policy/proposal, or changed your recommendations? Supporting narrative:			

Section 2 - Impacts on Socio-economic Duty Domain Areas:

The Equality and Human Rights Commission monitor progress on equality and human rights across a range of areas of life in Great Britain. These domain areas include education, work, living standards, health, justice and personal security and participation.

It is helpful to consider where action can be taken to reduce inequality of outcome resulting from socio-economic disadvantage in regard to each of these areas, evidence is provided below and issues for consideration suggested.

Consider evidence from both research and any engagement already carried out. Who is being affected? Are some communities of interest or communities of place more affected by disadvantage than others? WAST Equality pages provides further guidance.

What are the main socio economic impacts of the proposal?			
	Positive impact	**Negative impact**	**Neutral / No impact**

Domain area: Education You can copy and paste this tick: ✓			
Supporting narrative: *How does your proposal take account of the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have or have had access to training opportunities and qualifications?* *Think about how careers support at WAST and with partners, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market.*			
Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage:			

What are the main socio economic impacts of the proposal?			
Domain area: Health You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *How does your proposal take account of the expected health outcomes of the local population? What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage? Have the*			

costs of transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors.
Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage? What are the opportunities for collaboration, have local third sector organisations been engaged and opportunities to promote access to financial wellbeing, social and other support maximised?

What are the main socio economic impacts of the proposal?			
Domain area: Living standards You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *How does your proposal take account of the impact of poverty and deprivation?* *Are there groups who may be disproportionately impacted by poverty e.g. disabled people / lone parents / unemployment / homelessness. This domain includes issues of accessibility of transport, healthy food, leisure activities, road safety and the quality and safety of play areas and open spaces.*			

As part of your proposal what are the opportunities to reduce the impact of poverty on living standards?

What are the main socio economic impacts of the proposal?			
Domain area: Work You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**

Supporting narrative:

Welsh Ambulance Services NHS Trust provides numerous opportunities for people to access work. Will this plan impact on employment / apprenticeship / volunteering opportunities? What are the implications of the proposal for people on low income, those who are economically inactive, unemployed, workless, and people who are unable to work due to ill-health. Consider people living in work poverty. During the pandemic lower earners are three times as likely to have lost their job or been furloughed as high earners.

How can procurement and commissioning arrangements be optimised to reduce inequalities of outcome caused by socio-economic disadvantage?

As part of your proposal what are the opportunities to increase employment opportunities for people who experience socio-economic disadvantage?

What are the main socio economic impacts of the proposal?			
Domain area: Justice and personal security You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *How does your proposal take account of local crime rates and feeling safe? Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse. Evidence suggests that domestic violence incidents are becoming more complex and serious, with higher levels of physical violence and coercive control*.			
How can your proposal promote and protect people's rights and increase their access to justice and personal security?			

What are the main socio economic impacts of the proposal?			
Domain area: Participation You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal? Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities.*			

How can your proposal increase participation for people who experience socio-economic disadvantage?

Section 3 – Socio-economic Duty Action plan

Socio-economic Impact Assessment Action Plan and Recommendations Please include any related recommendations arising from this assessment. Include any positive action.					
Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ Owner

Section 4 – SEIA Sign off

Who signed-off this SED Impact Assessment: *As per the Trust's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Trust as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.*
Approval Date:
Review Date:

Project Lead Sign-off	**Equality Team Quality Check (required when both EQIA and SEIA is required)**	**Committee Chair Sign-off**
I confirm that this Socio-economic Impact Assessment has been carried out in accordance with Welsh Ambulance Services NHS Trust Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language requirements and Armed Forces Covenant. Signed:	I confirm that I have reviewed this Socio-economic Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee. Signed:	I confirm that this Equality Impact Assessment represents evidence that we (The Trust), in making this decision, have given due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Signed:

(Project Lead)	(Equality and Inclusion Manager)	(Committee Chair)

End of SED assessment

Welsh Ambulance Services University NHS Trust
2025/26 financial plan

1. This is currently presented as a balanced revenue financial plan for the 2025/26 financial year, but with some outstanding work and actions required to ensure delivery of this, specifically in relation to identification and delivery of a residual savings and cost management plan to balance. It is also based on some key funding and cost assumptions included with it and additional actions that are expected to continue to be progressed through the financial year to deliver savings, and exploit any emerging areas of additional income generation, in order to balance. Given the current financial environment and context, and the continuing way in which the NHS in Wales and, in particular our commissioners, are funded, this plan inevitably focusses on the 2025/26 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2027/28.

Revenue Financial Plan

2. Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2025/26 financial year based on the following key financial assumptions:

    a. The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 1.77% uplift provided to Health Boards in the 2025/26 NHS Wales Allocation Letter issued on 20th December 2024, and is applied to all of the Trust's key commissioning agreements;
    b. That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated. These are likely to be similar to that faced across the NHS in Wales, within an ambulance sector context and in particular relates to energy, utilities, fuel, general non pay inflation, and a range of costs either having had to be incurred or committed in 2024/25, or will unavoidably need to be spent in 2025/26 due to continuing service demand and system pressures and the delivery of the range of commissioning intentions placed on the Trust;
    c. Specifically included within the above is c£3.5m costs for 2025/26, being this financial year impact of the need to move former EMTs onto the new EAP role at a A4C Band 5, and for which no separate, additional funding has been made available to the Trust to support these costs. How this is therefore afforded in year is captured within this overall financial plan, noting that the continuing

work to balance in year in 2025/26 will need to also reflect the increasing costs of this element in 2026/27 and beyond;

d. The ability to fully deliver on the resulting range of cost containment, cost avoidance and savings required to balance in year. This will need to be made up of a minimum of £6.5m, or c2.1% of cost baseline, along with an estimated further c£2m to offset further unavoidable additional in year costs expected and agreed as part of this IMTP so total of c2.7% of baseline;
e. That any and all additional costs the Trust may incur as a result of the following will either be funded separately, in addition to that currently assumed within this financial plan, or will not be able to be incurred:
    i. As per the above allocation letter issued to the NHS in Wales, costs relating to the 2025/26 pay deal, along with the recurrent costs of the 2024/25 pay deal, still to be confirmed;
    ii. The costs relating to changes to Employers NI from 6th April 2025,
    iii. Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, which have been subject to a separate business case submitted to commissioners and WG for funding consideration,
    iv. Any net additional costs of providing any new road based response service to parts of rural Wales, linked to the implementation of some of the service changes arising from the recent EMRTS Service Review, and
    v. Any remaining costs associated with the previously submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.
f. That the upcoming transfer of Save a Life Cymru to the Trust is financially neutral, for the 2025/26 financial year and beyond.

3. This plan therefore presents a way forward in the shape of what needs to be done to deliver a balanced financial position for the 2025/26 financial year. However it is built on a range of assumptions in relation to both income and funding and expenditure, including some of the key ones already set out, that will need to be delivered in order to do so. In particular it requires the identification and delivery of **c£2m** of further savings and cost management in year, work on which will continue through Q1 in order to provide to the Trust Board and wider organisation, alongside key external stakeholders, updates and assurances on the ability to deliver this. Given the materiality of this set in the context of balancing the significant number of risks requiring mitigation within the IMTP, this approach is not considered unreasonable at the outset of the financial year, in the context of that being presented as an overall balanced financial plan. Ways through which this will be progressed are detailed later.

4. This financial plan as presented, is the culmination of a range of activity delivered over a number of months, both pre and since the publication of the Welsh Government 2025/26 draft budget and the NHS Wales Allocation Letter. Alongside the more general sessions developing the rest of this IMTP, this includes the key financial ones as follows:

    a. Some more specific finance focussed and costing of priorities work undertaken following and between the IMTP priority workshops held on 8th January and 3rd February 2025;
    b. Discussions at the Finance & Performance Committee – 16th January 2025 and 18th March 2025;
    c. Specific finance focussed discussions as part of the CMT Programme Collaborative Workshop held on 22nd January 2025;
    d. Trust Board – 30th January 2025;
    e. The finance "touchpoint" meeting with WG and NHS Executive Finance colleagues on 4th February 2025;
    f. Non Submission of an Accountable Officer (AO) letter to Welsh Government on 14th February 2025 but subsequently replaced with an e-mail;
    g. Key national discussions with DoFs on 24th January and 21st February 2025, and;
    h. Various touchpoint meetings with the Director for Commissioning – Ambulance Services and 111 and his team within the NHS Wales JCC through January and February 2025.

The Iterative Revenue Financial Plan – 2025/26

5. At many of the above, various iterations of the development of the Trust's 2025/26 revenue financial plan were presented, this has been further refined to the following high level summary iterative revenue financial plan for 2025/26, which forms the basis of the Trust's overall gross financial plan and subsequent budget setting for the upcoming financial year:

Welsh Ambulance Services University NHS Trust
Initial 2025/26 revenue financial plan changes

	£m	£m
INCOME:		
Assumed full pass through of nationally prescribed 1.77% uplift:		
- via JCC	-5.1	
- via HBs and WG direct	-0.2	
Total estimated income increase		**-5.2**
EXPENDITURE:		
Additional committed costs 2025/26:		
FYE of 2024/25 pressures	1.9	
2024/25 non recurring savings	2.8	
2025/26 costs of EAP B5 development	3.5	
Sub total		**8.2**
Estimated inflationary pressures 2025/26:		
Ambulance care external providers	0.4	
Falls contract increase	0.3	
Non pay inflation	0.8	
Sub total		**1.5**
Other known unavoidable cost pressures 2025/26:		
MS Office NHS Wales enterprise agreement impact	0.1	
Additional WRP	0.1	
Fleet maintenance	1.0	
Waste legislation	0.1	
Losses and special payments increases	0.3	
New 111 system - additional cost pressures	0.1	
GRS refresh - to cloud	0.2	
Cost pressures relating to service and system pressures, including the impact of handover delays, plus delivery of commissioning intentions. This includes:		
Remote clinical triage / RICS/ Clinical navigation	1.4	
Additional clinicians to support "shift left" / reduced conveyancing (inc maximising previous investment)	0.5	
Consultant midwife post - previously externally funded	0.1	
Additional digital, organisational and corporate costs to support the above	0.3	
Other	0.1	
Sub total		**4.0**
Total estimated increase in costs		**13.7**
Shortfall before savings delivery 2025/26		**8.5**
Current savings plan of delivery (minimum of 2%)		-6.5
Current financial gap - 2025/26		**2.0**

6. The key points to note from this are as follows:

    a. The above is a summary of the Trust's iterative revenue financial plan for the 2025/26 financial year, factoring into this the expected levels of income growth in 2025/26 based on national uplifts, the full year effect of 2024/25 commitments, known and unavoidable cost pressures for 2025/26, and the minimum required savings delivery of c2%, or £6.5m. As such, the baseline for this is the previous year's recurring plan approved, and for which the initial 2024/25 budget was set and approved by the Trust Board.

    b. The total additional funding expected from all NHS commissioners, across the full range of services funded in 2025/26, based on that provided through the

NHS Wales Allocation letter and the full pass through of the core uplift of 1.77% is **c£5.2m**, over and above that funded in 2024/25.

c. As noted above, this does not include the in year costs to be incurred on either the 2025/26 pay award or the additional cost impact of changes to Employers NI, both of which are expected to be funded separately, in year, by WG.

d. Set against this baseline uplift is a range of existing, known, unavoidable or committed costs for 2025/26, as follows:

    i. The full year / 2025/26 impact of that committed to in 2024/25. These are committed costs and include that unavoidably introduced in year to meet with demand and current system pressures, along with an element of the 2024/25 savings delivery identified as being more non recurring in nature;

    ii. The current estimated 2025/26 costs of the EMT Band 5 / creation of the EAP role development, including some of the education wraparound agreed as part of this;

    iii. The 2025/26 costs of i. and ii. above equals **£5.4m**. Put another way, all of the 1.77% in year funding uplift doesn't even cover these two items alone, in full;

    iv. On top of this are a range of known and unavoidable costs that will be incurred in year, predominantly as a result of the following:

        - The ongoing and continuing revenue cost pressure relating to fleet maintenance, largely due to an element of the fleet remaining in service longer than initially planned due to reduced capital funding being available to replace vehicles in recent years;
        - A national cost pressure in relation to the renewal of the MS Office enterprise agreement across NHS Wales;
        - An increasing trend of losses and special payments, including that linked to compensatory payments managed through the WRP;
        - Some emerging and ongoing cost pressures in relation to digital spend, and
        - Continuing costs resulting from the changes in waste management legislation in 2024/25.

    v. The current estimate of likely inflationary pressures on non pay budgets in 2025/26, including some specific known tendered or contractual increases, including as a result of the increasing employer NI costs in third party organisations, along with a more general current estimate of an average of 1% increase across the year on all other non pay areas.

    vi. As in 2024/25, a further range of unavoidable costs pressures are expected to inevitably be incurred as we go through the financial year,

as a result of system demand pressures, the continuing impact of hospital handover delays, the measures the Trust continues to deploy through this IMTP to mitigate the varying and significant levels of risk and harm these generate, and to respond to the NHS Wales JCC set range of commissioning intentions. Estimated at c£2.3m part year impact in 2025/26, this includes:

- Continuing costs in relation to remote clinical navigation, remote triage and care planning and management and the further enhancement of the RICS service, including expanded and enhanced auditing and evaluation requirements;
- Where possible furthering the continuation of development in advanced practice including ensuring maximum value to attained from previous investments;
- The continuation of a consultant midwife role in the Trust, but for which previously provided separate funding has now ceased,
- The inevitable and necessary corporate and, in particular, digital support required as a result of much of the above.

A current estimate of when much of these additional in year unavoidable costs are likely to kick in has been made, resulting in that currently detailed in the table above. It should be noted that the full year recurring impact of this is then likely to be much higher than this, estimated currently as in excess of £3.3m just for these items alone, and for which allowance will then again have to be made within the 2026/27 financial plan.

e. Also included in the table above is an assumed **initial** savings plan of a minimum of £6.5m. More detail on the current status of this is provided in ***Annex 1***, being made up of:
   i. Full year effect of schemes enacted part way through the 2024/25 financial year;
   ii. A range of new schemes already identified for 2025/26 and
   iii. How that previously identified as non recurring in delivery can either be delivered again in 2024/25, or what alternative, in some cases similar, savings can be achieved.

Moving towards financial balance in year – a balanced financial plan for 2025/26

7. As previously noted, there is therefore some further work required early in the financial year to identify and confirm the savings and cost management required to fully balance, and in order to deliver that agreed within this IMTP. This results in a likely total in year cost management and savings delivery of in excess of **£8.5m**, greater than that ever delivered by the Trust before. On top of this, as already noted, some of these

in year costs in 2025/26 will inevitably have greater recurring values going forward which, which is on top of the known further increases from 2026/27 onwards in cost of the EMT Band 5 / EAP development. All this will mean that this work needs to focus on both that required to balance in the 2025/26 financial year but also how it can then further increased to ensure future year's recurring baselines are similarly balanced and affordable.

8. For the 2025/26 financial year however, at this stage, whilst clearly a risk to in year delivery of revenue financial balance, given the residual value to close as we enter the financial year, and the Trust's recent excellent track record of delivery, it is not considered at this stage that this should prevent the Trust from presenting a balanced financial plan, and budget, for Board approval at the outset of the financial year.

9. There are numerous ways in which the residual savings and cost management plan in year is planned to be approached and delivered, including the following:

    a. Continuing to firm up and confirm some of the actual in year cost estimates of that prioritised within the IMTP and summarised above, if not fully known at this stage, and also refining any expected in year start dates / part year effect of a number of these as they are incurred as we go through the financial year. This is likely to result in some in year slippage against some of the costs currently estimated and included within this plan;
    b. On top of this, the usual and continuing in year monitoring of all other cost estimates and expected in year inflationary and other costs pressures, to determine as we go through the financial year any required updates to the scale of the financial gap and challenge required in year to balance;
    c. A key and significant piece of work is ongoing on the likely future staffing model, crew skill mix and numbers required for front line EAs. Initially instigated as a direct impact of the non funding of the EAP Band 5 development, this will continue in parallel with the further identification and introduction of other savings opportunities in year, including the need to ensure this delivers sufficient offset to afford both this financial year's recurring costs, plus the estimated future year's increasing costs of this development. The need and ability to be able to both do this and demonstrate the effective self-financing of these committed costs within the front line operational workforce is self-evident, given the current project cost impact for the 2025/26 financial year, where we are entering the financial year with a residual £2m cost pressure and gap to close, within which the costs of EAP B5s in year is c£3.5m;
    d. Identifying possible VERS opportunities (to be actioned before 31.03.2025) and whether small number of staff could be released from the organisation as a

result, who would not then be backfilled and which therefore represent a direct saving for 2025/26 and beyond;

e. The continuation of the weekly Recruitment Control Panel, with the potential for this to be more focussed on the need to deliver in year cost savings, where required;
f. The harvesting of any efficiencies and cost benefit opportunities arising from the outcome of the detailed Services Review recently undertaken, and the emerging action plan to address the recommendations within this;
g. The potential opportunity to refresh that considered part way through the 2023/24 financial year, as part of an ask at the time from WG to potentially increase our savings delivery in that financial year by a range of a further 10 / 20 / 30%. None of that proposed at the time has since had to be introduced, updating and refreshing what was considered at the time, alongside the risks and impacts of doing so, could however propose some further choices to make to balance in year;
h. As is part of the Trust's wider Financial Sustainability Programme and plan, to continue to seek any and all opportunities for income generation and growth, in particular that are now expected to start to be delivered through the 2025/26 financial year from the new Head of Commercialisation. Whilst likely to have less of an immediate impact in year, this could start to provide some financial benefits later in the 2025/26 financial year;
i. As in previous financial years, the iterative financial plan presented above retains a fairly modest in year revenue contingency of £1m. Whilst there will inevitably be elements of unavoidable in year spend that will materialise that will need to be covered by this, there may be some scope for some non recurring contribution to any remaining gap to balance from this later in the financial year;
j. As is also often the case, there may also be some specific accountancy gains or non recurring balance sheet or accounts issues that could similarly offset any remaining value to balance, non recurringly, at the financial year end.

10. Through a combination of the above, this plan is therefore now presented as one that has the ability to balance, closing off any remaining financial challenges and gaps as we progress through the 2025/26 financial year. Balancing risk against opportunity and other impacts and consequences, it is recommended that the Board supports the plan to balance in this way through the continuing work progressing to close the resulting gap in year, on the basis that this is no more than the current estimate of c£2m.

Summary Income & Expenditure

11. This result of all of the above is the following high level summary gross Income & Expenditure plan for the 2025/26 financial year. More detail will also be provided in a

separate budget setting paper, which is planned to be presented to the Trust Board on 27th March 2025, for approval:

	Opening Budgets 25/26 £m	Planned Savings £m	Revenue Set Budgets 25/26 £m
Income	-310.469	-0.150	-310.619
Operating Expenses	304.723	-7.542	297.181
Profit on Disposal	-0.445	-0.250	-0.695
Interest Payable	0.240		0.240
Interest Receivable	-0.800	-0.558	-1.358
Depreciation (Baseline)	15.251		15.251
Total Expenditure	318.969	-8.350	310.619
Planned Budget Surplus (-) / deficit	8.500	-8.500	0.000

Risks

12. No financial plan is risk free and clearly entering into the financial year with a residual financial gap to close in year increases the risks of non delivery of a balanced position in year, particularly potentially earlier on in the financial year.

13. The main risks that will need close monitoring and mitigating actions through the upcoming financial year therefore, include:

- The recovery of all of the income assumptions this financial plan now makes, in particular ensuring the commitments and elements supported within the NHS Wales JCC IMTP are fully aligned and delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered;
- That the in year costs relating to both the 2025/26 pay award and the increase in employers NI is fully funded by WG;
- No other developments, enhancements or cost increases not currently funded within budgets, or identified within this financial plan supporting that contained within the IMTP, will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. However the ability to do this in the context of the current total savings already required to balance in year makes this unlikely;
- The ability to deliver up to a potential total requirement of c£8.5m in savings, efficiencies and cost management in year, in order to balance;
- Linked to the above, the ability to identify and agree changes to crewing skill mix and numbers for front line EAs, directly linked to the non funded costs of the EAP

Band 5 development and the requirement for this to be sustainably affordable, both in 2025/26 and beyond;

- That no further additional savings, over and above the current "stretched" value of £8.5m presented above, will be required by commissioners. Recent correspondence from the JCC has requested the Trust to consider and present what further savings may be able to be delivered in year, to contribute to the wider JCC financial position. It is however highly unlikely that anything beyond that already being progressed within this plan in order for the Trust to deliver on its statutory duty to breakeven will be achievable in 2025/26, without some significant and severe impacts on resources, capacity, service delivery, patient safety and performance;
- Some cost elements are still hard to predict through the coming 15 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2025/26 to manage any such variations;
- Linked in part to the above, that the continuing impact of the recent changes in commissioning, and the move of the NHS Wales JCC more out of its current transition phase, have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS, 111 services, etc;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continues to hold.

Draft Capital Programme 2025/26

All Wales Capital Funding

14. The capital programme has continued to be developed in parallel with our services, Estate, Digital and Fleet plans. Whilst the Trust has an endorsed 10 year SOP for Estates following a prioritisation exercise by WG the Trust's number one priority in relation to Estates development, Swansea MRD, was not able to be supported at this stage and as such the Trust is now reconsidering its options around the scheme, given All Wales Capital monies are unlikely to be forthcoming at the levels previously suggested.

15. The Trust has submitted to WG a revised Vehicle Procurement Strategy and has had initial discussions with WG around the first year's financial ask. Whilst this is the most money the Trust has requested for vehicle replacement, it has been received positively to date and if the Strategy is supported, it would allow the Trust to reduce the number of overage vehicles over the next few years and realign the vehicles to the required age profile. The first-year financial ask is c£22.5m for 142 vehicles.

16. As in previous years, the 2024/25 financial year is yet to be fully closed. However it is known that a small number of the All Wales Capital Schemes are not going to fully

deliver in year to their revised programmes, and as such discussions have already been held with WG to agree brokerage arrangements of these monies between internal schemes to ensure achievement of the 2024/25 CEL, as this is the best way to manage schemes that inevitably straddle financial year end. As in previous years, a detailed update on the final impact of the 2024/25 financial year end on the 2025/26 programme is due to be presented to both F&PC and the Trust Board in May 2025.

Discretionary Capital

17. The Trust was notified in December 2024 of a discretionary capital allocation of £6.250m for 2025/26; this is an uplift from 2024/25 of £0.425m, however this is before any contributions towards any future Targeted Estates Fund (TEF) (similar to previous EFAB funding) schemes, which require a 30% contribution from the Trust. From the Discretionary Capital allocation for 2025/26 it will be necessary to fund a range of estates, digital, medical equipment and other schemes.

18. The organisation has continued to strengthen its overall approach to capital planning, with the now well-established Capital Management Board, supported by SOP Delivery Groups which meet monthly and oversee all aspects of capital planning. On top of this, if funding is available, the Internal Capital Management Group will score and prioritise discretionary capital schemes. These are all then taken to the F&PC via Capital Management Board, and, where required, Trust Board for approval.

19. Due to the way a number of schemes approved from the Trust's discretionary capital funding have been progressed through the 2024/25 financial year, scheme lead times, scheme development times and the expected phasing of some of these through to the 2025/26 financial year, a reasonable amount of the confirmed discretionary capital funding for the coming financial year is already committed.

20. In addition to the above following detailed analysis and management of the 2024/25 schemes it was possible to broker internal discretionary monies to support schemes that could be delivered in 2024/25, this included the acceleration of fleet chassis', which will allow for the 2024/25 schemes to have this money brokered back in 2025/26 when the fleet BJC is funded. This process currently has identified an additional £0.200m that can be reinvested into the discretionary fund for 2025/26.

21. The table below shows a draft plan for the 2025/26 discretionary capital funding therefore, considering items which the Trust has recently reconfirmed as a priority to deliver, along with that currently proposed as the "top slice" for funds which allow the Trust to progress with smaller less complex schemes.

Discretionary Capital allocation - 2025/26		
Allocation		**£6,250,000**
Current schemes	**2024/25**	**2025/26 proposed**
Top slice - Estates (inc fees)	450,000	450,000
Top slice - Digital	300,000	400,000
Top slice - Fleet	250,000	250,000
Top slice - project/staff costs	180,000	180,000
Total top slice		**1,280,000**
Dolgellau		900,000
Bangor Workshop		800,000
Monmouth		1,000,000
Schemes Total		**2,700,000**
Total unallocated		**£2,270,000**

22. This would then leave a minimum residual value of c£2.27m to commit from the Trust's discretionary funding for the 2025/26 financial year. However it should be noted that this doesn't include any top sliced funding for the TEF, as these schemes are yet to be prioritised by WG, and therefore the total contribution is yet unknown. However, if all the schemes submitted to WG are approved the Trust's contribution wouldn't exceed c£0.4m.

23. Additionally, through the engagement with directorates one item emerged as a must do given its past support through capital funding but also the Trust's reliance on the systems these licences cover, therefore, the Trust will also have to undertake the replacement of the CAD SQL Licenses during 2025/26.

24. The updated plan is being progressed via an ongoing prioritisation exercise and will be confirmed and finalised as soon as possible after the 2024/25 financial year end. Schemes being proposed include the following:

    a. EPCR - enhancements;
    b. Smart Stations;
    c. A potential to reconfigure and rationalise some call centre estate within the Swansea area;
    d. Further enhancements linked to the Trust's Decarbonisation Action Plan, and
    e. RFID.

f. Symptom checker

25. In addition to the above, given the response from WG around the prioritisation exercise for All Wales Capital monies and them being unable to currently support some of our proposed schemes, the Trust will also need to investigate the use of discretionary capital to potentially support the planning for development of these schemes, including Swansea, Llanelli and Llandrindod. Spend from the 2025/26 discretionary capital funding on these is likely to be minimal but may incur some planning fees on how some of these schemes may now be able to be progressed in the future, given the likely lack of AWCP monies to do so.

26. Work is however also progressing through the above groups and Boards to ensure cases are available for additional capital schemes; it is envisioned that the schemes which are unable to be progressed at this stage will be held in reserve should further monies become available throughout 2025/26 and beyond.

Annex 1

Welsh Ambulance Services University NHS Trust

Initial savings plan 2025/26

Scheme	Initial Savings Plan 2025/26	
	Recurring £000s	Non recurring £000s
Apprentice Income	50	
Balance Sheet Flexibility	200	
End of Shift Overrun	100	
Fuel (forecourt price saving against budget)	230	
Interest Receivable	466	
Non Pay Local Schemes - Corporate	722	
Non Pay Local Schemes - Operations	651	
Pay Cost Management (Variable / Net Vacancies) - Operations	1,806	
Pay Vacancy Management - Corporate		2,275
OVERALL TOTALS	**4,225**	**2,275**
TOTAL INITIAL SAVINGS PLAN 2025/26		**6,500**

AGENDA ITEM No	**8.1**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**2**

Welsh Ambulance Services University NHS Trust: Wellbeing Objectives

MEETING	Finance and Performance Committee
DATE	18 March 2025
EXECUTIVE	Estelle Hitchon, Director of Partnerships and Engagement
AUTHOR	Estelle Hitchon, Director of Partnerships and Engagement
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EXECUTIVE SUMMARY

The Wellbeing of Future Generations Act (WBFGA) has applied to the Welsh Ambulance Service since June 30, 2024. The aim of the Act is to ensure that public bodies across Wales are working together to ensure that Wales develops as a prosperous, culturally rich, economically vibrant, healthy and well educated country, where people can thrive both at work, and at home.

While the Welsh Ambulance Service has been working in the spirit of the WBFGA since 2015, now that the organisation comes formally under the Act, it is required to set out how it will play its part in contributing to the wellbeing goals outlined in the legislation becoming a reality.

Over the past few months, draft wellbeing objectives have been developed by a task and finish group, comprising staff from across the organisation and including trade union partners, to develop some broad wellbeing objectives that reflect the Trust's commitment to delivery of the wellbeing goals outlined in the Act.

These have been tested internally through the Integrated Medium Term Plan (IMTP) engagement process, including trade union partner representation, through a Board Development session and through a digital engagement process with staff, stakeholders and the public.

This paper outlines the outcome of that engagement and makes proposals for the final draft objectives for onward recommendation to Trust Board in March 2025.

Recommendations: That Committee is asked to:

(1) Note the process of setting the wellbeing objectives, including the feedback received through the process of staff and public engagement and the response made to that feedback.

(2) Endorse the proposed revised objectives (subject to any additional feedback and amendment) for onward submission to the Board at its March 27, 2025 meeting and thereafter, subject to agreement, their publication by March 31, 2025.

KEY ISSUES/IMPLICATIONS

Committee should note that the Trust is required to agree and publish its wellbeing objectives by March 31, 2025

REPORT APPROVAL ROUTE

This report has been circulated virtually to members of the Executive Leadership Team.

REPORT APPENDICES

Appendix One: Our Wellbeing Objectives February 2025

Appendix Two: Ein Hamcanion Llesiant Chwefror 2025

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

SITUATION

1. The Wellbeing of Future Generations Act (WBFGA) has applied to the Welsh Ambulance Service since June 30, 2024. The aim of the Act is to ensure that public bodies across Wales are working together to ensure that Wales develops as a prosperous, culturally rich, economically vibrant, healthy and well-educated country, where people can thrive both at work, and at home.

2. While the Welsh Ambulance Service has been working in the spirit of the WBFGA since 2015, now that the organisation comes formally under the Act, it is required to set out how it will play its part in contributing to the wellbeing goals outlined in the legislation becoming a reality.

3. These wellbeing goals are depicted in the graphic below:

4. This paper sets out the final draft objectives for Committee's review, which have been developed in partnership with trade unions and subject to a process of internal and external engagement.

BACKGROUND

5. Over the past few months, draft wellbeing objectives have been developed by a task and finish group, comprising staff from across the organisation and including trade union partners, to develop some broad wellbeing objectives that reflect the Trust's commitment to delivery of the wellbeing goals outlined in the Act.

6. Task and finish group members reviewed examples of wellbeing objectives set by NHS Wales and other public sector bodies subject to the Act since its inception in 2015, as well as discussing and identifying areas where it was felt the Trust could make the most significant contribution to the wellbeing of future generations.

7. It was acknowledged by the group, and in discussions between the Director of Partnerships and Engagement and the Deputy Future Generations Commissioner and Health Lead, that given the Trust's long-standing commitment to the WBFGA, and work already underway, wellbeing objectives needed to connect with the Trust's strategic ambition, resonate with its staff, stakeholders and the public, and reflect the breadth of the Trust's role and social impact.

8. The draft objectives detailed below were tested internally through the Integrated Medium Term Plan (IMTP) engagement process, including trade union partner representation, through a Board Development session and subsequently through a digital engagement process with stakeholders and the public.

9. The latter ran for a period of 14 days to March 07, 2025, and received 24 responses. The opportunity to participate was promoted via the organisation's digital stakeholder newsletter, WAST Connects, via WAST's social media and internal digital platforms and through the Trust's citizen reference group, the In Network, supported by the Patient Engagement and Community Involvement (PECI) Team.

10. The original objectives are detailed below and in the engagement documents in Welsh and English appended to this paper, from which a Microsoft forms survey was accessible for those individuals who wished to share their feedback. The survey asked three short questions with the options of yes/no/not sure and an option to add qualitative feedback through free text. Respondents had the opportunity to identify themselves or remain anonymous. In the event, all 24 responses were provided anonymously.

11. The objectives as originally written (including descriptors as per the appendices) were as follows:

(i) **Objective One:** A socially responsible employer
i) **Objective Two:** An innovative and sustainable organisation
ii) **Objective Three:** A Pro-active, Accessible and Equitable Care Provider

12. The questions posed were simple and straightforward, taking an average of less than 15 minutes to complete.

(i) **Question One:**
Do you think our wellbeing objectives cover broadly the right areas? Please let us know if you think something is missing or needs more explanation.
(ii) **Question Two:**
Have we explained our objectives in an easily understandable way?
(iii) **Question Three:**
Is there anything you want us to consider as an organisation with responsibility to safeguard the wellbeing of future generations?

ASSESSMENT

13. In reviewing the engagement feedback received, it is clear that what it lacks in number of responses, it makes up for in depth of feedback. The Trust wishes to thank those stakeholders and colleagues who gave so generously of their time to provide detailed feedback.

14. In general, feedback was largely, although not exclusively, positive and, therefore, where proposed adjustments are made to the original draft objectives, they are relatively minor in nature.

15. There was some concern about the achievability of the proposed objectives, recognising, of course, that they are by their very nature long term, and should be stretching, if the Trust is to really challenge itself and genuinely safeguard the wellbeing of future generations.

16. Similarly, there were some comments about whether the language was accessible enough e.g. “foundational economy” and “anchor employer”. This has been simplified as a result.

17. Equity and equality were consistent themes, with the Trust reminded of the need to ensure both parity of access to employment and to services for communities across Wales, as well as ensuring its promotional materials reflect that diversity. The lack of diversity of imagery in the engagement document was specifically noted and this will be addressed in the final publication.

18. There was some concern that the broad nature of the wellbeing objectives should not be a distraction from the Trust's core need to improve its clinical services and performance to ensure better outcomes and experience for patients.

19. Finally, there were a small number of negative comments which argued the organisation should not waste its time on the setting of wellbeing objectives, identifying the need to address poor staff morale and wellbeing, issues of workplace culture and poor performance and patient experience as more pressing.

20. While recognising that these are important matters requiring the Board's attention, and acknowledging the extensive work underway to address both culture and performance, the Trust has a statutory duty to develop wellbeing objectives, as required under the Wellbeing of Future Generations Act. Setting them does not detract from the need the address a broad range of issues, but it does add an additional lens and focus to do so.

21. On the basis of the feedback received, it is proposed that the revised wellbeing objectives be described as follows, with amendments highlighted in blue:

Objective One: A Socially Responsible and Inclusive Employer

We will:

- support communities and the economy by providing long-term employment and volunteering opportunities for people living across Wales, at all points in their career and in a wide variety of roles.
- continue to develop a diverse and expertly trained workforce so that our communities feel well supported and engaged in our organisation.
- be an inclusive employer, reflecting the communities we serve across Wales.
- value our partnerships with trade unions and work in partnership to create an organisation that is welcoming, fair and where people can thrive.

Objective Two: An Innovative and Sustainable Organisation

We will:

- be at the forefront of clinical care by harnessing technology in a way that minimises our environmental impact and improves patient safety and experience.
- make the most of our University Trust Status (UTS) to work with commercial and academic partners to look for tomorrow's solutions, today.
- continue to reduce our environmental impact, using more sustainable and carbon neutral solutions in our estate, fleet and working practices, to ensure we contribute to a greener, cleaner and healthier Wales.

- manage our financial and physical assets well, so that we can provide viable services for the long term and so communities can rely on us to be there when they need us.

Objective Three: A Pro-active, Accessible and Equitable Care Provider

We will:

- provide urgent and emergency care services that meet the needs of the people of Wales, wherever and whenever they are needed, improving outcomes and ensuring people can live healthier lives for longer.
- continually improve our services and performance, so the people of Wales have trust and confidence in our ability to be there when they need us most.
- co-produce with our communities and partners models of care that continue to meet the evolving needs of people in Wales and reflect what matters to them.
- help make Wales a nation of lifesavers by supporting health education and promoting bystander CPR skills, improving community resilience.
- embrace our cultural role as Wales' national ambulance service, championing our language and heritage while develop pioneering new ways of delivering care which position Wales as a leader on the national and international stage.

RECOMMENDATION The Committee is asked to:

(1) Note the process of setting the wellbeing objectives, including the feedback received through the process of staff and public engagement and the response made to that feedback.

(2) Endorse the proposed revised objectives (subject to any additional feedback and amendment) for onward submission to the Board at its March 27, 2025 meeting and thereafter, subject to agreement, their publication by March 31, 2025.

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust

Our Wellbeing Objectives:
Focused on the Future

The Wellbeing of Future Generations Act (WBFGA) has applied to the Welsh Ambulance Service since June 30, 2024.

The aim of the Act is to ensure that public bodies across Wales are working together to ensure that Wales develops as a prosperous, culturally rich, economically vibrant, healthy and well educated country, where people can thrive both at work, and at home.

While we've been working in the spirit of the WBFGA since 2015, now that we come formally under the Act, we are required to set out how we will play our part in contributing to these wellbeing goals becoming a reality.

Over the past few months, we have been developing draft wellbeing objectives, working with a group of staff from across our organisation and our trade union partners, to develop some broad wellbeing objectives that reflect our commitment to delivery of the wellbeing goals outlined in the Act.

Now that we have our draft wellbeing objectives, we really want to hear what our partners, stakeholders, patients and the public think about our ideas.

Because the Wellbeing of Future Generations Act encourages us to think about the long term, our proposed objectives are broad but reflect the principles on which we want to base our organisation as we move forward. We hope that, by being future focused, with guiding principles centred on passion, purpose and commitment to collaborating with and for our communities, we can continue to be one of Wales' strongest anchor organisations.

Our Draft Wellbeing Objectives

Our draft wellbeing objectives are outlined below. We've provided a short explanation of each one to help you understand our thinking.

Of course, while these are broad, there will be lots of detailed work underneath, which will need to be reflected in our future strategic and operational plans.

Objective One:
A Socially Responsible Employer

- support the foundational economy by providing Wales-wide, long-term employment and volunteering opportunities for people at all points in their career and in a wide variety of roles.
- invest in training, education and learning to ensure our people maintain and develop their skills, to be the best they can be, and retain those skills within the organisation or local communities.
- be an anchor employer, including in parts of Wales where employment opportunities are fewer.
- value our partnerships with trade unions and together create an organisation that is welcoming, fair and where people can thrive.

Objective Two:
An Innovative and Sustainable Organisation

- be at the forefront of clinical care by harnessing technology in a way that minimises our environmental impact and improves patient safety and experience.
- utilise our University Trust Status (UTS) to work with commercial and academic partners to look for tomorrow's solutions, today.
- reduce our environmental impact, use more sustainable and carbon neutral solutions in our estate, fleet and working practices to contribute to a greener, cleaner and healthier Wales.
- manage our financial and physical assets well, so that we can provide viable services for the long term and so communities can rely on us to be there when they need us.

Objective Three:
A Pro-active, Accessible and Equitable Care Provider

- provide urgent and emergency care services that meet the needs of the people of Wales, wherever and whenever they are needed, improving outcomes and ensuring people can live healthier lives for longer.
- develop a diverse and expertly trained workforce so communities feel well supported and that they have a stake in our organisation.
- collaborate with our communities and partners to build models of care that continue to meet the evolving needs of Wales.
- embrace our cultural role as Wales' national ambulance service, championing our language and heritage while develop pioneering new ways of delivering care which position Wales as a leader on the national and international stage.

How will we do all this?

We're clear that our wellbeing objectives must be more than just words. We want to make real and meaningful change and make a full contribution to a healthier, more vibrant and successful Wales.

Our wellbeing objectives are for the long-term. They can't be achieved overnight, and their focus will develop over time. This is why we think they should be deliberately broad – to ensure we retain focus on things that will really improve life in Wales for many years to come. They will be used as guiding principles around which we develop our strategy and plans so that we can measure tangible progress and see real change.

Of course, we can't do this on our own, which is why we think the sustainable development principle outlined in the Wellbeing of Future Generations Act is so important. It captures five ways of working that will help us deliver on our objectives, and the wider wellbeing goals. These ways of working will form the bedrock of our approach and are:

- Collaboration
- Integration
- Involvement
- Long-term
- Prevention

How can you help?

We'd like you to answer a few short questions to tell us what you think about our wellbeing objectives.

Your feedback will help shape our final objectives and ensure they are fit for the future. Please share your thoughts via this form.

The closing date for responses is Friday, March 7, 2025. Thank you so much for helping us. We'll be publishing our final objectives on March 31, 2025.

Give feedback

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Ein Hamcanion Llesiant:
Canolbwyntio ar y Dyfodol

Mae Deddf Llesiant Cenedlaethau'r Dyfodol (WBFGA) wedi bod yn berthnasol i Wasanaeth Ambiwlans Cymru ers Mehefin 30, 2024.

Nod y Ddeddf yw sicrhau bod cyrff cyhoeddus ledled Cymru yn cydweithio i sicrhau bod Cymru'n datblygu'n wlad lewyrchus, gyfoethog yn ddiwylliannol, sy'n fywiog yn economaidd, yn iach ac wedi'i haddysgu'n dda, lle gall pobl ffynnu yn y gwaith, ac yn y cartref.

Er ein bod wedi bod yn gweithio yn unol â Deddf Llesiant Cenedlaethau'r Dyfodol ers 2015, nawr ein bod yn dod yn ffurfiol o dan y Ddeddf, mae'n ofynnol i ni nodi sut y byddwn yn chwarae ein rhan i gyfrannu at wireddu'r nodau llesiant hyn.

Dros yr ychydig fisoedd diwethaf, rydym wedi bod yn datblygu amcanion llesiant drafft, gan weithio gyda grŵp o staff o bob rhan o'n sefydliad a'n partneriaid undeb llafur, i ddatblygu rhai amcanion llesiant eang sy'n adlewyrchu ein hymrwymiad i gyflawni'r nodau llesiant a amlinellir yn y Ddeddf.

Nawr bod gennym ein hamcanion llesiant drafft, rydym wir eisiau clywed beth yw barn ein partneriaid, rhanddeiliaid, cleifion a'r cyhoedd am ein syniadau.

Gan fod Deddf Llesiant Cenedlaethau'r Dyfodol yn ein hannog i feddwl am y tymor hir, mae ein hamcanion arfaethedig yn eang ond yn adlewyrchu'r egwyddorion yr ydym am seilio ein sefydliad arnynt wrth i ni symud ymlaen. Gobeithiwn, trwy ganolbwyntio ar y dyfodol, gydag egwyddorion arweiniol sy'n canolbwyntio ar angerdd, pwrpas ac ymrwymiad i gydweithio gyda'n cymunedau ac ar eu rhan, y gallwn barhau i fod yn un o sefydliadau angori cryfaf Cymru.

Ein Hamcanion Llesiant Drafft

Amlinellir ein hamcanion llesiant drafft isod. Rydym wedi rhoi esboniad byr o bob un i'ch helpu chi ddeall ein ffordd o feddwl.

Wrth gwrs, er bod y rhain yn eang iawn, bydd llawer o waith manwl oddi tano, y bydd angen ei adlewyrchu yn ein cynlluniau strategol a gweithredol yn y dyfodol.

Amcan Un:
Cyflogwr sy'n Gymdeithasol Gyfrifol

- cefnogi'r economi sylfaenol drwy ddarparu cyfleoedd cyflogaeth a gwirfoddoli hirdymor i bobl ledled Cymru, ar bob adeg yn eu gyrfa ac mewn amrywiaeth eang o rolau.
- buddsoddi mewn hyfforddiant, addysg a dysgu i sicrhau bod ein pobl yn cynnal ac yn datblygu eu sgiliau, i fod y gorau y gallant fod, ac i gadw'r sgiliau o fewn y sefydliad neu cymunedau lleol.
- bod yn gyflogwr angori, gan gynnwys mewn rhannau o Gymru lle mae llai o gyfleoedd cyflogaeth.
- gwerthfawrogi ein partneriaethau ag undebau llafur a gweithio i greu sefydliad sy'n groesawgar, yn deg a lle gall pobl ffynnu.

Amcan Dau:
Sefydliad Arloesol a Chynaliadwy

- bod ar flaen y gad ym maes gofal clinigol drwy harneisio technoleg mewn ffordd sy'n lleihau ein heffaith amgylcheddol ac sy'n gwella diogelwch a phrofiad cleifion.
- gwneud y gorau o'n Statws Ymddiriedolaeth Brifysgol i weithio gyda phartneriaid masnachol ac academaidd i chwilio am atebion yfory, heddiw.
- leihau ein heffaith amgylcheddol, defnyddio atebion mwy cynaliadwy a charbon niwtral yn ein hystâd, ein fflyd ac arferion gwaith, i cyfrannu at Gymru wyrddach, lanach ac iachach.
- rheoli ein hasedau ariannol a ffisegol yn dda, fel y gallwn ddarparu gwasanaethau hyfyw ar gyfer y tymor hir ac fel y gall cymunedau ddibynnu arnom i fod yno pan fyddant ein hangen.

Amcan Tri:
Darparwr Gofal Rhagweithiol, Hygyrch a Theg

- darparu gwasanaethau brys a gofal mewn argyfwng sy'n diwallu anghenion pobl Cymru, lle bynnag a phryd bynnag y mae eu hangen, gan wella canlyniadau a sicrhau y gall pobl fyw bywydau iachach am gyfnod hwy.
- ddatblygu gweithlu amrywiol sydd wedi'i hyfforddi'n arbenigol fel bod ein cymunedau'n teimlo eu bod yn cael eu cefnogi'n dda a bod ganddynt ran yn ein sefydliad.
- cydweithio â'n cymunedau a'n partneriaid i adeiladu modelau gofal sy'n parhau i ddiwallu anghenion esblygol Cymru.
- cofleidio ein rôl ddiwylliannol fel gwasanaeth ambiwlans cenedlaethol Cymru, gan hyrwyddo ein hiaith a'n treftadaeth tra'n datblygu ffyrdd arloesol newydd o ddarparu gofal sy'n gosod Cymru fel arweinydd ar y llwyfan cenedlaethol a rhyngwladol.

Sut byddwn ni'n gwneud hyn i gyd?

Rydym yn glir bod yn rhaid i'n hamcanion llesiant fod yn fwy na geiriau. Rydym am wneud newid gwirioneddol ac ystyrlon a gwneud cyfraniad llawn at Gymru iachach, fwy bywiog a llwyddiannus.

Mae ein hamcanion llesiant ar gyfer y tymor hir. Ni ellir eu cyflawni dros nos, a bydd eu ffocws yn datblygu dros amser. Dyma pam rydym yn meddwl y dylen nhw fod yn fwriadol eang – er mwyn sicrhau ein bod ni'n parhau i ganolbwyntio ar bethau a fydd wir yn gwella bywyd yng Nghymru am flynyddoedd lawer i ddod. Cânt eu defnyddio fel egwyddorion arweiniol ar gyfer datblygu ein strategaeth a'n cynlluniau fel y gallwn fesur cynnydd diriaethol a gweld newid gwirioneddol.

Wrth gwrs, ni allwn wneud hyn ar ein pennau ein hunain, a dyna pam yr ydym yn meddwl bod yr egwyddor datblygu cynaliadwy a amlinellir yn Neddf Llesiant Cenedlaethau'r Dyfodol mor bwysig. Mae'n crynhoi pum ffordd o weithio a fydd yn ein helpu i gyflawni ein hamcanion, a'r nodau llesiant ehangach. Y ffyrdd hyn o weithio bydd sylfaen ein hymagwedd, sef:

- Cydweithio
- Integreiddio
- Cymryd rhan
- Tymor Hir
- Atal

Sut gallwch chi ein helpu ni?

Hoffem i chi ateb ychydig o gwestiynau byr i rhannu eich barn am ein hamcanion llesiant.

Bydd eich adborth yn helpu i lunio ein hamcanion terfynol a sicrhau eu bod yn addas ar gyfer y dyfodol. Rhannwch eich barn drwy'r ffurflen hon.

Y dyddiad cau ar gyfer ymatebion yw dydd Gwener, 7 Mawrth, 2025. Diolch yn fawr iawn am ein helpu. Byddwn yn cyhoeddi ein hamcanion terfynol ar 31 Mawrth, 2025.

Rhoi adborth

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AGENDA ITEM No	**9**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**1 (2)**

INITIAL 2025/26 REVENUE BUDGET

MEETING	Finance & Performance Committee
DATE	18 March 2025
EXECUTIVE	Executive Director of Finance and Corporate Resources
AUTHOR	Jason Collins, Head of Financial Management
CONTACT	Jason.Collins@wales.nhs.uk

EXECUTIVE SUMMARY

1. Further to the detail provided in the finance section of the Integrated Medium Term Plan (IMTP) this paper provides additional analysis of how the proposed balanced financial plan for 2025/2026 is translated into delegated budgets, the key assumptions made, and any remaining choices required in doing so.
2. Following the requested approval of this initial 2025/26 budget and then onward for Trust Board approval to be held on 27th March 2025, as in previous financial years, individual discussions will be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2025/26 budgets, in accordance with the Trust's Standing Financial Instructions (SFIs). These meetings will take place as early in Q1 2025/26 as practically possible.
3. In accordance with the SFIs, annual budget setting and IMTP timetable, budgets for the 2025/26 financial year have been produced within the framework of the Trust's anticipated resource envelope.

Recommendation: Finance & Performance Committee are asked to Endorse the initial 2025/26 revenue budget, building on the WAST Financial Plan included in the IMTP and then recommend it for onward approval at Trust Board on 27th March 2025.

KEY ISSUES/IMPLICATIONS

1. The current planned resource envelope (planned income) for the Trust for the financial year 2025/26, as per the financial plan within the IMTP, totals **£310.6m** of which £291.5m is via the Joint Commissioning Committee (JCC) commissioned services of EMS, Ambulance Care and 111 services, £7.9m from other NHS Welsh Organisations, £10.1m from Welsh Government (WG) and £0.9m from other sources, of which £0.150m is assumed to be delivered via WAST Savings programme.

2. Key elements of planned income includes that the additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 1.77% uplift provided to Health Boards in the 2025/26 NHS Wales Allocation Letter issued on 20th December 2024, applied to all of the Trust's key commissioning agreements. On top of this, changes to Employer National Insurance rates from 6th April 2025 are assumed to be funded direct by WG with income assumed to cover increased costs of £4.7m. No income (or expenditure) assumptions have been included for the 2025/26 pay deal, as values are currently unknown, although Welsh Government (WG) have advised this will be fully funded and hence cost neutral.

3. Core initial operating revenue budgets for 2025/26 for Pay, Non-Pay, plus any profit on sale of assets, interest payable and receivable and depreciation totals **£319.0m**. This recognises the full year impact of 2024/25 developments and brought forward cost pressures as well as inflation pressures and unavoidable cost pressures for 2025/26. As noted, no expenditure assumptions have been included for the 2025/26 pay deal and costs are assumed as fully funded and hence cost neutral. Also excluded in this opening financial plan are costs relating to the recommendations of the Manchester Arena Inquiry. WAST savings programme has identified £8.350m from its operating revenue budgets and hence budget will be set at **£310.6m,** providing **an opening balanced financial plan for 2025/26**.

4. The initial savings requirement for the 2025/26 financial year within the balanced financial plan is **£8.5m** of which £0.150m is income related and £8.350m from operating revenue budgets. £6.5m of this savings value has allocated programmes of identified themes and schemes and the balancing £2m has 'pipeline' ideas identified to which the detail is currently being worked through. Delivery and monitoring of their performance will be via the refreshed Financial Sustainability Programme governance group and workstreams. Finance & Performance Committee (F&PC) will be provided with regular monitoring of the savings plan via its normal Financial Reporting papers and agenda items.

5. Key risks and issues identified in the financial plan include the need to ensure full recovery of all the updated income assumptions via commissioners, delivery of a

£8.5m savings target and recovery of the increased national insurance employer costs of £4.7m. There will also be a need to manage any further inflationary increases as the year materialises, the ongoing challenges and levels of hospital handover delays as well as any ongoing JCC commissioning asks.

REPORT APPROVAL ROUTE
Final financial plan to be presented to Trust Board on 27th March 2025 as part of IMTP submission.

REPORT APPENDICES
Appendix 1 includes the detail and narrative to support the Financial Plan for 2025/26. This includes two annexes of: • Annex 1 – Savings Schemes • Annex 2 – Directorate Revenue Budgets

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

APPENDIX 1

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

INITIAL 2025/26 REVENUE BUDGET

SITUATION / BACKGROUND

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2025/2026 is translated into delegated budgets, the key assumptions made, and remaining choices required in doing so.

2. Following the approval of the initial 2025/26 budget, individual discussions will be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2025/26 budgets, in accordance with the Trust Standing Financial Instructions (SFIs).

3. A final financial plan for 2025/26 will be presented to Trust Board and included in the IMTP on the 27th of March 2025. The revenue elements of this paper are consistent with that contained within the current IMTP financial plan and hence forms the basis of the revenue budget for 2025/26 with a recommendation to the Finance & Performance Committee for endorsement.

ASSESSMENT

4. In accordance with the SFIs, annual budget setting cycle and IMTP timetable, budgets for the 2025/26 financial year have been produced within the framework of the Trust's anticipated resource envelope.

KEY INCOME ASSUMPTIONS

5. As detailed in the updated financial plan, the current WAST planned resource envelope for the 2025/26 financial year is currently **£310.6m,** summarised in the table below.

Income Sources	£m	£m
JCC		
EMS	251.5	
Ambulance Care	29.1	
111	10.9	
Total JCC		**291.5**
Welsh NHS Organisations		
Ambulance Care Services	3.2	
EMS Services	3.0	
Other	1.7	
Total Welsh NHS Organisations		**7.9**
Welsh Government		
HART / CBRN / SORT	4.0	
PIBS	1.0	
Employers NI Increase 25/26	4.7	
Mental Health & Dementia	0.4	
Total Welsh Government		**10.1**
Other Income		
Savings Targets	0.2	
Other Sources	0.9	
Total Other Income		**1.1**
Total Income Assumptions		**310.6**

"Core" JCC income

6. As can be seen above, the biggest single funding source to the Trust is via the JCC (Joint Commissioning Committee) and current assumed income for 2024/25 is **£291.5m** for EMS, Ambulance Care and 111 related services.

Income baseline changes for 2025/26 includes the following:

- £5.1m for the 1.77% growth uplift;
- £11.5m for the recurrent cost of the 2024/25 pay awards that was funded direct by WG;
- All other income values in the 2024/25 baseline are assumed to rollover into 2025/26 as a starting position.

2025/26 Income from other Welsh NHS Organisations

7. The main items included here are as follows:

   - Ambulance Care income of £3.2m includes of £0.8m for Velindre NHS Trust of which funding cannot flow via JCC as it's a not a Health Board, £0.8m for Renal Transport Services commissioned locally via Betsi Cadwalader Health Board, £0.2m of recharged costs to WHSSC for renal transport costs, £0.7m via Cwm Taf Heath Board as an estimation for pending transfer of services, prompt cardiac transport of £0.4m and then a mix of local Health Board commissioned services totalling £0.3m;

   - Locally commissioned EMS services include services such as dedicated discharge services, APP support to primary care services, FALLS support services and Palliative Care Paramedics totalling £3.0m;

   - Other health board income totals £1.7m and includes fleet maintenance income to NHS Shared Services, rental income from WAST Estate, provision of Occupational Health Services and operational continued professional development (CPD).

Income from Welsh Government

8. Included here are the following:

   - Income from WG includes directly funded services for Hazardous Area Response Team (HART), Special Operations Response Team (SORT) and Chemical, Biological, Radiological and Nuclear (CBRN) totalling £4.0m.

   - WG also provide support for the cost of Personal Injury Benefit Cases (PIBS) to which a corresponding expenditure budget has been set, thus assuming overall neutrality to WAST. Value assumed at the outset of 2025/26 is £1.0m.

   - No additional income has been included currently for 'technical adjustments' of Depreciation and Impairments above baseline (baseline depreciation is funded via JCC contracts and for 2025/26 the value is £15.3m). Any additionality is invoiced on actual values as the year progresses. Corresponding expenditure budget has been set at the same baseline value, so any fluctuation is cost neutral.

   - WG also provide funding to support WAST activities for mental health and dementia totalling £0.4m.

   - Employer National Insurance rates from 6th April 2025 are assumed to be funded direct by WG with income assumed to cover increased costs of £4.7m. No income (or expenditure) assumptions have been included for the 2025/26 pay deal, as values are currently unknown, although Welsh Government (WG) have advised this will be fully funded and hence cost neutral

Other Income

9. Other income includes:

   - £0.150m of the £8.5m savings target for 2025/26 and this includes additional apprentice income and commercialisation opportunities.

   - £0.9m from other income sources include Ambulance Care provision provided to English NHS organisations, Compensation Recovery Unit (CRU) for Road Traffic Accidents, Welsh Universities for Paramedic Training and Operational Cover at Sports Events.

OPENING REVENUE BUDGETS

10. The Trust is required to set expenditure budgets within the total resource income available, and which are set to achieve financial balance in line with the Trust's SFIs, statutory break-even duty that align to the operational delivery plans of the organisation. From a high-level budget setting perspective, the financial plan for 2025/26 is summarised below.

	Opening Budgets 25/26	Planned Savings	Revenue Set Budgets 25/26
	£m	£m	£m
Income	-310.469	-0.150	-310.619
Operating Expenses	304.723	-7.542	297.181
Profit on Disposal	-0.445	-0.250	-0.695
Interest Payable	0.240		0.240
Interest Receivable	-0.800	-0.558	-1.358
Depreciation (Baseline)	15.251		15.251
Total Expenditure	318.969	-8.350	310.619
Planned Budget Surplus (-) / deficit	8.500	-8.500	0.000

11. The Operating Expenses line is where the main Divisional and Directorate budgets will be delegated within, primarily split between pay and non-pay budgets. Whilst a key budget setting principle is that such budgets are initially set based on the recurring "rollover" position from the 2025/26 budget, the current and future expected expenditure against each of the existing budgets has been scrutinised in detail as part of the budget setting process.

Pay

12. The pay budget for 2025/26 has been set based on the following assumptions.

13. Costs are based on NHS pay award rates for the 2024/25 financial year as pay rates for 2025/26 are currently unknown and will be added to the core budgets when known (with corresponding funding from WG). Overall directorate budget control totals will manage the pay progression up spinal points together with attrition salary differences and mostly vacancies have been set at entry point of scales. The following other key assumptions have been made:

    - Budgets include the cost impact of EMT grade rebanding to EAPs at £3.0m
    - Funded whole time equivalents (WTEs) are rolled over from 2024/25 and flexed for their full year impacts in 2025/26 including any skill mix changes;
    - Budgets also include the Employer National Insurance rates increases from 6th April 2025 of £4.7m (assumed to be funded direct by WG).
    - Pay costs include estimated staff costs for cost pressures in relation to service and unavoidable system pressures and delivery of commissioning intentions, in line with that included within the IMTP financial plan;
    - Budgets for the main variable cost elements of overtime, enhancements and overrun will be broadly set on a mix of roster relief calculations for 2025/26 and forecast outturn position for 2024/25.

14. The plan provides that £0.1m of pay costs will be capitalised to support the development of the 2025/26 capital schemes with this corresponding minimum requirement being highlighted against the discretionary capital allocation for 2025/26.

Non-pay, technical items and contingency

15. Non pay budgets for 2025/26 will be set taking into consideration the existing budget levels together with 2024/25 forecast expenditure outturn. Recognition of above inflation uplifts on certain contracts and a general c1% uplift for other non-pay expenditure budgets will be applied but there is an expectation that some of this will be required to be met within directorate core budgets and saving schemes.

16. Non pay budgets will include full year impact of those unavoidable cost pressures from the 2024/25 financial year and those identified for the 2025/26 financial year.

17. As noted in pay budgets, a similar approach for non-pay costs will apply and budgets will include estimates for cost pressures in relation to service and system pressures and delivery of commissioning intentions.

18. As per previous years a contingency budget is included and the 2025/26 value proposed is £1.0m.

19. For the 2025/26 financial year, the opening profit on asset disposal budget is £0.695m. This includes the sale of vehicles which is planned to be higher in 2025/26 due to capital replacement programme and sale of obsolete and replaced equipment.

20. Interest receivable budget for 2025/26 is set at £1.358m based on average returns in 2024/25 less some small forecast reduction in interest rates assumed in 2025/26.

21. Interest payable budgets have been 'rolled over' at 2024/25 values.

22. Depreciation and impairment budgets correspond with an income budget totalling £15.3m. This does not include any additionality in depreciation or indexation for 2025/26 and when this figure is available any impact will be cost neutral as these areas are assumed as 'ring fenced' allocation by Welsh Government with under spends clawed back and agreed increases because of capital investments funded, therefore assumption is no under or overspends in this area during the 2025/26 financial year.

Unavoidable Cost pressures, System Pressures and Commissioning Intentions

23. Further to that included in the pay and non-pay budgets sections of this paper then below summarises the main components included in the 2025/26 financial plan for the unavoidable cost pressures, system pressures and commissioning intentions.

	£000s	£000s
EXPENDITURE:		
Additional committed costs 2025/26:		
FYE of 2024/25 pressures	1,935	
2024/25 non recurring savings	2,775	
2025/26 costs of EAP B5 development	3,501	
Sub Total		**8,211**
Estimated inflationary pressures 2025/26:		
Ambulance care external providers	400	
Falls contract increase	340	
Non pay inflation	750	
Sub Total		**1,490**
Other known unavoidable cost pressures 2025/26:		
MS Office NHS Wales enterprise agreement impact	100	
Additional WRP	100	
Fleet Maintenance	950	
Waste legislation	100	
Losses and special payments increases	250	
New 111 system - additional cost pressures	100	
GRS refresh - to cloud	150	
Cost pressures relating to service and system pressures, including the impact of handover delays, plus delivery of commissioning intentions. This includes;		
Remote Clinical triage / RICS / Clinical navigation	1,355	
Additional clinicians to support 'shift left' / reduced conveyancing (inc maximising previous investment)	500	
Consultant Midwife post - previously externally funded	66	
Additional digital, organisational and corporate costs to support the above	250	
Other	100	
Sub Total		**4,021**
Total Estimated increase in costs		**13,722**

SAVINGS AND EFFICIENCIES

24. A key part of the financial plan, and which therefore also needs to be reflected in the budget setting, is the savings target for 2025/26. As above, this is currently £8.5m of which £6.5m has allocated programmes of identified themes and schemes to this value and the balancing £2m has 'pipeline' ideas identified to which the detail is currently being worked through. These summary savings are included in ***Annex 1.***

25. This value equates to c2.7% of WAST baseline and is a further stretch than the £6.421m planned and that is forecast to be fully delivered as a minimum in the 2024/25 financial year.

26. Refreshed Financial Sustainability Programmes governance group and workstreams planned for 2025/26 will have oversight of the savings target and the schemes delivery and monitoring. Finalisation of the profile of savings over the financial year by month is currently being worked through prior to its reporting in the Minimum Data Set (MDS) that will be submitted in conjunction with the IMTP.

27. Key risk is the ability to deliver this value and manage any other in year cost pressures as they arrive, within the small contingency this financial plan continues to hold. Despite this, in the current environment this remains a challenging target, the size of which proportionality is not out of the range being suggested by large parts of the rest of the NHS in Wales. There is also a clear track record of recent achievement within WAST.

28. Further development of the detailed plans and delivery and monitoring of the achievement of this will be via the refreshed Financial Sustainability Programmes Governance group, through to the Strategic Transformation Board. Finance & Performance Committee (F&PC) will also be provided with monitoring of the savings plan via its normal financial reporting reports that are also provided to Executive Leadership Team, Trust Board and externally to Welsh Government and Commissioners.

Initial Directorate Budgets

29. ***Annex 2*** therefore provides a summary of much of the above and how these translate into proposed opening 2025/26 revenue budgets by Directorate. Due to the continuation of work on some service transfers there may be minor fluctuation to directorate budgets as these progress to be uploaded to WAST General Ledger system. However, these will be included in final budget values to be discussed in budget meetings planned with CEO, Director of Finance and Corporate Resources and each delegated Executive Director budget holder, for final agreement and formal sign off, as required by the Trust's SFIs.

Key risks

30. No financial plan or resulting budget set is risk free. The main risks that will need close monitoring and mitigating actions through the upcoming financial year, as highlighted within the IMTP financial plan, include:

    - The recovery of all of the income assumptions this balanced financial plan now makes, in particular ensuring the commitments and elements supported within the JCC IMTP are

fully delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered;

- No other developments, enhancements or cost increases not currently funded within budgets will be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere;
- The ability to deliver £8.5m in savings and efficiencies in year. This equates to c2.7% of the Trusts opening income assumptions. Any further ask to stretch this value will no doubt have an impact of WAST deliverables;
- That the embedding of JCC commissioning arrangements as they evolve have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS services, etc;
- That the profile and pattern of additional unavoidable spend in year is as currently projected, with any significant variances to this being able to be managed in year whilst ensuring maximum value, and
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continues to hold.

RECOMMENDATION: Finance & Performance Committee are asked to Endorse the initial 2025/26 revenue budget, consistent with the financial plan contained within the IMTP, and recommend it for onward approval at Trust Board on 27 March 2025.

Welsh Ambulance Services NHS Trust

Savings Performance by Scheme 25-26

Scheme	PLAN 25/26	
	Recurring	Non Recurring
	£000	£000
Apprentice Income	50	
Balance Sheet Flexibility	200	
Dispoals	250	
End of Shift Overrun	100	
Fuel (forecourt price saving against budget)	230	
Commercialisation Opportunities	100	
Interest Receivable	516	
Non Pay Local Schemes - Corporate	914	
Non Pay Local Schemes - Operations	651	
Pay Cost Management (Variable / Net Vacancies) - Operations	3,139	
Pay Vacancy Management - Corporate	75	2,275
OVERALL TOTALS	**6,225**	**2,275**
% Split	**73%**	**27%**

Annex 2

Opening Revenue Budgets 2025/26

	Income Budgets			Pay & Non Pay Budgets			
Directorate	**Core Budgets**	**Savings to Directorates**	**Opening Budgets**	**Core Budgets**	**Savings to Directorates**	**Opening Budgets**	**Net Opening Budgets**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Chief Executive Directorate	0	0	0	2,157	-5	2,152	2,152
Corporate Governance	0	0	0	729	-45	684	684
Partnership & Engagement	-48	0	-48	651	-40	611	563
Operations	-10,534	0	-10,534	231,142	-4,120	227,022	216,488
Finance & Corporate Resources	-1,663	0	-1,663	39,859	-1,766	38,093	36,430
Strategic Planning & Performance	0	-100	-100	3,217	-112	3,105	3,005
Quality, Safety and Patient Experience	-427	0	-427	7,909	-492	7,417	6,990
Digital Directorate	-157	0	-157	17,405	-706	16,699	16,542
People & Culture	-926	-50	-976	7,677	-447	7,230	6,254
Clinical & Medical	-46	0	-46	6,316	-417	5,899	5,853
Trust Core Income	-296,178	0	-296,178	0	0	0	-296,178
Reserves	-490	0	-490	1,907	-200	1,707	1,217
TRUST TOTAL	**-310,469**	**-150**	**-310,619**	**318,969**	**-8,350**	**310,619**	**0**

AGENDA ITEM No	10
OPEN	OPEN
No of ANNEXES ATTACHED	1

QUALITY & PERFORMANCE MANAGEMENT FRAMEWORK RE-FRESH 2025-28

MEETING	Finance & Performance Committee
DATE	18 March 2025
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Hugh Bennett - Assistant Director, Commissioning & Performance
CONTACT	Hugh.Bennett2@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this report is to obtain approval for the re-fresh of the current Quality & Performance Management Framework (Q&PMF)**.**

2. The Trust has operated a Q&PMF for a number of years, with the current 2022-25 version requiring a three-year refresh.

3. Benchmarking indicates that the Trust has set itself a high bar with its current approach; consequently, the re-fresh is an evolution not a revolution with the emphasis on completing what the Trust has started, with a particular focus on completing self-assessments across all the of the Trust against the Organisational Requirements (the Trust's quality and performance management standards) and ensuring consistent good practice.

4. The emphasis on completing what the Trust has started is consistent with the internal audit of the Q&PMF in 2024, which gave the Q&PMF a "reasonable assurance" rating, but "limited assurance" on progress. Progress has been a product of a lack of capacity, which is now being resolved.

5. Based on benchmarking, discussion and feedback received, a number of tweaks have been made to the Q&PMF as part of this refresh, in particular, a stronger focus on quality (balanced and holistic metrics) and outcomes.

6. The Q&PMF represents the Trust's quality policy and forms part of its approach to discharging the statutory Duty of Quality.

7. Board/ELT has responsibilities under the Q&PMF, with the Q&PMF Steering Group (Chair: Executive Director Strategy, Planning & Performance) accountable for its development and oversight. The Q&PMF Steering Group meets monthly, with the

Executive Director Quality & Nursing and Director of Corporate Governance also representing ELT. The Steering Group has a refreshed work programme.

RECOMMENDATION: The Committee is asked to: -

(1) Consider the contents of the Q&PMF 2025-28;
(2) Identify any further amendments as part of the re-fresh;
(3) Endorse the Q&PMF 2025-28; and
(4) Recommend the Q&PMF 2025-28 for Trust Board approval.

REPORT APPROVAL ROUTE
03.03.25 Quality & Performance Management Steering Group 05.03.25 ELT 18.02.25 Finance & Performance Committee 27.03.25 Trust Board

REPORT APPENDICES
Appendix 1 – Q&PMF 2025-28

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 obtain approval for the re-fresh of the current Quality & Performance Management Framework (Q&PMF)**.**

2. The Trust has operated a Q&PMF for a number of years, with the current 2022-25 version requiring a three-year refresh taking it through to the period 2025-28.

BACKGROUND

3. The Trust has operated a Q&PMF for a number of years.

4. Generally, the Trust has a strong track record of delivery, which indicates a strong culture of planning and quality/performance management. A formal Q&PMF is designed to ensure there are formal structures and processes to further support the quality and performance management culture of the Trust.

5. The formal Q&PMF is also an important part of the Trust's response to the statutory Duty of Quality and the 12 Health & Care Standards.

6. Ultimately, good performance management should give assurance that a quality service is being delivered, whether that is to patients or other users of our services (external and internal).

ASSESSMENT

Benchmarking

7. The Quality & Performance Management Steering Group, which is accountable for delivery and oversight of the framework, undertook benchmarking in Q3 2024/25. This involve looking at frameworks in other ambulance trusts, health boards, health organisations and the private sector.

8. The benchmarking identified that the Trust has set itself a high bar, with the Q&PMF setting out over 20 Organisational Requirements, the quality and performance management standards for the Trust.

9. The development and roll out of the Q&PMF is actively managed through the Q&PMF Steering Group. The Trust appears to be unusual in undertaking quality & performance self-assessments i.e. we did not find evidence of other organisations undertaking them. It does this at a corporate, whole organisation, level, and at an individual service level.

10. The key takeaway from the benchmarking was an identified need to increase the focus on the importance of people within the framework, with the recommended action being a senior member of the People & Culture Directorate joining the Steering Group.

Duty of Quality

11. As part of the refresh Corporate Governance, QSPE & SP&P held a workshop to reflect on the Framework in general, reflecting specifically on the Duty of Quality within the context of the Trust. The workshop identified:

    - A need for a stronger emphasis on completing timely quality impact assessments (QIA);
    - The use of more balanced and holistic metrics, with less emphasis on time and more emphasis on experience and outcomes; and
    - Data linking that supports the measuring of clinical outcomes

Quality & Performance Management Survey

12. A short, two question, survey was made available to all colleagues across the Trust, asking them to rate quality and performance management in the Trust and identify how it could be approved.

13. The score was 4.62 out of 10, with the following identified areas of improvement:

    - Strengthening the connection between the Framework and people (as against numbers);
    - More emphasis on quality and outcomes; and
    - Improved access to quality and performance data.

14. Whilst the score is less than 50%, a degree of circumspection is required here i.e. performance management can involve having difficult conversations.

    Corporate Self-Assessment

15. A corporate level i.e. Trust level, self-assessment against the Organisational Requirements was undertaken in 2022. This has been refreshed. Key identified areas for improvement included: -

    - Refreshing the Trust's Long Term Strategy (LTS);
    - Measuring the impact (outcomes) of the LTS and Integrated Medium Term Plan (IMTP);
    - Ensuring every directorate has a proportionate Local Directorate Plan (LDP);
    - Strong emphasis (organisational discipline) on completing lessons identified, closure reports and benefits realisation reports;
    - Developing a quality & performance (data literacy) training for all B7 managers and above

16. The above bullets are not an exhaustive list, but key points from the corporate self-assessment.

    Internal Audit

17. The Framework was subject to an internal audit in 2024. The framework and its delivery received an overall rating of "reasonable assurance", but progress on delivery received only a "limited assurance".

18. The completion of quality & performance self-assessments across all of the Trust, with supporting work plans, is considered key here. Completing these self-assessments encourages reflective practice, identifies good practice, reduces variation and moves the Trust towards consistent good practice.

19. Development capacity v capacity to manage the day-to-day needs of quality & performance management has been the fundamental problem; however, this is being addressed by additional capacity in the Insight & Data Services service.

20. The internal audit did not recommend any changes to the actual framework, just the delivery of it.

Q&PMF 25-28

21. The Q&PMF 25-28 is attached at Appendix 1. The wording on its relationship to the broader Duty of Quality has been strengthened and a number of the Organisational Requirements have had there wording tweaked: OR1, OR3 OR4, OR5, OR6, OR9, OR11 and OR23. The changes are marked in red.

22. One new OR is recommended, OR16: -

OR16	There should be a focus on measuring and evaluating the benefits, effectiveness and eventual outcomes from services and service change.

Summary

23. The Trust's Quality & Performance Framework 2022-25 will come to an end on 31 March 2025. It has been reviewed and refreshed for the period 2025-28. The refresh has included benchmarking, surveying users of it, internal audit recommendations, a self-assessment and consideration of the Trust's statutory Duty of Quality. The framework is considered sound and to set a high bar for the Trust. The overall conclusion of the refresh was to complete and finish what the Trust has started. Doing so should give the Trust assurance that it is delivering a quality service.

RECOMMENDATION: The Committee is asked to: -

(1) Consider the contents of the Q&PMF 2025-28;
(2) Identify any further amendments as part of the re-fresh;
(3) Endorse the Q&PMF 2025-28; and
(4) Recommend the Q&PMF 2025-28 for Trust Board approval.

WAST QUALITY & PERFORMANCE MANAGEMENT FRAMEWORK

VERSION: (2)

2025-2028

Contents

Appendices

1. Purpose

This Quality & Performance Management Framework sets out an integrated approach to helping the Trust **improve the quality of its services and outcomes for patients** and **achieve its ambitions and objectives** by monitoring and improving the performance of people, teams, and the organisation. It will be communicated across the organisation, supported by a work plan and formally reviewed every three years.

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

The Framework also provides a formal document to give assurance to Trust Board that the Trust has a clearly defined approach for delivering quality and performance at all levels of the organisation, and quantifiable measures that enable the Trust to assess our delivery of the Health & Care Quality Standards 2023 and therefore deliver against our responsibilities as set out in the Health & Care (Quality & Engagement) (Wales) Act 2020 ("the Act") and more specifically the **Duty of Quality**. The Framework applies to the whole organisation, including operational service delivery, clinical services and support services

Quality is defined within the Act as "continuously, reliably and sustainably meeting the needs of the population we serve". This includes, but is not limited to:

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

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

2. Background

As a quality driven organisation, the Trust is focused on promoting a culture that ensures that its behaviour, attitudes, activities and processes meet our patients and service user needs and expectations. The quality of the services we provide should be assessed not only on our capacity to achieve statutory requirements, but on our capacity to meet patient expectations and consider the intended or unintended effects on our stakeholders. Quality services encompass not only our operational functions and performance, but also how these services are perceived and valued by our patients.

The performance of the Trust is intrinsically linked to the behaviour of our people within their areas of work. Ensuring alignment and engagement among our people requires a shared understanding of our quality policy and the Trust's desired outcomes. This Framework provides the **Quality Policy** of the Trust and is an integral component of the Trust's **Quality Plan**, which aligns with the Trust's Strategic Vision: *Delivering Excellence 2030*, and complements the organisation's broader strategic initiatives and priorities.

In Wales, health and care organisations are subject to legislative requirements that set legal obligations on the Trust, including the *Duty of Quality*, the *Duty of Candour*, and engagement with our patients through Wales's *Citizen Voice Body* (Llais). A critical aspect of fulfilling the Duty of Quality involves developing and integrating robust **Quality Management Systems** with Quality Planning, Quality Improvement, Quality Control and Quality Assurance all working together to create a learning environment. This Framework supports the information and data flow required for maintaining an effective quality management system within the Trust.

The Trust's structured assessments, internal audits, Audit Wales Quality Governance Review, and Welsh Government Duty of Quality 'self-assessment' have also identified the need to enhance measurement and reporting of quality and performance.

This Framework forms part of the wider QMS:

This Framework works within the 12 Health & Care Quality Standards:

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

The Quality & Performance Management Framework is pivotal as an **internal control mechanism** within our broader assurance arrangements. This framework is instrumental in reinforcing mitigations and serving as a robust second line of defence, ensuring the Board receives thorough assurance. Alongside the **Risk Management Framework -** which is vital for governing the Trust's objectives and central to effective risk management - this framework supports the delivery of quality improvement. These efforts are further enhanced by fostering a strong risk management culture and adhering to the principles of good governance across the organisation. Additionally, the **Board Assurance Framework** delineates how WAST will further fortify the risk management framework, detailing the comprehensive arrangements for providing the Board with assurance regarding the risks that could hinder the organisation from achieving its strategic objectives. Together, these frameworks ensure that quality and performance management remain central to identifying and addressing potential risks effectively.

3. Framework Overview

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

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

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

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

The Quality & Performance Framework will be supported by a **work programme.** The **Q&PMF Steering Group** will be responsible for delivering the work programme and accountable to Executive Leadership Team and will develop reporting for the responsible director to the Finance & Performance Committee.

4. Setting Aspirational and Stretching Objectives

OR1	The Trust will clearly set out its long-term ambitions in a Board approved Long Term Strategy, the LTS. It will be easily accessible and understood by our people, across the organisation, and by stakeholders. The LTS may be supplemented by additional key plans e.g. Strategic Workforce Plan, Quality Plan, etc., however, these must show a direct alignment to the LTS.

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

OR3	More detailed **Delivery Plans** will be developed as required at Directorate, Team or Programme level**,** setting out how they will contribute to achievement of the Trust's Strategy and IMTP and local deliverables not contained in the IMTP.

OR4	The LTS and plans will take account of their operating context, including service users e.g. **citizen's voice, person centred, patient feedback**, internal customer feedback etc.

OR5	Our people will understand their value and contribution through an annual **Personal Appraisal Development Review (PADR)** with an individual plan for the year, connecting the individual's contribution to the Trust's ambitions and plans.

OR6	All plans at every level will **be balanced**, taking into account; our patients, our people, resources & value, and how the plan contributes to partnerships and the wider system (and within these four the 12 Health & Care Standards). The plans will also consider risks and opportunities and how they might be mitigated.

OR7	The Trust will give due regard to Welsh Government, Commissioner and other **strategies and statutory requirements** when developing its plans and planning arrangements.

OR8	All plans should include objectives that are **FAST**: frequently discussed, ambitious, specific (SMART) and transparent.

OR9	All plans should be **dynamic** and responsive to changing circumstances, with supplementary plans being produced as agreed

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

The Trust has a requirement to give regard to all relevant statute in its planning and delivery. Of particular relevance are: a generational focus (the Well-Being of Future Generations (Wales) Act 2015), plan in a way that is consistent with the NHS Wales Planning Framework, commissioning requirements, Welsh Government strategy and a statutory requirement to embed quality and engagement in decision making – the Health & Social Care (Quality & Engagement) (Wales) Act 2020.

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

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

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

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

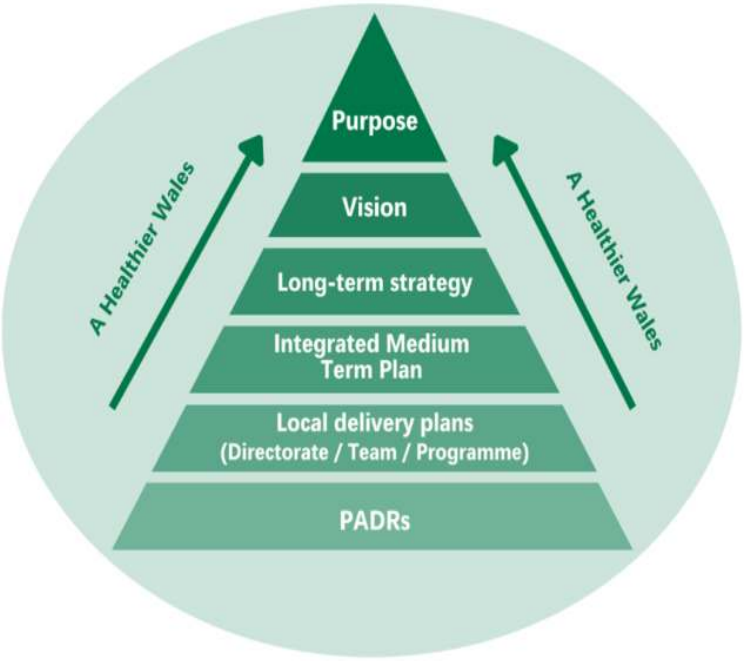
In addition, emergency and business continuity plans should be produced to deal with unplanned situations that interrupt the planned delivery of strategic ambitions and impact on the quality and performance delivery.

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

Plans should be based on the principles of quality, in particular, the domains and enablers of the Health & Social Care (Quality & Engagement) (Wales) Act 2020.

Strategies and plans must be developed alongside the relevant impact assessment. All strategies and plans must have an Equality Impact Assessment (EqIA), but some may also require a Quality Impact Assessment (QIA) or a range of other relevant cyber, digital or environmental assessments. Further information on all the different types of impact assessments can be found in a SIREN notice from the Corporate Governance Directorate.

The Trust's planning arrangements are set out in the following diagrams:-


Purpose
Vision
Long-term strategy
Integrated Medium Term Plan
Local delivery plans (Directorate / Team / Programme)
PADRs
A Healthier Wales
A Healthier Wales


Long Term Strategic Framework
IMTP
Programme, delivery & directorate plans
PADRs

5. Balanced & Coherent Measures and Targets

OR10	The Trust will develop appropriate measures **at every level** of the organisation, aligned to plans that demonstrate progress in achieving long term ambitions and objectives.

OR11	The measures will **be proportionate and balanced** reflecting the quality of services to our patients, our people, resources & value and partnership & system contribution and reflect the 12 health & care standards.

OR12	In reviewing progress against quantitative measures, consideration will be given to **progress over time,** and information will be **simply presented** to ensure that it is clearly understood.

OR13	Everyone in the Trust should have **easy access** to information on the measures relevant to their role, **empowering** quality and performance management in their job.

OR14	Everyone in the Trust should have access to and **be aware** of the corporate level measures and metrics to understand the progress that is being made.

OR15	All reports setting out progress against these measures will be **quality assured** in terms of the data, with clarity provided on data definitions.

OR16	There should be a focus on measuring and evaluating the benefits, effectiveness and eventual outcomes from services and service change.

Quantification of Aims & Objectives

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

Balanced, Logical & Coherent Metrics

There is plenty of quality and performance literature that identifies that setting the wrong measures can cause perverse incentives or sub-optimise performance i.e. an over focus on one measure to the detriment of another. The origins of the **balanced scorecard** approach to measures came from a number of high-profile organisational failures, where there was an over focus on profit or public sector targets at

the expense of wider considerations like safety. The Welsh Government paper "A Healthier Wales", set out the Quadruple Aims, which is based on this approach.

Benefits Realisation & Evaluation

There is a need to quantify plans and use balanced metrics for day to day operations, but also change and transformation. There is a general recognition in the Trust that it needs to improve its approach to assessing the **benefits** of a planned change/transformation and **evaluating change/transformation**, particular, larger scale ones.

Trust Balanced Scorecard

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

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

Within these four the Trust will also give regard to the 12 Health & Care Standards.

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

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

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

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

Both IHI and Vanguard recommend the use of **time series analysis** graphs. Time series analysis enables colleagues to identify trends, variations, and changes in the metrics over time which may be driven by service change or presenting demand (user or patient). Time series analysis can be further supported

using supporting techniques like statistical process control (SPC) and pathway/system mapping of flow (work, users and patients).

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

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

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

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

By providing a balanced, logical and coherent set of metrics the Trust, at whatever level, should have a strong set of business intelligence and the ability to triangulate information, to form a clear picture on what is happening.

Quality and Clinical Outcomes

A lot of the current metrics that the Trust produces are time based and therefore are a proxy for quality and clinical outcomes i.e. it is assumed that if a clinician arrives in reasonable time the outcome will be positive. It is generally acknowledged that the Trust **needs to improve its suite of information on quality and clinical outcomes**, in particular, data linking that enables the Trust to track patients it has had contact with and identify what the eventual outcome for that patient was and not just that the Trust arrived in a timely manner and completed a bundle of care.

Drill Down

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

Alignment

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

This alignment has traditionally been done through PADRs. The Trust knows that this is an area, particularly with the growth of ICT, where there are opportunities for further development over the three years of this Framework.

6. Ownership & Accountability

The requirements for Ownership & Accountability are:-

OR17	**Everyone in the Trust** has a level of ownership and accountability for quality and performance management and improvement, commensurate with their job description.

OR18	**The plans** at every level of the organisation will clearly set out the **owners** of each action and deliverable, although **matrix working** is a key part of the way in which owners can ensure actions are delivered

OR19	The individual owner is **accountable** for the action, deliverable and outcome achieved, and is provided with the support to deliver.

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

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

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

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

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

7. Assurance & Review Mechanisms

OR20	There will be **regular meetings** at every level across the Trust (Trust wide, Directorate, team, individual) where quality and performance delivery is reviewed and assured, linked to the relevant plans.

OR21	These meetings will form part of a **quality and performance management cycle** (Trust, departmental or functional)

OR22	Where assurance is not achieved, **corrective action** will be agreed with a supporting improvement tool or the issue will be escalated.

OR23	The Trust will comply with and support all **external quality and performance management** assurance requirements (JET / JCC/ IQPD).

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

Performance management theory and practice identifies that **regular meetings** provide a clear process for reviewing quality and performance, an organisational rhythm and through repetition the development of knowledge and insight. These are managed at various meetings and governance forums throughout the organisation. These are identified by the Quality and Performance Management Framework Steering Group. That Steering Group meets monthly and reports into the Executive Leadership Team.

The Finance and Performance Committee has oversight of this framework and the value of outcomes produced by the framework. Reporting to that committee is from the responsible director (Executive Director of Strategy, Planning and Performance), and the Steering Group provides a forum to support the establishment of robust monitoring and assurance processes, enable clear escalation routes for issues that require a resolution, and to support development of assurance reporting.

The integrated governance programme maintains a dynamic map of governance forums at the Trust, and the intention is that the forums that manage quality and performance throughout the organisation will be linked and visible in that programme. The Audit, Risk and Assurance Committee has oversight of the integrated governance programme.

For the Trust wide level meetings the expectation is that:-

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

Corrective Action

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

8. Support to Individuals and Teams

OR24	The Trust will ensure that colleagues at every level in the Trust have **access to the resources, education, training & development and tools and techniques** to enable them to deliver and improve quality and performance.

OR25	Appropriate **quality and performance management training** will be available for colleagues at all levels in the Trust, including training in data, analytics and behaviours.

Functional Support

Whilst quality and performance management is everyone's responsibility, there are three parts of the Trust that provide lead functional support for quality & performance management. The three areas are Insight& Data Services, the Quality & Improvement Team and the Strategy, Planning & Performance Directorate.

Insight & Data Services

Insight & Data Services (IDS), previously known as Health Informatics, looks after the whole data lifecycle, from acquisition to storage and reporting, to sharing and destruction. This extends to the governance frameworks of data quality and data protection. IDS aims to provide all professional support regarding data, whether that be information and insight generated from data; ethics, security, and protection related to use and sharing of our data; or practical guidance when managing records and information.

Quality & Improvement Team

The Quality & Improvement Team provide advice, leadership and support on internationally recognised approaches to quality and improvement in the health sector. These involve a range of techniques, for example, the Plan, Do, Study, Act (PDSA) cycle, the use of time series charts, statistical process control. The Team also enables a wider community of quality and improvement advisors across the Trust.

Strategy, Planning & Performance Directorate

The Strategy, Planning & Performance Directorate (SP&P) leads on the LTS, IMTP, planning in general, transformation (including programme and project management), commissioning and performance management, with respect to committees/Board and key external accountability meetings.

All three have expertise to support the Q&PMF and support colleagues across the Trust.

Access to Improvement Tools and Techniques

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

Quality & Performance Management Training

Training on quality and performance management is largely the responsibility of individual managers and staff via the PADR process; there is no real corporate overview (horizon scanning or needs analysis) of the Trust's quality, performance management and improvement tools & techniques. The Quality &

Performance Management Framework Steering Group will collaborate with the People & Culture Directorate (now members of the Group) to ensure appropriate quality and performance management training for colleagues at all levels in the Trust. The overall approach should be that of a learning organisation.

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

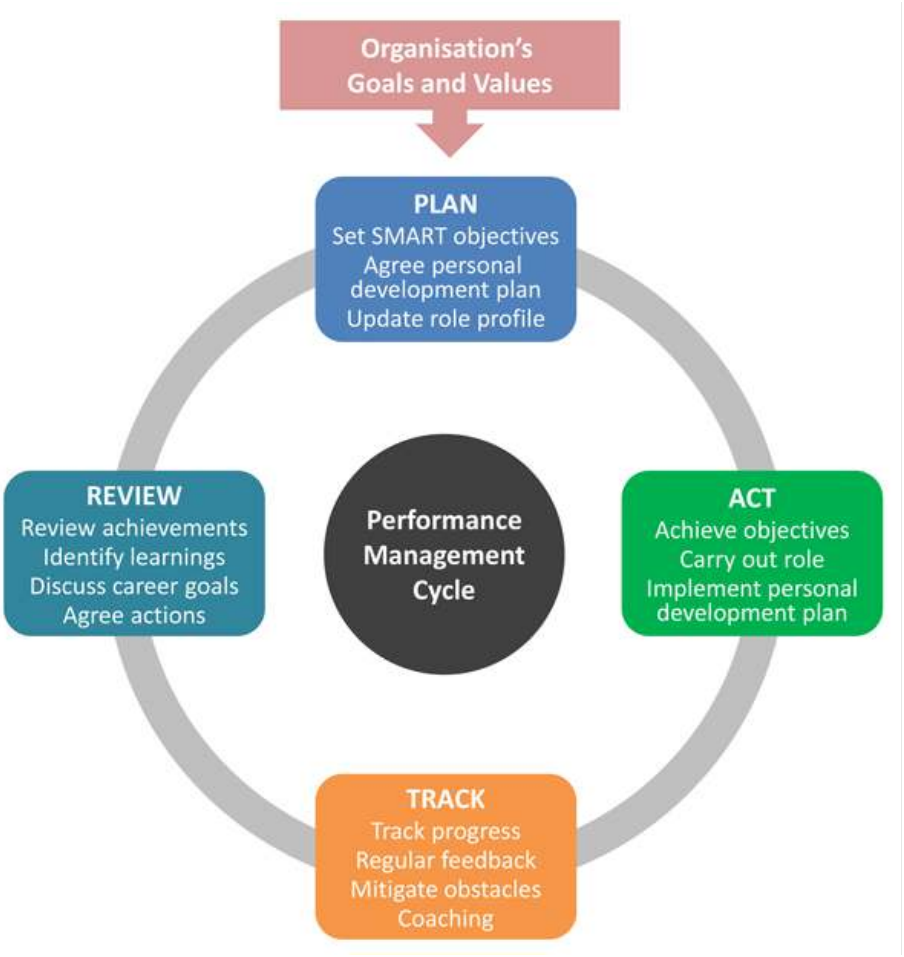
Quality & Performance Analysis

In 2024 the Trust moved is main quality and performance data analytics software from Qliksense to **Power BI**. As part of developing its approach to quality and performance management training across the Trust, the Steering Group will also consider data, information and Power BI literacy.

9. Quality & Performance Management Cycle

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

Quality & Performance Management Cycle



Quality & Performance Management Cycle

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

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

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

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

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

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

10.Roles & Responsibilities

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

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

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

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

The **Executive Director of Operations** has lead officer responsibility for Operation's quality and performance across the Trust's three patient pathways: 111, 999 and Ambulance Care.

The **Executive Director of Finance & Corporate Resource** has lead responsibility for the Trust's financial & resource planning, financial & resource monitoring and delivery and financial & resource benefits and outcomes, including financial balance.

The **Executive Director of Paramedicine** has lead officer responsibility for the Trust's overall Clinical Strategy, clinical practices and a specific lead responsibility for clinical quality and performance in the Clinical Directorate. The Executive Director of Paramedicine is also the Trust's most senior paramedic.

Executive Director of Quality & Nursing has lead responsibility for the regulation of registered nurses and professional standards in the Trust and the Trust's Quality Strategy. The Executive Director of Quality & Nursing is the Trust lead for Health & Social Care (Quality & Engagement) (Wales) Act 2020. The Executive Director of Quality & Nursing is a member of the Quality & Performance Management Steering Group, which forms part of the Trust's wider governance arrangements for the Act.

The **Director of People** has lead responsibility for People Services, employment relations, workforce planning & recruitment, Workforce Education and Development and Occupational Health and Wellbeing.

The **Director of Cultural Change** has lead responsibility for change management and developing the Trust's approach to cultural change, in particular, our behaviours, speaking up safely, sexual safety in the workplace, inclusion & diversity, the Staff Survey, PADRs and the Organisational Development function.

The **Director of Partnerships and Engagement** has lead responsibility for communications, engagement and partnership aspects of the Quality & Performance Management Framework e.g. communication metrics etc. The Director of Partnerships and Engagement has a specific responsibility for the Trust's Annual Report and specific responsibilities for quality and performance management as per the Support Services Quality & Performance Management sub-framework.

The **Director of Corporate Governance/Board Secretary** has lead responsibility for the Trust's Board Assurance Framework and overall governance of the Trust. The Quality & Performance Management

Framework is a key part of the Trust's Board Assurance Framework. The Director of Corporate Governance/Board Secretary has lead responsibility for managing the flow of reports to the Board and its committees including quality and performance management reports. The Director of Corporate Governance/Board Secretary has a specific responsibility for overseeing the management of the Trust's integrated year end reporting and specific responsibilities for quality and performance management as per.

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

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

The following members of the Trust's senior leadership community have lead responsibility for the Quality & Performance Management Framework and are members of the Quality & Performance Management Steering Group:-

- Assistant Director Planning & Transformation;
- Assistant Director Commissioning & Performance;
- Assistant Director Quality Governance; and
- Assistant Director of Digital Services: Data & Analytics

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

11.Developing the Framework

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

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

12.Further Advice & Guidance

Please contact:-

Kate Blackmore, Assistant Director Quality Governance

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Leanne Smith, Assistant Director, Digital Services: Data & Analytics

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Hugh Bennett, Assistant Director Commissioning & Performance

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Appendix 1

Tools & Techniques	Description	Lead
Benchmarks	Normally a level of quality or performance on a measurement which is considered best-performing, an industry standard or a "gold standard". The Trust has access to a range of benchmarks.	AD Commissioning & Performance
Benchmarking	The process of finding good practice in other organisations than can be applied into the Trust.	AD Commissioning & Performance AD of Quality Governance
Forecasting	Predicting or estimating a future trend, for example patient demand based on extrapolation of historic data using statistical techniques and software. The Trust has access to techniques and software.	AD Commissioning & Performance
Simulation Modelling	Simulation modelling is **the process of creating a digital model of part of the health care system to help predict quality and performance in the real world.** The Trust has access to a range of powerful simulation software.	AD Commissioning & Performance
Report Manager & Power BI (quality and performance software)	Power BI is a **business analytics solution that lets a user visualize data and share insights across an organisation** or embed them in an app or website. It is part of MS365 and replaced Qliksense in 2024. It is the Trust's main quality and performance software. The Trust also uses Report Manager, which is internal software that provides set reports.	AD Digital Services: Data & Analytics
Hackathons	A meeting or series of meetings, where interested parties and the Trust's experts in quality and performance data analytics get together to collaborate on drilling into data with a	AD Commissioning & Performance

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

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

Appendix 2

QUALITY AND PERFORMANCE MANAGEMENT STEERING GROUP

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS APPROVED BY EXECUTIVE LEADERSHIP TEAM ON 05 MARCH 2025

1. PURPOSE

1.1. The Quality & Performance Management Steering Group (the Group) is established by the Executive Leadership Team (ELT) to implement, oversee and steer the ongoing development of the WAST Quality & Performance Management Framework (the Framework).

1.2. This Framework, the first version of which was approved by the Trust Board in March 2022, sets out the Trust's approach to quality and performance management though a set of Organisational Requirements, which incorporate how the Trust will comply with the quality and performance regulatory requirements. These include the Health and Social Care (Quality and Engagement) Act 2020, the NHS Wales Performance Framework, requirements of our commissioners and other key national requirements

1.3. The ELT is responsible for monitoring performance against KPIs and objectives set by the Board and ELT and for satisfying itself on the integrity of management information, ensuring there is an effective system of governance and internal control and integration, connection and liaison between services and directorates.

1.4. From a Board perspective, the Finance & Performance Committee oversees performance against targets and the effectiveness of the Framework; the Quality, Patient Experience and Safety Committee oversees the duty of quality; and the Audit, Risk and Assurance Committee has oversight of the implementation of the Framework.

1.5. The Framework aims to enhance organisational performance, align individual and directorate goals with strategic objectives, and promote a culture of continuous improvement while maintaining a strong emphasis on quality. The Group's primary responsibility is to ensure the effective design, implementation, and monitoring of the Framework with a focus on quality standards.

1.6. The Framework will be formally revised every three years and kept under review during this time. In 2023 the Framework was reviewed to ensure the duty of quality - as set out in the Health and Social Care (Quality and Engagement) Act 2020 - was appropriately reflected and embedded in the Framework.

1.7. The Group shall work diligently to enhance the organisation's performance management practices while ensuring the highest quality standards are maintained and improved. In so doing it will aid the delivery of appropriate patient safety, patient experience and staff well-being.

1.8. The Group recognises that there are a number of other forums within WAST that deal with related issues, particularly the implementation more widely of the duty of quality and the duty of candour. It is not the intention of this Group to duplicate that work and its members will be conscious of this as they fulfil their duties and as those various forums become clearer.

1.9. With regard to 1.8, from 01 April 2025 QMG will have a new reporting line, reporting into the Q&PMF Steering Group.

2. REMIT

It is impossible to be prescriptive on all matters the Group will discuss, monitor, and review, and there will from time to time be matters before the Group which do not fall within the items listed below, but which align to the Group's purpose and allow it to be agile in its ways of working. Ultimate authority on issues before the Group will be for the Chair.

The Group is established to:

2.1. Develop a work programme for the implementation of the Framework that includes the Framework's Organisation Requirements related to:

(a) Setting aspirational and stretching objectives;

(b) Balanced and coherent measures and targets;

(c) Ownership and accountability;

(d) Assurance and review mechanisms; and

(e) Support to individuals and teams.

2.2. Establish guidelines and processes for setting 'floor to Board' quality and performance goals, recommending performance appraisal methods, tools and frequency aligned to the Framework and which take account of the impact on quality.

2.3. Define key performance indicators (KPIs) and metrics that measure progress towards organisational goals with a specific focus on quality-related outcomes.

2.4. Ensure the quality and integrity of performance indicators in conjunction with the wider governance arrangements for informatics and information governance.

2.5. Provide clarity and, where necessary, develop, the meeting structures, roles and responsibilities and associated governance required to evaluate performance and recommend corrective actions.

2.6. Ensure fairness, transparency, and equity in the performance evaluation process, especially in relation to quality impact assessments

2.7. Provide guidance and training to managers and employees on performance management best practices, emphasising quality.

2.8. Monitor and assess the effectiveness of the Framework, particularly its impact on maintaining and enhancing quality standards;

2.9. Undertake a formal review of the Framework every three years, noting that continuous improvements will be identified and prioritised to the Framework within that period based on stakeholder feedback, and manage the delivery of these.

2.10. Ensure the implementation and continuous improvement of the Framework is communicated to the Trust on a regular basis.

3. AUTHORITY

3.1. The Group shall develop and present recommendations to the ELT for approval regarding changes, improvements, or modifications to the Framework.

3.2. The Group may determine that certain elements of it remit shall be exercised by Sub-Groups. Sub-Groups will report to the Group on a regular basis through a AAA (alert, advise, assure) report, highlighting matters for escalation.

4. MEMBERSHIP

4.1. Membership shall include:

- Executive Director of Strategy, Planning and Performance (Chair)
- Executive Director of Quality and Nursing (Deputy Chair)
- Director of Corporate Governance/Board Secretary
- Assistant Director Commissioning and Performance (Group Secretary)
- Assistant Director Quality and Governance
- Assistant Director Planning and Transformation
- Assistant Director Digital, Data & Analytics
- Assistant Director Operations Resourcing & EMS Co-ordination
- Head of Culture & OD
- Commissioning & Performance Manager
- TU Partner

4.2. The Chair shall:

- Facilitate Group meetings. Where the Chair is unavailable the Deputy Chair will Chair the meeting.
- Ensure the Group operates efficiently and effectively.
- Report to ELT on progress and any escalations via the AAA report.

4.3. The Group Secretary shall

- Schedule and coordinate meeting logistics including invitations to members and Microsoft Teams links;
- Collaborate with the Chair to develop the agenda;
- Call for, collate and distribute meeting papers;
- Serve as a point of contact for members;
- Draft the AAA report (note, no minutes of this meeting are required);
- Maintain an actions and decision log in addition to the AAA, ensuring that all actions are updated ahead of meetings;
- Track action items assigned during meetings and ensure responsible parties complete them within specified timelines;
- Maintain an up to date repository of the terms of reference, actions and decisions log, and meeting papers which are accessible to all members.

4.4. Members may send deputies in their absence who will act with their full authority. Such deputies must be notified to the Chair in advance of the meeting. The Chair will appoint another member to chair meetings when they are absent.

4.5. Invitations may be extended to others to attend all or part of a meeting both from within or outside the organisation to assist with its discussions on any particular matter.

5. OPERATING ARRANGEMENTS

5.1. Meetings of the Group are internal to the management and executive governance structure at WAST are not open for the public.

Quorum

5.2. The Chair or Deputy Chair and at least 3 member members must be present to achieve a quorum.

Frequency

5.3. Meetings of the Group will be held monthly or as otherwise directed by the Chief Executive Officer.

Agenda and Papers

5.4. Papers will be available to members three working days before a meeting and shall be received by the Group's Secretary four working days before a meeting.

Duration

5.5. The Group is enduring in nature until such time as it is disbanded by the ELT.

6. REPORTING

6.1. The Group is established by the Executive Leadership Group (ELT) and will report into the ELT after each meeting by way of a AAA report presented by the Chair of the Group.

6.2. The AAA report will provide information on an alert, advise, assure basis and be clear what is required of ELT where any escalations are made in the alert section.

6.3. The Audit, Risk and Compliance Committee will receive regular reporting on the implementation of the Framework by the Executive Director of Strategy, Planning and Performance.

7. REVIEW

7.1. These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

8. VERSION CONTROL TABLE

Version Number	Change	Author/ Reviewer/ Approver	Date
1.0	Terms of Reference approved	Trust Board	March 2022
2.0	DRAFT Revision to Terms of Reference included wholesale changes	QPMF Steering Group	October 2023
3.0	Terms of Reference approved	QPMF Steering Group	2 November 2023
4.0	Terms of Reference approved	ELT	22 May 2024
5.0	Terms of Reference updated to reflect Q&PMF Re-fresh 2025-28 and approval by Q&PMF Steering Group.	Q&PMF Steering Group	03 March 2025
6.0	Terms of Refence updated to reflect QMG now reporting into Q&PMF.	Q&PMF Steering Group	03 March 2025
7.0	Terms of Reference updated to reflect Q&PMF Re-fresh 2025-28 and approval by ELT.	ELT	05 March 2025

WAST Quality & Performance Cycle

Ref	Activity	Lead	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
1	IMTP/budget planning Away Days	DSP&P	x				x	x											x	x					
2	JCC Commissioning Intentions Received	CASC	x																						
3	WG IMTP Guidance Issued	DSP&P		x																					
4	IMTP First Cut to Trust Board	DSP&P					x																		
5	Trust Board of Approval of IMTP	DSP&P							x																
6	QSPE & Trust Board Approval of Quality Plan	QSPE							x																
7	LDP Guidance Issued	DSP&P							x																
8	LDPs Approved by ELT	CEO										x													
9	Chair's PADR (with Minister)	Minister											x												
10	CEO PADR (with Chair)	Chair									x														
11	Directors' PADRs (with CEO)	CEO							x	x															
12	Seasonal Tactical Plans (Winter) WG Submission	SP&P			x																				
13	Patient Safety Related Incidents Report (monthly)	QSPE	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
14	Significant Claims Report	QSPE		x			x			x			x			x			x			x			x
15	Annual Safeguarding Report	QSPE										x												x	
16	Health & Safety (Monthly & Quarterly Mgt Report)	QSPE	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
17	Patient Experience and Community Involvement Report	QSPE		x			x			x			x			x			x			x			x
18	Corporate Risk Register Trust Board Report	CS	x		x		x		x		x		x		x		x		x		x		x		x
19	STB IMTP Delivery Report (overall and per programme)	SP&P	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
20	Trust Board IMTP Delivery Report	SP&P	x		x		x		x		x		x		x		x		x		x		x		x
21	Mid-Year JET	CEO			x												x								
22	Year End JET	CEO										x												x	
23	Integrated Quality, Planning & Delivery Meeting	CEO		x				x		x		x													
24	Integrated Monthly Quality & Performance Report	SP&P	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
25	Subscription Reports (daily, weekly etc.)	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
26	Live Reports e.g. ODU Dashboard etc.	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
27	JCC (including provider update.)	SP&P	x		x		x		x		x		x		x		x		x		x		x		
28	111 & Ambulance Commissioning Management Group (including AQIs, programme updates etc.)	SP&P		x		x		x		x		x				x		x		x		x		x	
29	JCC NEPTS DAG	SP&P		x		x		x		x		x				x		x		x		x		x	
30	JCC Ambulance Quality Indicators (AQIs) Published	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
31	WG Statistical Release	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
32	Quality Plan and Annual Report to AGM	DP&E											x												x

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services University NHS Trust

AGENDA ITEM No	11
OPEN	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – January 2025/February 2025

MEETING	Finance and Performance Committee
DATE	18 March 2025
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Melanie O'Connor - Senior Performance Analyst Mark Thomas – Commissioning & Performance Manager Hugh Bennett - Assistant Director, Commissioning & Performance
CONTACT	Melanie.O'Connor@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Hugh.Bennett2@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 **January 2025/February 2025.**

2. The report aims to provide an integrated view of quality & performance, so is made available to all three committees, to give that overview, with more specific and detailed reports supplementing it. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators.

3. Data quality issues have been identified and are being addressed within 111, APPs and throughout the quality indicators, with the result that there are a number of Board approved metrics which are not available at this time.

4. The response times for red 8-minute performance was 51.11 % in February 2025, with performance improving compared to January 2025, despite winter pressures. Amber 1 median was 2 hours, longer than the one and a half hours the Trust has normally been experiencing. The Trust knows these extended times (the ideal is 18 minutes) leads to avoidable patient harm. The Trust continues to work on tactical actions within its control to mitigate this risk including maintaining high levels of EA production (97% in January, achieving the benchmark) and fully rolling out the CHARU service (94% in January the highest achieved to date and 91% in February,); whilst also undertaking more

transformative actions through the Clinical Model Transformation (CMT) Programme.

5. The Trust lost 18,811 hours to handover in February 2025 (28-days). This level of lost capacity is difficult to compensate for, despite all the actions being taken by the Trust.

6. The 2024/25 budget includes further investment in activities designed to shift demand left and mitigate the impact of handover lost hours, in particular, investing in clinical screening and APPs, which form part of the CMT Programme.

7. 111 call handling performance has stabilised post-delivery of the new 111 CAS. The service did not achieve the 5% abandonment rate in February 2025, and performance decreased to 10.1% from 8.2% in January 2025.

8. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance is stable, with both oncology and renal journeys being above target in January 2025. The NEPTS transport has now started, this is a key efficiency.

9. The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People & Culture Plan. Sickness absence was 8.46% in January 2025. The IMTP ambition is to reach 6%. The Trust will continue its focus on sickness absence. EMS abstractions achieved the 30% benchmark figure in January 2025 at 29.19%.

10. The Trust is continuing to deliver its Clinical Model transformation (CMT) programme at pace. Key parts went live in December, in particular, remote clinical screening (RCS), which was a cultural shift in how the Trust manages 999 demand. There are early indications in the data in this report that the clinical model transformation changes implemented over the winter are having an effect.

RECOMMENDATION: The Committee is asked to:

Consider the January 2025/February 2025 Integrated Quality & 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
18.03.25 Finance and Performance Committee (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 **January 2025/February 2025.**

2. The report aims to provide an integrated view of quality & performance, so is made available to all three committees, to give a general overview, with more specific and detailed reports supplementing it. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators:-

FPC

Slide Title	Slide Number
111 Call Answering/Abandoned Performance Indicators	3
111 Clinical Assessment Start Time Performance Indicators	4
999 Call Performance Indicators	5
Red Performance Indicators	6
Amber Performance Indicators	7
Patient Experience – Influencing Ambulance Care Indicators	8
Potential Patient Harm Indicators	16
Capacity - Ambulance Abstractions and Production Indicators	18
Shift Overruns	22
Ambulance Care Indicators	24
Finance Indicators	25
EMS Utilisation & Average Job/Shift Times	26
NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators	27
Consult & Close Indicators	28
Conveyance to ED Indicators	29

BACKGROUND

3. 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

4. As previously agreed, the metrics which form part of this committee/Board report are updated on an annual basis, to ensure that they continue to represent

the best way of tracking progress against the Trust's plans (IMTP) and strategies. The 2024/25 revised metrics have been agreed.

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 decreased in February 2025 with the 95th percentile increasing to 33 seonds, compared to 10 seconds in January 2025. The 65th percentile and median performance remain consistently good, however data quality checks are being undertaken.

7. **111 call answering performance has decreased over recent weeks,** and the call abandonment performance was at 10.1% in February, and still failing to achieve the 5% target. One of the key issues has been the temporary reduction in call handling staff in post caused by a redirection of available training capacity following the delivery of the new 111CAS system. Recruitment has been undertaken to recover the staff in post to the establishment position which has seen performance improve, but high sickness levels are having an effect. It should be noted that there is also a reduction in the commissioned level of call handler FTEs in 2024/25 compared to last year (-4%).

8. 111 demand in February 2025 was 5.6% lower than during February 2024. The Trust has procured a third party in January 2025 to undertake a collaborative (with commissioners) and independent review of the Trust's 111 call handler rostering practices, including a review of demand levels and required staffing capacity.

9. **111 Clinical response:** clinical ring back times for patients with the highest priority remained above target at 96%. Response times for lower priority calls declined, recording 65.8% and 57.9% for P2CT and P3CT respectively.

10. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for February 2025 was 51.11%, remaining below the 65% target, but improving slightly compared to January 2025. The Trust is reaching more red patients in 8 minutes, but the denominator (demand) has also grown. The Amber 1 median in January was 2 hours and the Amber 1 95th percentile was 9 hours 5 minutes. The Clinical Safety Plan and CHARUs will protect red demand, but Amber is where the impact of handover lost hours is felt i.e. there is a strong correlation. These long response times have a known impact on avoidable patient harm.

11. Traditionally the main factors which affect response times are demand and capacity (recruitment and lost hours). A recruitment gap has been identified and is currently being addressed through a series of corrective actions, but the lost capacity through handover at hospital remains extremely challenging and largely out of the Trust's control to address. The Trust's main focus is to implement a material change in how it responds to patient demand by evolving its clinical model through the Clinical Model Transformation (CMT) programme, elements of which have been implemented over the winter. Areas of focus include: -

    - Data quality issues have been identified with APPs and these are currently being addressed.
    - Further investment into remote clinical capacity (+28.5 FTEs) and switching on of remote clinical screening (RCS);
    - Further investment in APPs (+32 APPs);
    - Development of the remote integrated care service (111 clinicians and CSD clinicians);
    - Continued focus on a range of responses that support non-conveyance, where it is clinically safe and appropriate to do so: Connecting Support Cymru, mental health response pilot, Falls response etc.
    - Formal reporting of the 2023 collaborative and independent EMS Demand & Capacity review.

12. The one area of particular focus for recruitment is CHARU: with the Trust looking to recruit up to the modelled 153 FTEs; and connected to this a focus on CHARU productivity. The Trust achieved an 91% CHARU UHP in February 2025 and is now seeking to close the remain gap through the recruitment of fully qualified paramedics.

13. As above, the extreme level of lost hours to **handover outside Emergency Departments** remains the critical component of long waiting times and patient safety incidents. 18,811 hours were lost during the shorter month of February 2025. Cardiff & Vale's handover lost hours continue to remain comparably much lower, due to an organisational focus within the health board. While some small improvements have been seen in other health boards during 2024, Betsi Cadwaladr health board remains significantly high and just below its two-year average figure, with 6,913 hours being lost within the health board during February. WG have re-iterated to health boards the critical importance of improvements in this area. The WG pan-Wales target of no handovers of more than one hour, equates to 7,500 lost hours.

14. **Ambulance Care (Patient Experience)**: Oncology performance in January 2025 was 76%, achieving the 70% target. Renal performance improved to 70.6% which was also above target. Advanced discharge & transfer journey performance increased to 81% but still remains below its 95% target. Overall demand for NEPTS continues to increase and is now above pre-pandemic levels. The Trust has a comprehensive Health Transport transformation workstream in place,

which includes delivering a range of efficiencies and improvements. The Trust is also about to re-roster NEPTS transport which will better align available capacity with changing demand patterns (on target).

15. **National Reportable Incidents (NRIs) / Concerns Response**: the Trust reported six NRI's to the NHS Executive in January 2025, slightly more than December 2024 (3) and 25 serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In January 2025 complaint response times decreased to 64%, compared to the 73% recorded in December 2024, remaining below the 75% target, with cases remaining complex.

16. **Clinical outcomes**: The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 89.3% in January 2025, remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system and this improvement is being seen clearly in most of the clinical indicators. The return to spontaneous circulation (ROSC) compliance rate decreased to 19.2% in January 2025 compared to 22.3% in December 2024.

17. The Trust can report on call to door times for Stroke and STEMI patients. For January 2025, these highlight call to hospital door times of two hours and 49 minutes for stroke patients and two hours and thirty-five minutes for STEMI. Clearly these times are too long and are representative of the longer response times for all calls, as a result of the pressures and issues outlined in this report.

18. In February 2025, 5,342 patients **cancelled** their ambulance (this figure excludes patients who refused treatment), and the Trust was unable to send an ambulance due to the application of the Clinical Safety Plan to approximately 63 callers. Both of these figures are a significant reduction on December 2024 and January 2025 levels. This reduction is likely to be the impact of switching on RCS through the winter. The Trust believes that 50% (of the pre-RCS switch on figure) of this combined number is unmet demand and is likely to be presenting elsewhere in the system. Anecdotal evidence from health boards suggests that as the Trust has switched on RCS and as the level of patient cancellations has dropped, so has the demand presenting elsewhere in the system. Caution is required at this stage though as a longer run of data is required in order to properly evaluate the changes made. The Trust changed its Clinical Safety Plan in December, removing the "can't send" application, with the option remaining at the strategic commander's discretion in the new plan.

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

19. **Hours Produced**: The Trust produced 127,833 Ambulance Response unit hours in January 2025 and delivered an emergency ambulance unit hours production (UHP) of 97%, achieving the 95% target.

20. **Response Abstractions:** EMS abstraction levels decreased to 29.91% in January 2025, below the 30% benchmark figure. Response sickness abstractions stood at 8.12% (benchmark 5.99%).

21. **Trust sickness absence:** the Trust's overall sickness percentage was 8.46% in January 2025, a decrease on the 8.69% recorded in December 2024. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The 8% is above the 2023/24 IMTP ambition of 6%.

22. **Staff training and PADRs:** PADR rates did not achieve the 85% target in January 2025 but improved slightly to 77.02%. Compliance for Statutory and Mandatory training increased slightly to 85.64% and continues to achieve the 85% target.

23. **People & Culture Plan**: the Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working, and the introduction of a staff pulse survey tool. The Executive Leadership Team undertook another round of a pan-Wales of CEO Roadshows in October 2024. The next round of CEO Roadshows are planned for April 2025.

Finance & Value

24. **Financial Balance**: the reported outturn performance at Month 10 is a surplus of £42k and the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

Partnerships & System Contribution

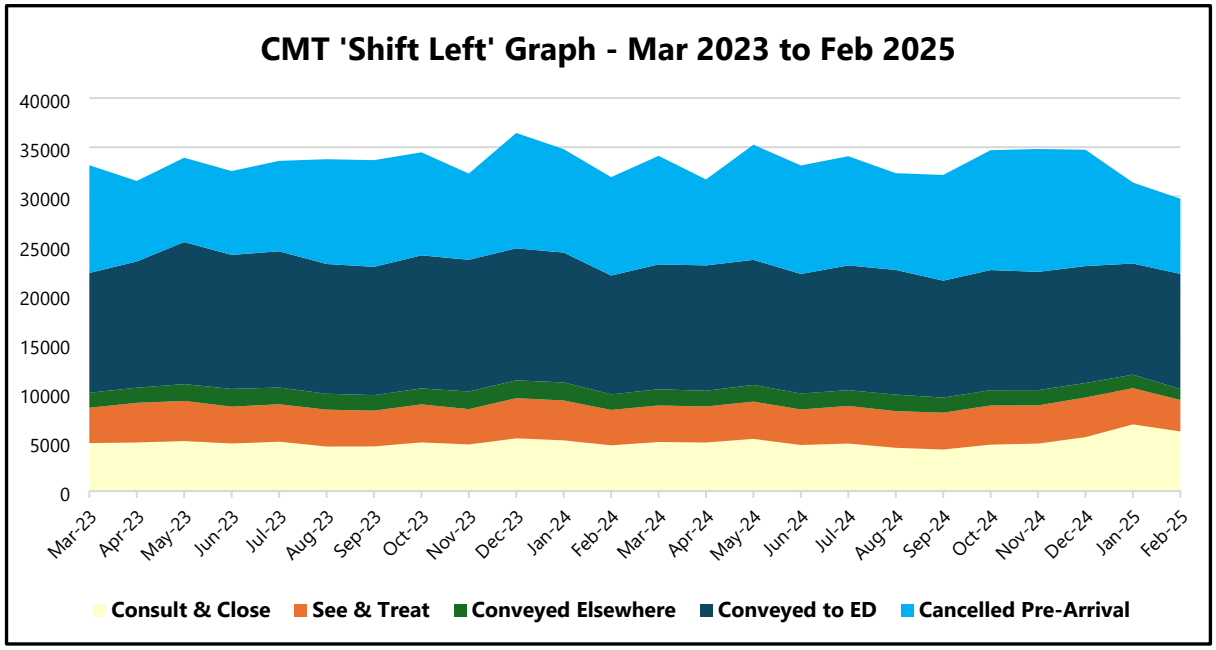
25. We are not able to report on the consult & close rates as the 111 contribution is not available due to issues with system changes within the 111 CAS system. The IMTP ambition (and Welsh Government target) remains 17% at this point in time. The Trust is currently validating new data in this area. A one-off Insight & Data Services consult & close graph indicates that the Trust is now achieving a consult & close rate of +20%. IDS have developed a new consult & close definition that requires Executive and Commissioner sign off before formal reporting can restart.

26. Same Day Emergency Care (SDEC) centres continue to only see a low level of ambulance activity and handover levels remain extreme, which makes further transformation of the clinical model a strategic imperative, supported by a tactical winter plan for 25/26. There is a winter summit meeting with the Cabinet Secretary on 31 March 2025.

Summary

27. The indicators used at this high-level highlight that 111 has been resilient during the winter months, more so than in in previous years. For the 999-emergency pathway, the Trust produced good metrics on what it can control e.g. production, abstractions etc. and managed to turn on new elements of its clinical model transformation programme, which appears to be having a positive effect. However, hospital handover lost hours have increased and remain extreme. These levels give further imperative to continuing with the clinical model transformation. NEPTS performance was stable, with the Trust about to re-roster NEPTS transport.

28. The Executive Director requested the below graph be included to highlight the impact that recent changes, which have been implemented as part of the new CMT programme, are having on the overall system. It shows that since December 2024 there has been a drop in the number of patients conveyed to ED and the number of ambulances being cancelled pre-arrival. It also highlights that there has been an increase in the Consult and Close rate over the same period.



RECOMMENDATION: FPC is asked to:

Consider the January 2025/ February 2025 Integrated Quality & 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 University NHS Trust

Monthly Integrated Quality & Performance Report

January 2025/ February 2025

Annex 1 – Top Indicator Dashboard

GIG CYMRU NHS WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
University NHS Trust

Annex 1 – Top Indicator Dashboard
Version 1.0
Released: March 2025

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard

Top Monthly Indicators	Target 2024/25	Dec-24	Jan-25	Feb-25	2 Year Average	RAG
Our Patients						
Timeliness Indicators						
NHS111 Call Handling Abandonment Rates	< 5%	14.8%	8.2%	10.1%	8.7%	R
111 Clinical Triage Call Back Time (P1)	90%	93.4%	92.0%	96.4%	97.9%	G
999 Call Answer Times 95th Percentile	00:06	01:10	00:10	00:33	00:19	R
999 Red Response within 8 minutes	65%	47.6%	48.3%	51.1%	49.5%	R
999 Amber 1 Median	00:18	03:00	02:32	02:00	01:29	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	77.6%	76.0%	N/A	72.6%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	74.7%	81.0%	N/A	80.2%	R
Clinical Outcomes / Quality Indicators						
Return of Spontaneous Circulation (ROSC)	Increasing Trend	22.3%	19.2%	N/A	19.2%	G
Stroke Patients with Appropriate Care	95%	88.7%	89.3%	N/A	80.8%	A
Stroke Call to Hospital Door Times	Reduction Trend	03:06	02:49	N/A	02:25	A
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	76.7%	64.5%	N/A	51.1%	R
National Reportable Incidents reports (NRI)		3	6	N/A	4	
Can't Send & Cancelled by Patient Volumes	Reduction Trend	10,528	6,935	5,815	8,833	R
Concerns Response within 30 Days	75%	73.0%	64.0%	N/A	51.3%	A
Enactment of the Duty of Candour Total		1	11	N/A	4	
Our People						
Capacity						
Hours Produced for Emergency Ambulances	95-100%	95%	97%	N/A	90%	G

Top Monthly Indicators	Target 2024/25	Dec-24	Jan-25	Feb-25	2 Year Average	RAG
Health & Well-being						
Sickness Absence *(all staff)*	6.0%	8.69%	8.46%	N/A	7.88%	R
Mental Health Absence Rates	Reduction Trend	2.93%	2.78%	N/A	2.30%	R
Staff Turnover Rate	Reduction Trend	7.95%	7.95%	N/A	8.60%	G
Statutory & Mandatory Training	>85%	85.51%	85.64%	N/A	76.50%	G
PADR/Medical Appraisal	>85%	76.55%	77.02%	N/A	72.25%	A
Number of Shift Overruns	Reduction Trend	4,190	4,156	3,599	3,693	R
Inclusion & Engagement / Culture						
NEPTS % of Total Calls Answered in Welsh	Increasing Trend	1.7%	1.7%	N/A	1.7%	G
Value						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100.00%	100.00%	N/A	100%	G
EMS Utilisation Metric (CHARU)	Increasing Trend	31.3%	34.0%	N/A	27%	G
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.29	2.17	N/A	2.32	R
NEPTS on the Day Cancellations	Reduction Trend	13.3%	12.0%	N/A	13%	R
Partnerships / System Contribution						
Inverting the Triangle						
Successful Consult & Close Outcome	17.0%	N/A	N/A	N/A	13.1%	
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	11.03%	10.87%	N/A	11.4%	G
Number of Handover Lost Hours	7,500	25,195	27,212	18,811	22,146	R
NHS111						
NHS111 Dental Calls	Increasing Trend	N/A	N/A	N/A	7,074	
Consult & Close Volumes by NHS111	Increasing Trend	N/A	N/A	N/A	963	

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)

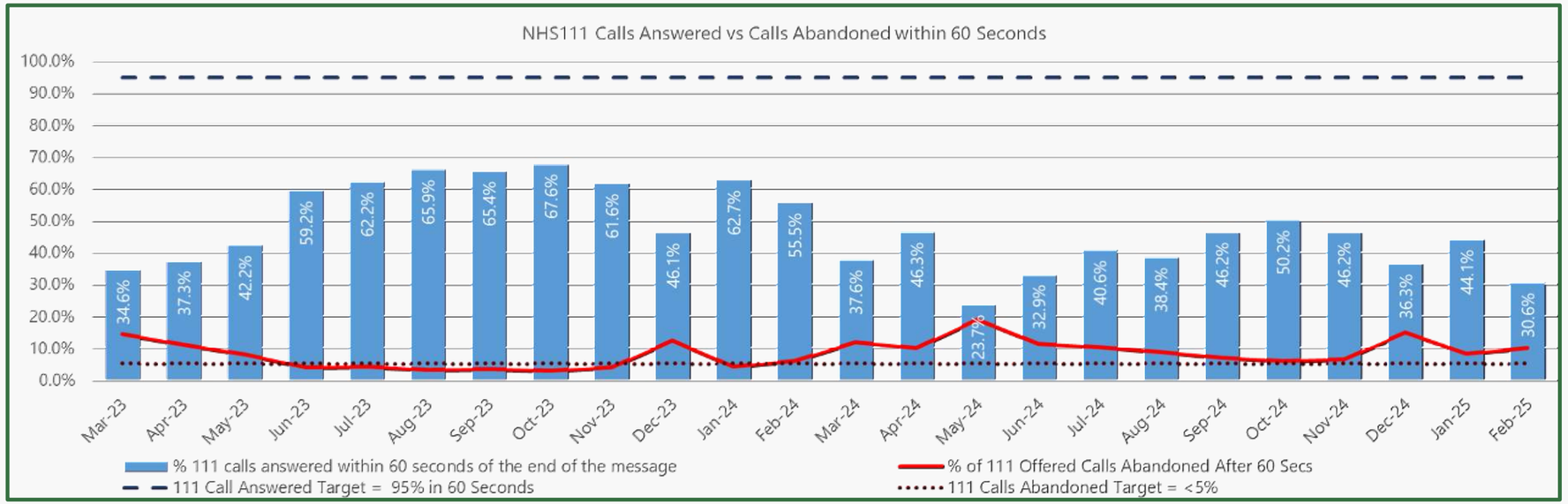
Our Patients: Quality, Patient Safety & Experience
111 Call Answering/Abandoned Performance Indicators

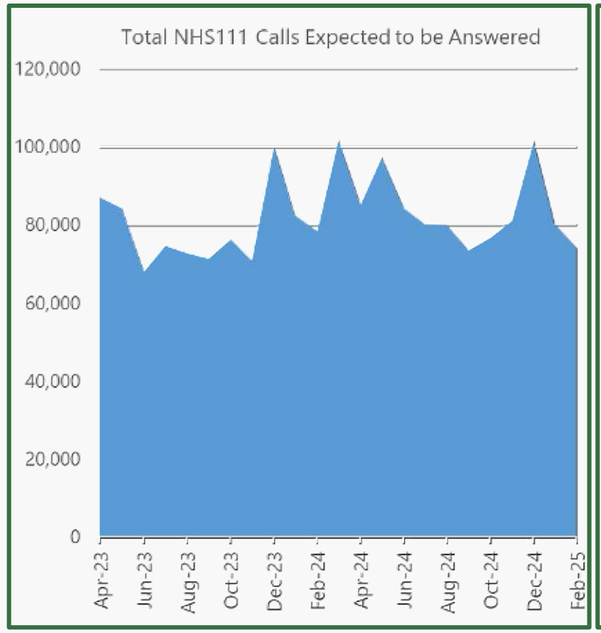
(Responsible Officer: Lee Brooks)

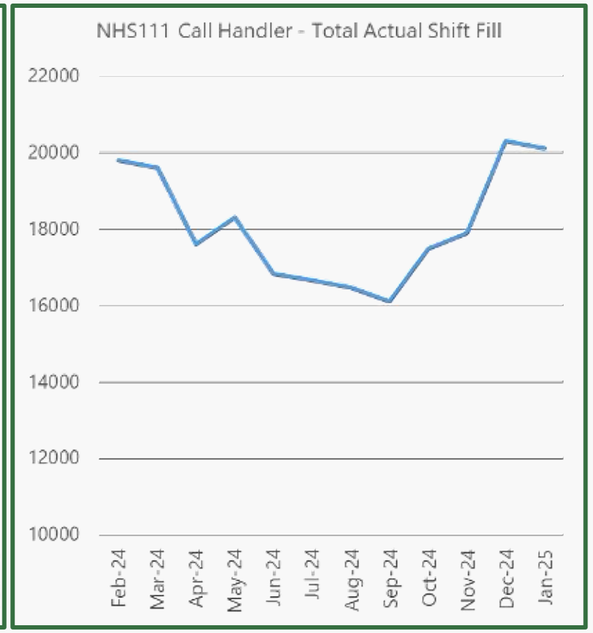
Abandonment Rate R

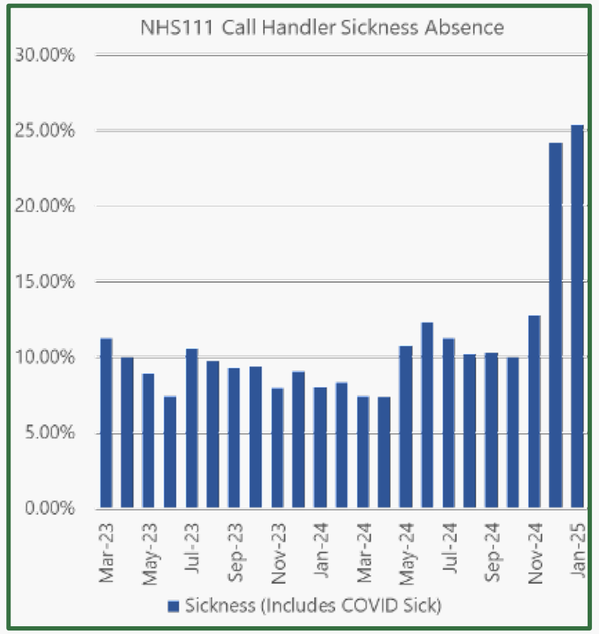
FPC

Influencing Factors – Demand and Call Handling Hours Produced









Analysis

The 111-call abandonment rate increased to 10.1% in February 2025 from 8.2% in January 2025. The percentage of 111 calls answered within 60 seconds decreased, from 44.1% in January 2025 to 30.6 % in February 2025 and continues to remain below the 95% target.

Following a decline in performance during the middle part of 2024, due mainly to the introduction of the new 111CAS system, which went live on 30th April 2024, performance has seen a gradual improvement. However, figures are not yet back to the levels seen during 2023 when call answering averaged 52% and abandonments less than 8%.

Remedial Plans and Actions

Key actions include:

- Actions have been undertaken to try and improve the call handling position across the Winter months with record levels of resourcing seen in December 2024 as well as opportunities for further bolstering including overtime, bank and managers/supervisors also re-aligned to call handling.
- A focus on realising the benefits of the new 111CAS;
- A 111-re-roster pre-work review that takes account of the increased demand the Trust is seeing; what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.

Expected Performance Trajectory

The expectation is that with the recruitment of additional staff, performance will continue to improve; however, there are risks including higher levels of demand and high sickness levels. The 111 service did see a spike in sickness in December and January.

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

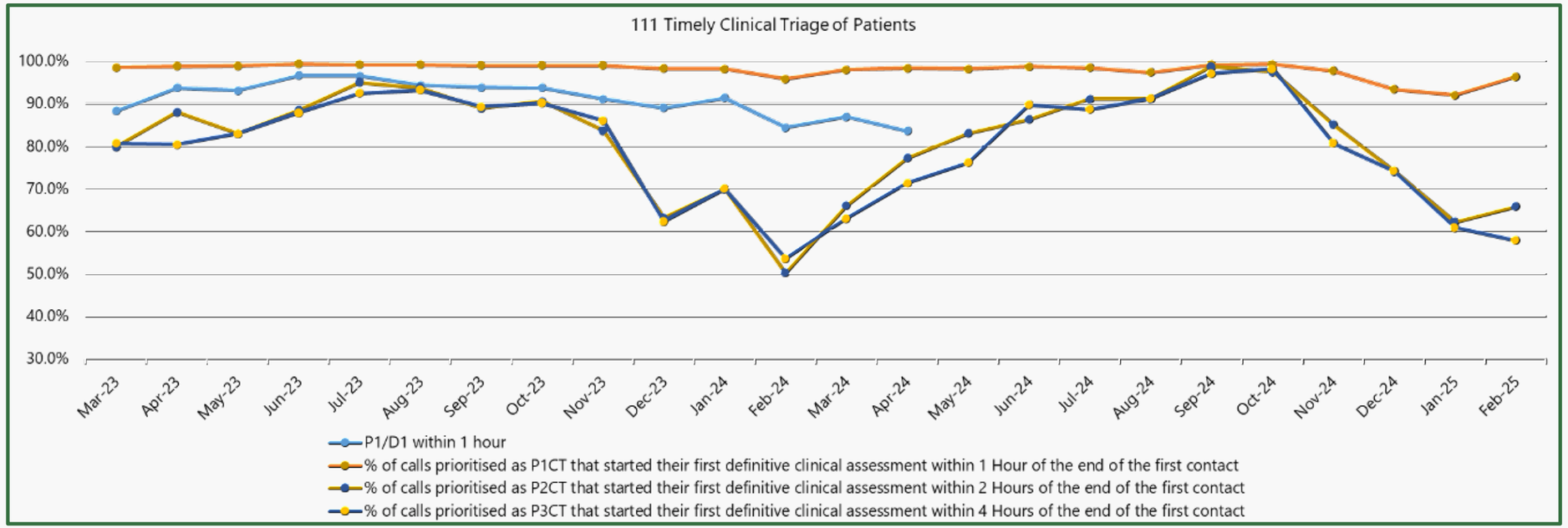
(Responsible Officer: Lee Brooks)

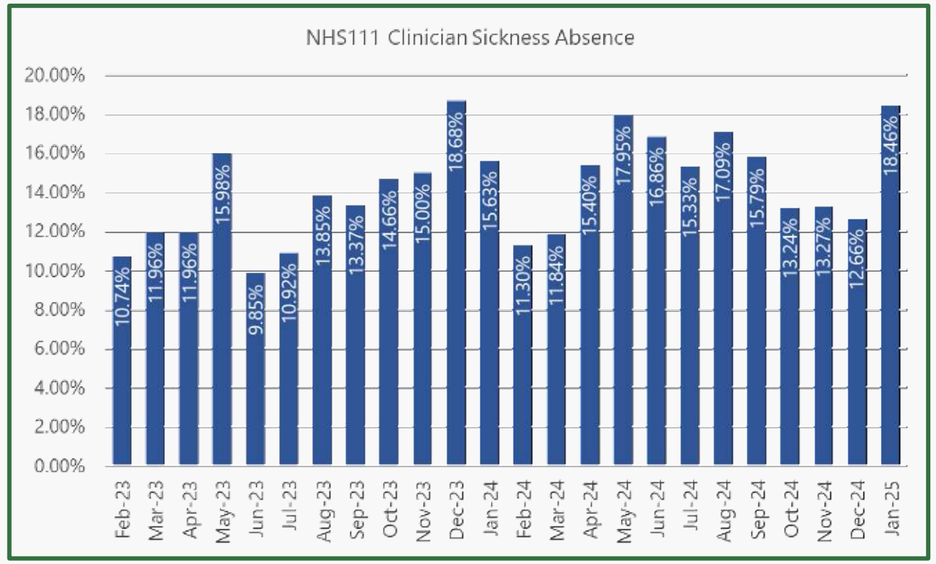
P1CT G

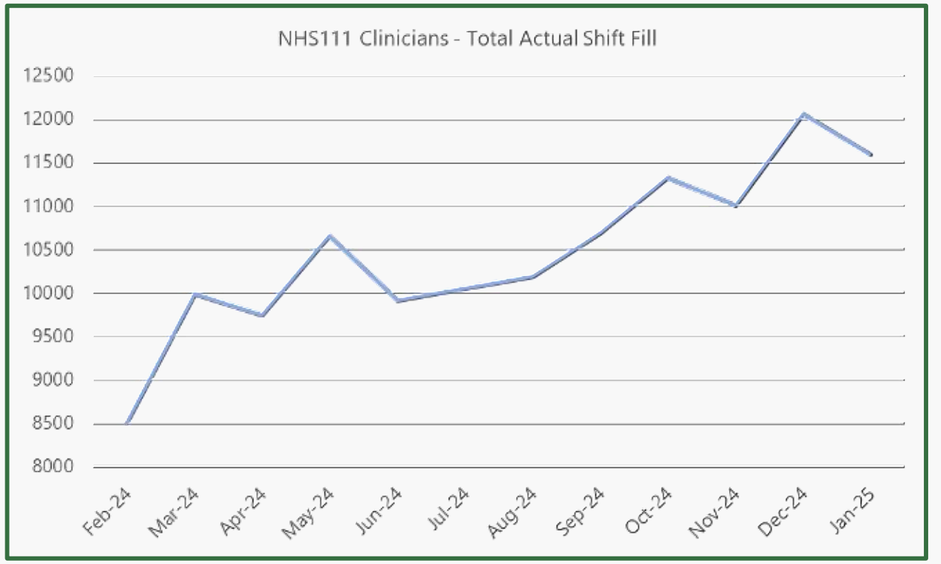
FPC

Influencing Factors – Demand and Clinical Hours Produced

NB: Data quality issues have been identified in 111. These are currently being addressed.







Analysis

The highest priority calls, P1CT, achieved the 90% target, recording 96.4% in February 2025.

Ring back times for lower category calls did see an improvement from February 2024, however, they have since followed a similar pattern to last year and declined from October 2024 to February 2025. If continuing to follow a similar pattern it is expected that these times will improve once again from March 2025.

Numbers of clinician hours produced decreased last month, dropping from 12,052 hours in December 2024 to 11,591 hours in January 2025. Clinician sickness absence during January 2025 was 18.46%.

Remedial Plans and Actions

The key actions include:

- A focus on delivering the benefits of the new 111CAS.
- Recruitment up to commissioned levels of clinicians
- A review to determine appropriate levels of capacity to meet increasing demand, including rostering practice (review now live).

Expected Performance Trajectory

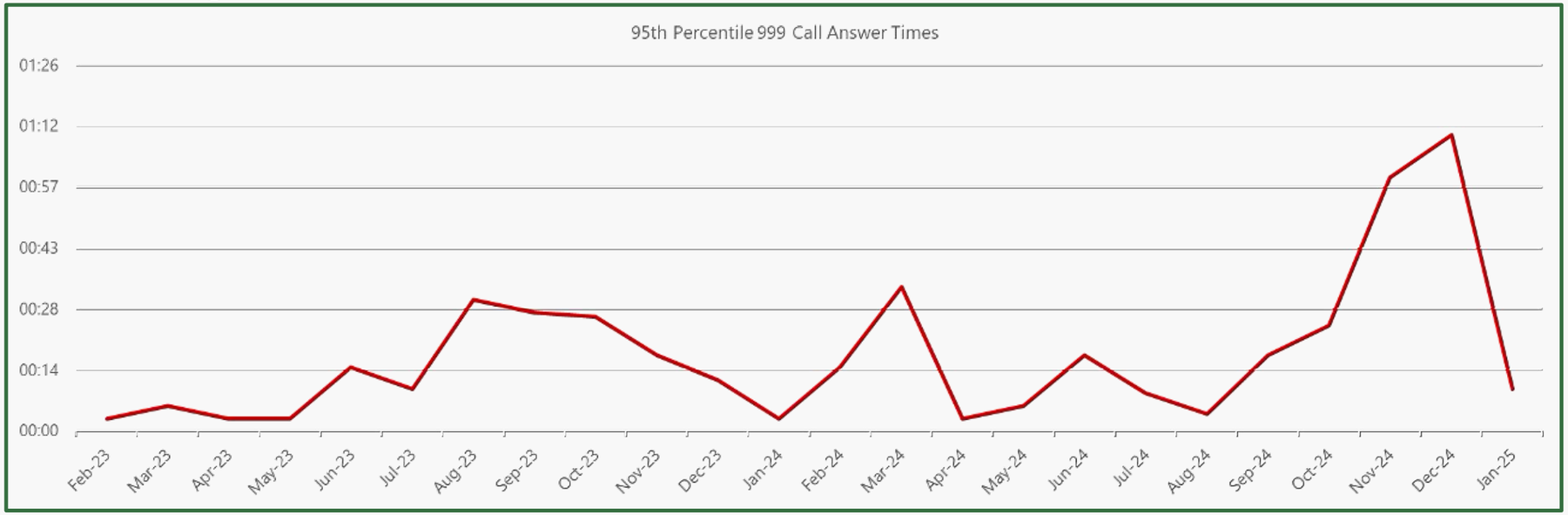
The new 111CAS will bring performance benefits. Initial approach to performance prediction developed, but further work being undertaken to refine the accuracy of the predicter.

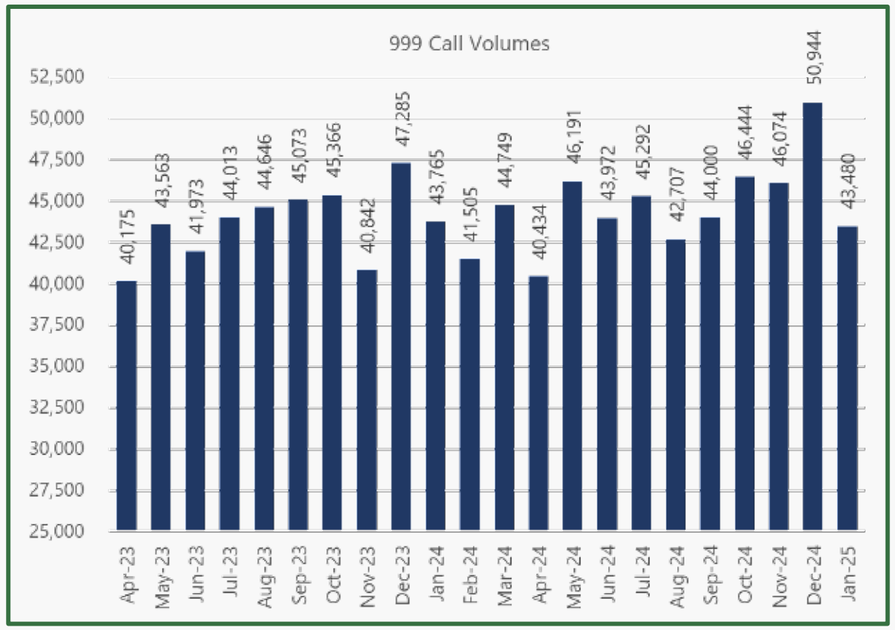
Our Patients: Quality, Safety & Patient Experience
999 Call Performance Indicators

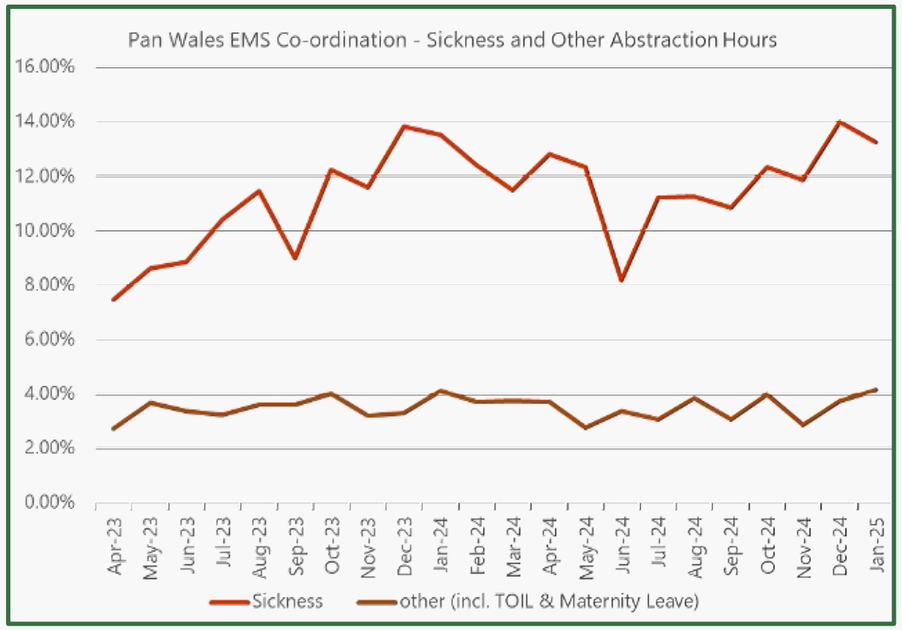
(Responsible Officer: Lee Brooks)

R FPC CI

Influencing Factors – Demand and Hours Produced







Analysis

The 95th percentile 999 call answering performance decreased to 33 seconds in February 2025 and failed to achieve the 6 second target; however, the median call answer time for the 999-service has been consistently good at 2 seconds (October 2024). However, due to the migration of the 999-telephony service, data quality checks are being undertaken for further 2024 data.

There was a decrease in demand in January 2025 to 43,480 calls from 50,944 in December 2024.

Sickness levels saw a slight decrease from 13.99% in December 2024 to 13.25% in January 2025.

Remedial Plans and Actions

- Will continue to overrecruit for the next few months (as approved by the ADO and the EDoOps) which will also support potential losses from the Bryn Tirion move to Ty Elwy.
- Further recruitment is underway in North, with 3 cohorts starting by the end of the fiscal year.
- Work is ongoing to identify what is contributing to high sickness via the Managing attendance at work and attrition via the recruitment and selection processes.

A transformation programme concluded in November:

- **Roster Review.** A dispatch roster review for Allocators and Dispatchers. Complete.
- **Boundary changes.** Realignment of dispatch boundaries to balance workload and pressures for individual dispatch teams. Complete.
- **Broader Ways of Working**. This project is looked to create efficiency, effectiveness and improved productivity through a review of processes and procedures as well as providing consistency and reduction in variation across centres. Complete.

Expected Performance Trajectory

The median and 65th percentile are performing very well and are stable. Paper currently being drafted on future resilience of EMSC i.e. winter demand v capacity (with efficiencies).

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

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

8 Min
R

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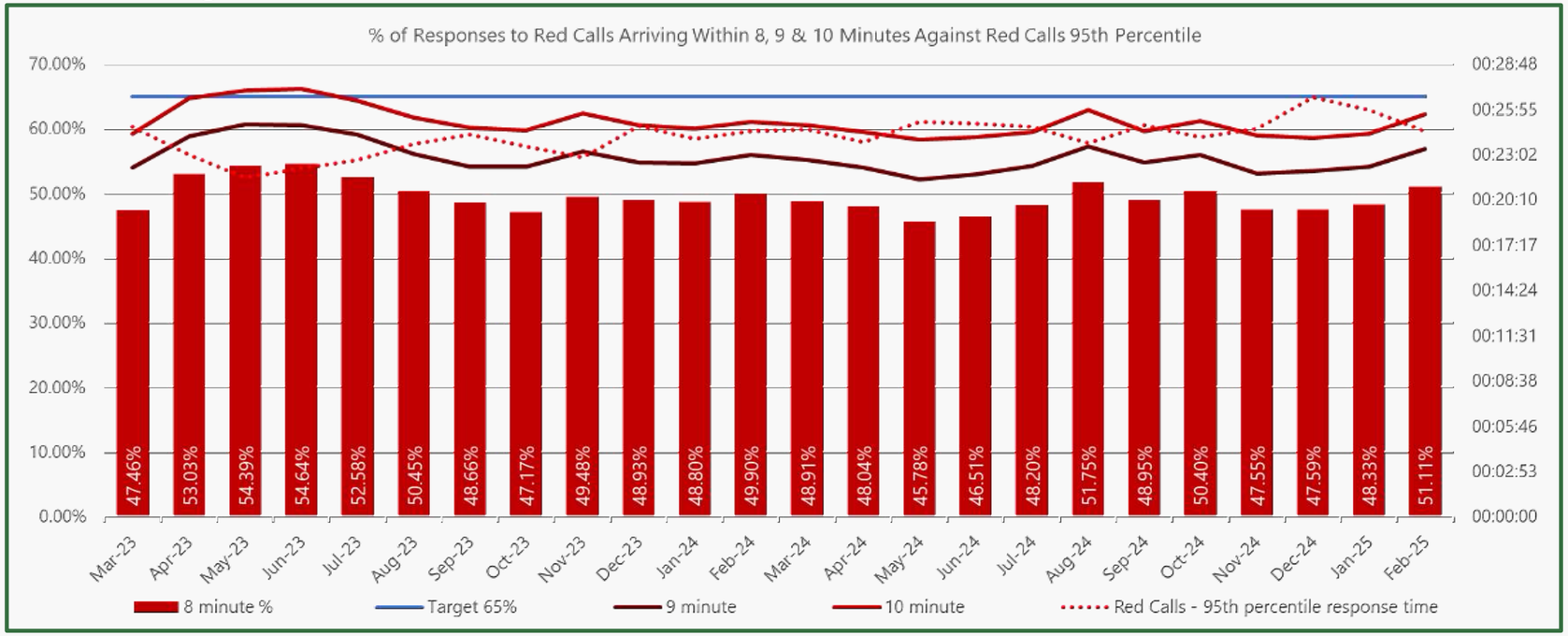

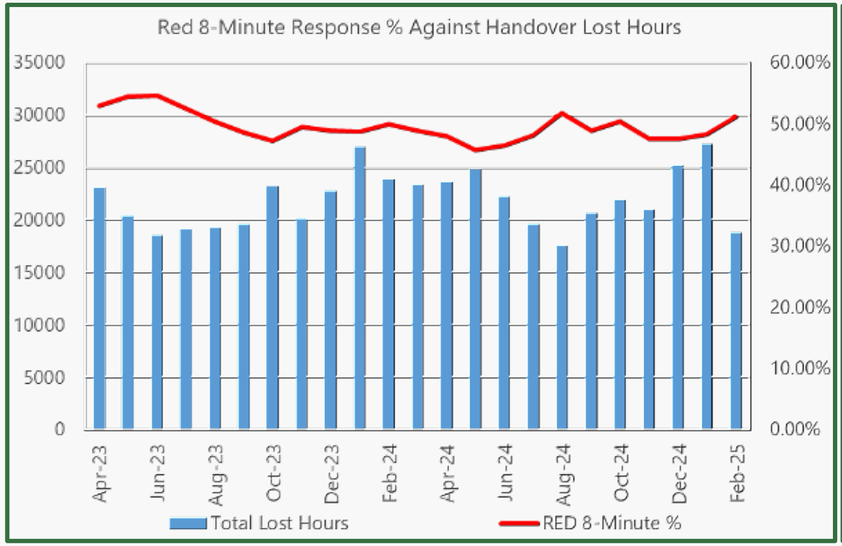

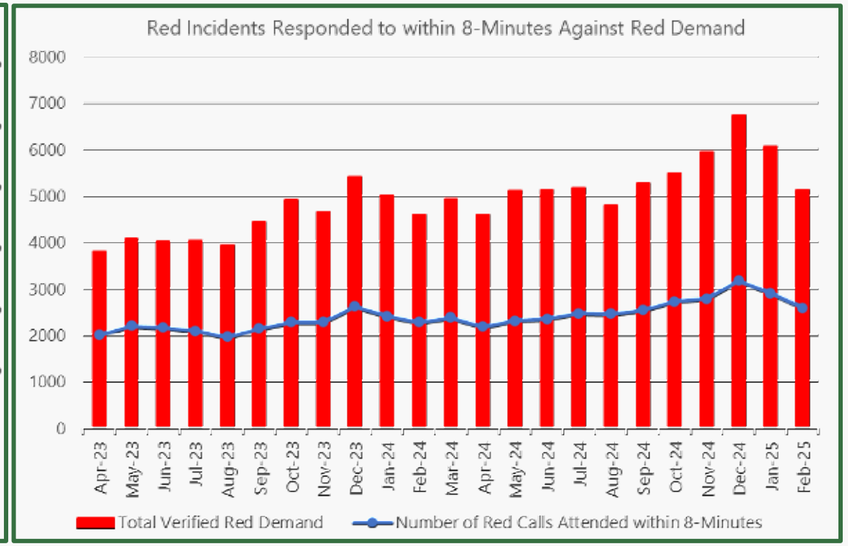

Analysis

Red 8-minute performance continues to remain below the 65% target increasing marginally in February 2025 to 51.11%.

Red 10-minute performance for February 2025 was 62.2%, which is marginally above the 2-year average (61.1%).

One of the main determinants is **red demand**, which has **increased** over the last few years, with red demand in February 2025 being 11.28% higher than that seen in February 2024. As red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for February 2025 of 2,586, being 13.92% higher than the figure for February 2024, i.e. the Trust is reaching more red calls in 8 minutes, but the denominator is also increasing.

The lower left graph demonstrates the correlation between overall Red performance and **hospital handover lost hours**, which shows that as handover rates decrease, so red performance improves. There were 18,811 lost hours in February 2025.

Remedial Plans and Actions

The main improvement actions in the Trust's gift are:

- To maintain commissioned establishment in post levels overall: the Trust achieved its 95% UHP benchmark in February with 95% UHP (all resources);
- Full roll out of the Cymru High Acuity Response Unit (CHARU): the Trust achieved its highest ever CHARU UHP in January;
- Continued focus on production and abstractions: abstractions were fractionally above benchmark in December; and
- The rapid deployment, before winter 2024/25 of the first phase of actions towards an updated clinical model e.g. rapid clinical screening, as outlined in our IMTP; the Trust achieved this.

Expected Performance Trajectory

Modelling for winter has now been completed and the results shared with Welsh Government as part of winter planning. The Trust submitted a comprehensive winter plan to Welsh Government.

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

(Responsible Officer: Lee Brooks)

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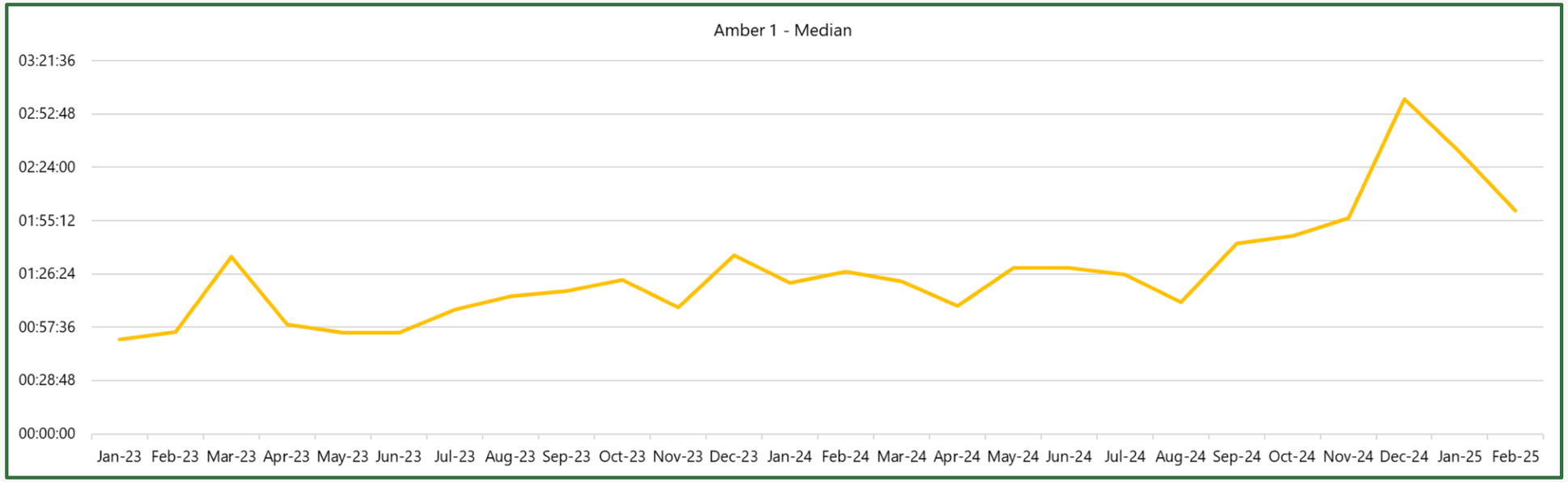
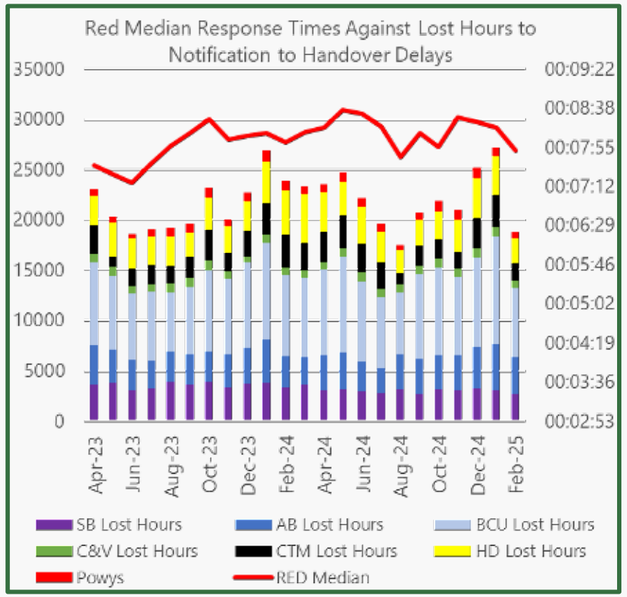
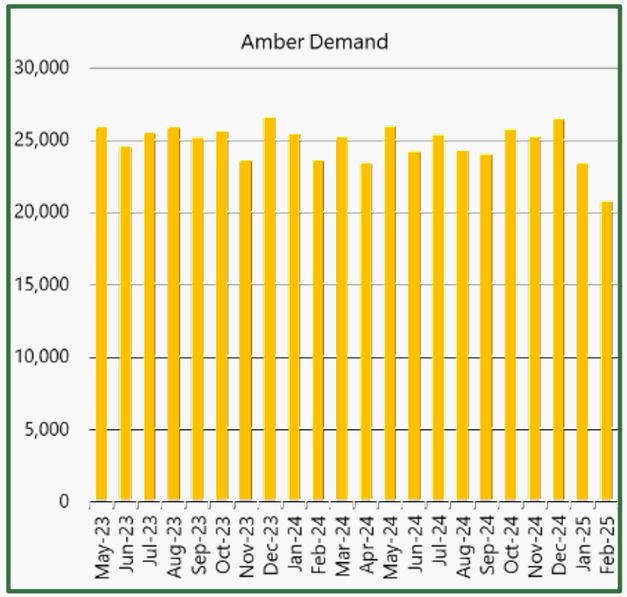
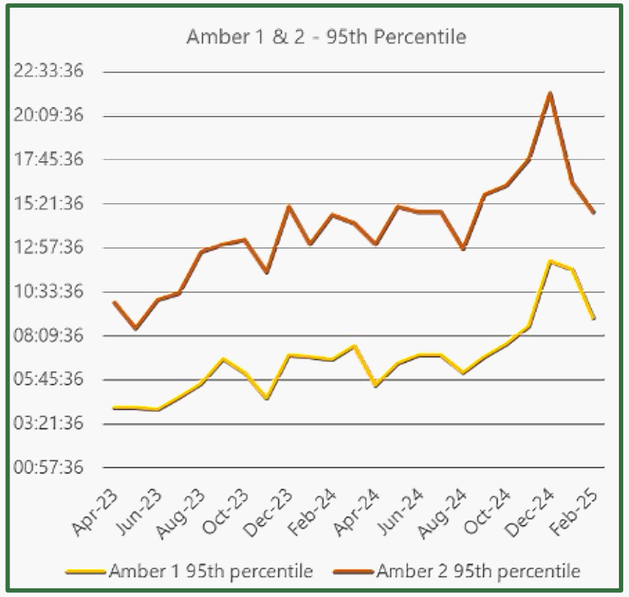
Influencing Factors – Demand, Hours Produced and Hours Lost









Analysis

The Amber 1 median performance time decreased during February 2025 to 2 hours compared to 2 hours and 32 minutes in January 2025. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile also decreased during February 2025 to 9 hours 6 minutes, down from 11 hours 45 minutes in January 2025. This time remains far too long and remained above the 2-year average figure of 6 hours 54 minutes.

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 Trust's commissioned level of production (its rosters) is designed to cope with 6,000 hours of handover lost hours. Unless there is a material reduction in handover lost hours and a transformation of the 999 emergency ambulance pathways, the Trust will continue to see long amber waits and avoidable patient harm. Trust expecting to join a WG led meeting on how handover can be reduced to the 6,000 level.

Our Patients: Quality, Safety & Patient Experience

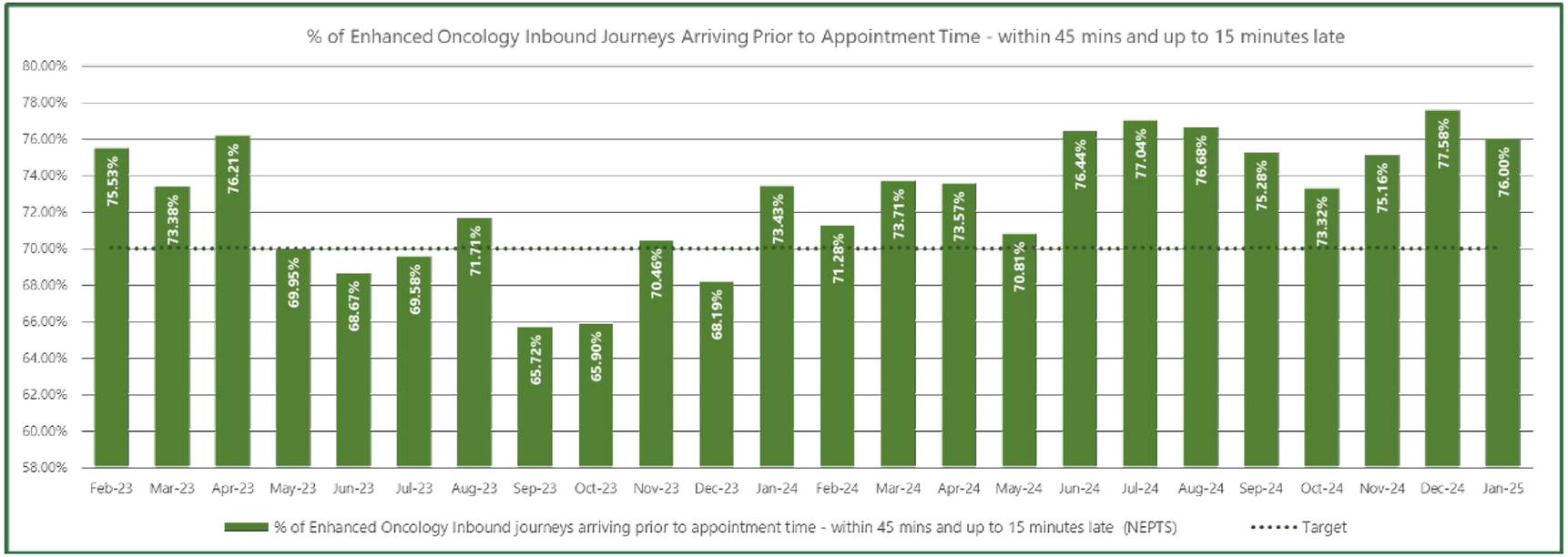
Patient Experience – Influencing Ambulance Care Indicators

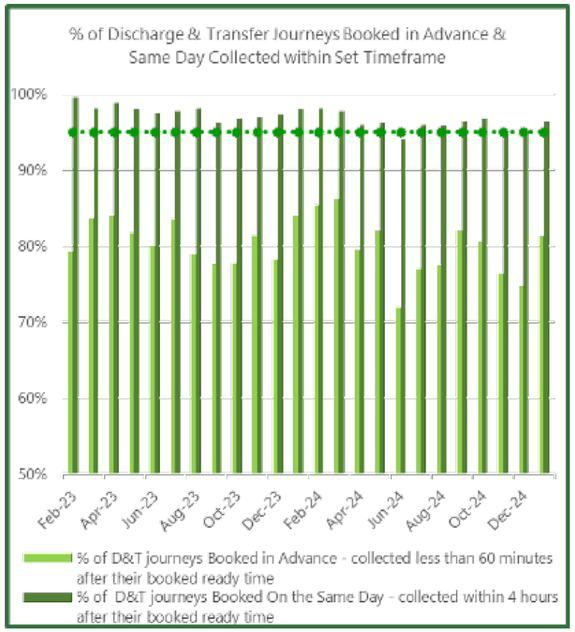
(Responsible Officer: Lee Brooks)

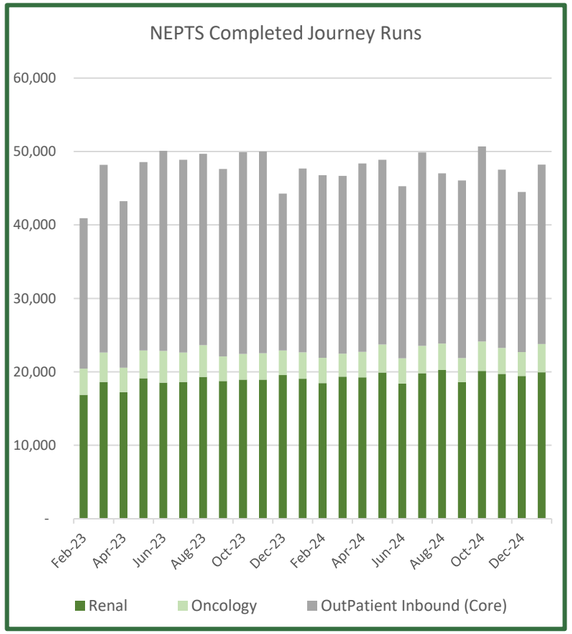
D&T	Oncology	Welsh Calls
R	G	G

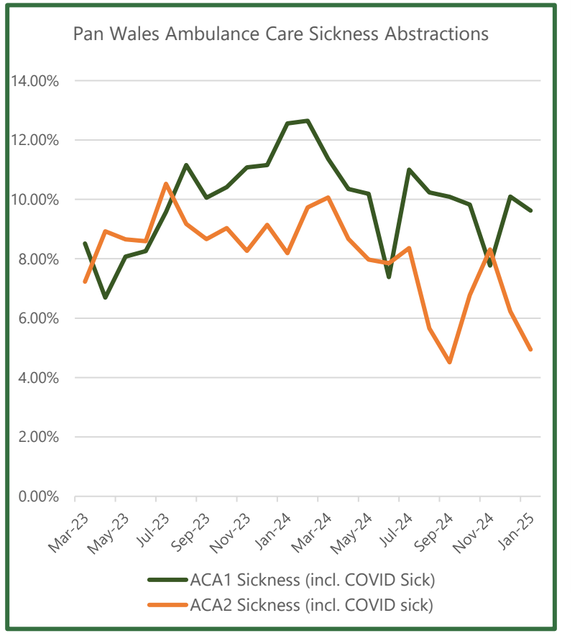
FPC

CI









Analysis

76% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time in January 2025, once again achieving the 70% target. Oncology performance continues to be an area of focus for the service, and we continue to invest both time and resources on these journeys.

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment improved in January 2025 to 81% but remains below the 95% target. (95%).

Enhanced Renal journeys minimally increased for the second month in a row to 70.6%, which therefore achieved the agreed performance standard of 70% for the first time since September 2024.

Call volumes answered increased to 18,808 calls during January 2025, up from 15,449 in December 2024; however, the average speed of call answering declined from 2 minutes 1 second to 4 minutes 21 seconds.

ACA1 sickness remains above the 5.99% target, attaining 9.23% in January 2025. However, ACA2 sickness has fallen below the target, achieving 4.94% in January 2025.

Remedial Plans and Actions

Increased performance on data management and journey recording times is underway, with enhanced focus on weekend performance. Projecting an improvement in performance over next few months, although caution on achieving the 95% figure as this was always an aspirational target that needs engagement and system change from Health Boards which is complex and challenging to achieve.

New rosters have been finalised based on updated demand with the roster review now commenced.

Enhanced sickness monitoring has been implemented at the ADO/HoS level and all long term and complex cases are being reviewed regularly.

Expected Performance Trajectory

The re-roster, which will take several months to deliver will enable the Trust to reach more patients within the current resource envelope (+400 additional patient journeys per week).

Our Patients: Quality, Safety & Patient Experience
Clinical Indicators

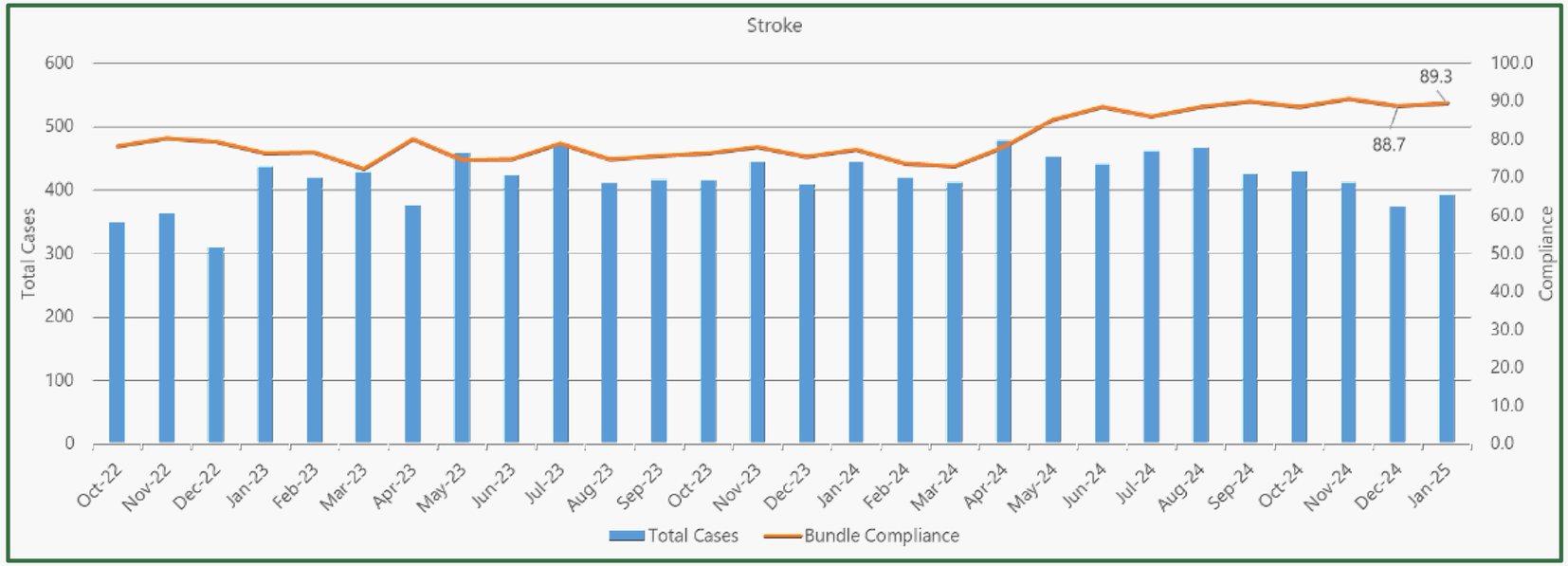
Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care

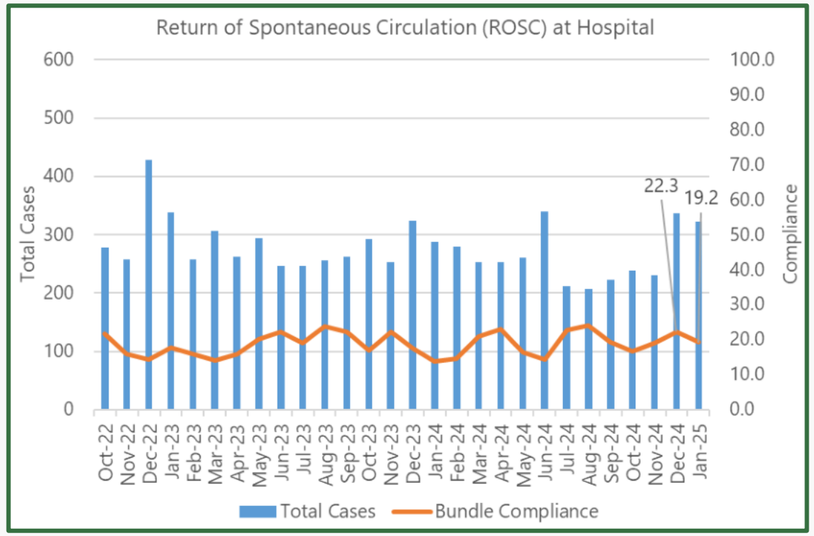
Stroke	ROSC	STEMI
A	G	R

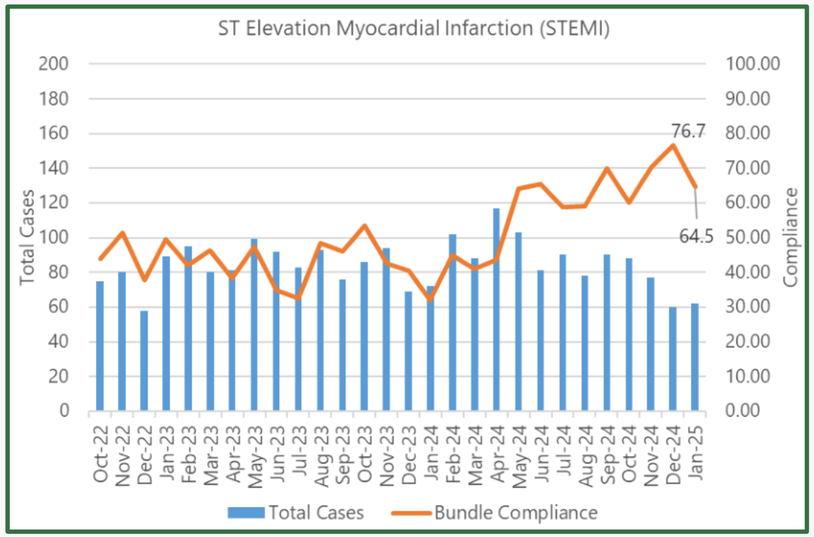
Self-Assessment: Strength of Internal Control: Moderate

QUEST

(Responsible Officer: Andy Swinburn)







Analysis

The percentage of patients documented as receiving appropriate care bundles in January 2025 was:

Stroke – 89.3%, a slight increase from 88.7% in December 2024. There is a close correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance.

STEMI (heart attack) – 64.5%, a decrease from 76.7% in December 2024. There was a marked decrease in documenting all criteria in January with a reduction in the recording of analgesia component. The number of cases remained low (61) therefore, increasing the volatility of the compliance data so this could be natural variance.

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 19.2%, a decrease from 22.3% in December. An update was made to the ROSC coding scripting which affected the data from July 2024. This resulted in a step change with August 2024 being the highest since ePCR was implemented. A 'nudge' to improve documentation for specific fields including outcome was implemented in October 2024. Both December and January continued to see higher numbers of cases in this indicator.

N.B. Due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts. The factors that influence this are multifactorial and as such it is not possible to identify the specific element.

Following the switch to the electronic Patient Clinical Record , the way data is collected has changed. Automated Clinical Indicator reports are generated from data directly inputted by clinicians. As a result of the anticipated low compliance, risk 535 was generated with three key mitigations to work on:

- Design of the electronic Patient Clinical Record User Interface
- Clinician interaction with the electronic Patient Clinical Record
- Accuracy of the scripting to extract the data from the data warehouse to create the reports.

Further electronic Patient Clinical Record User Interface changes are planned for the next update scheduled for Spring 2025, the impact will be monitored by the Clinical Intelligence & Assurance Group.

Our Patients: Quality, Safety & Patient Experience
Clinical Indicators

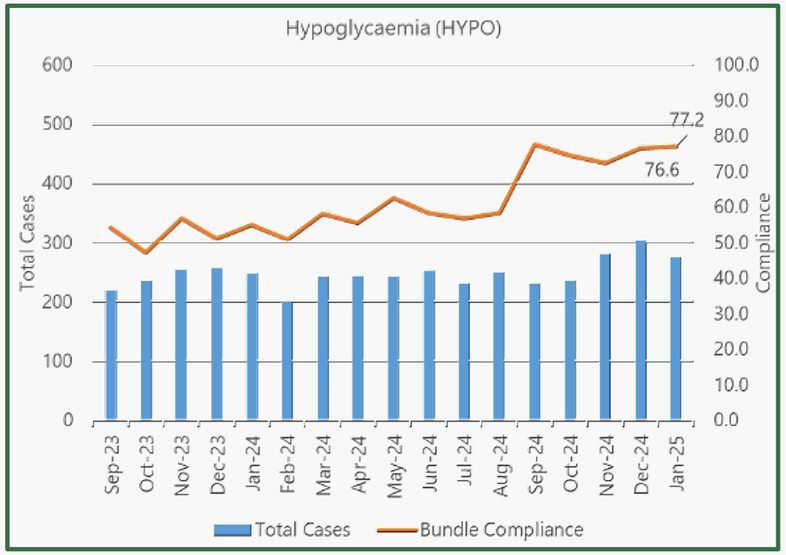
Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (Stroke & STEMI)

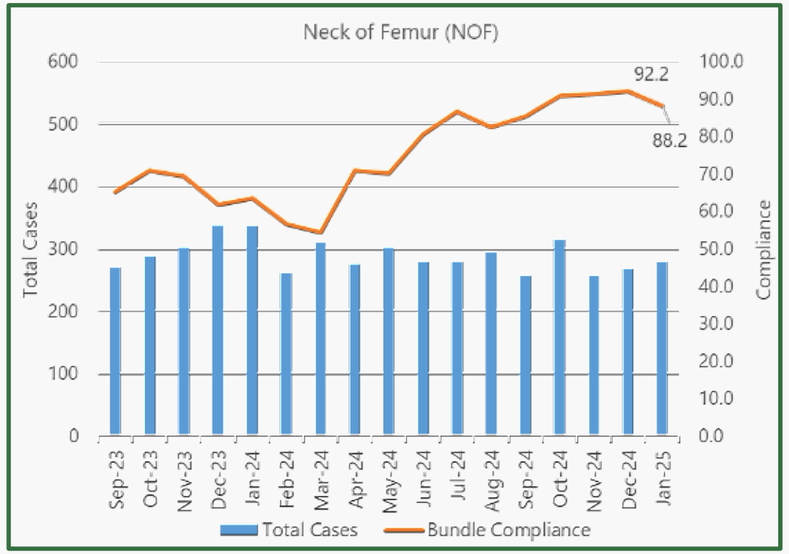
(Responsible Officer: Andy Swinburn)

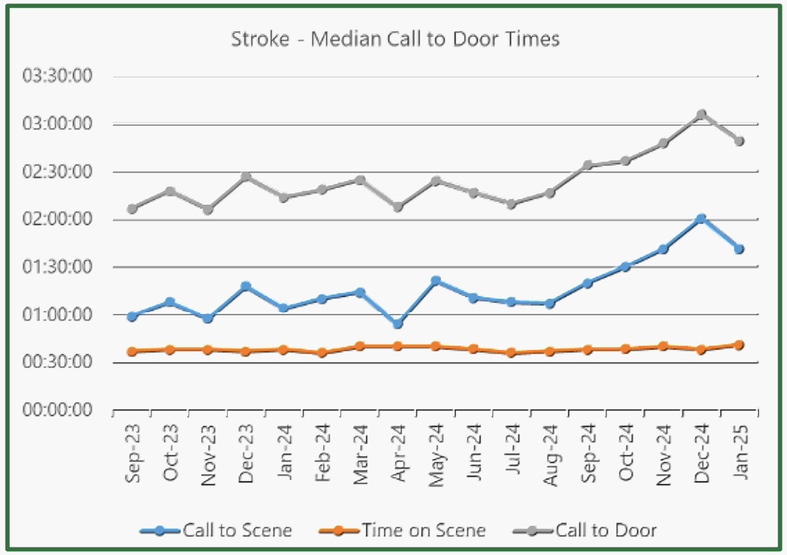
Call to Door
A

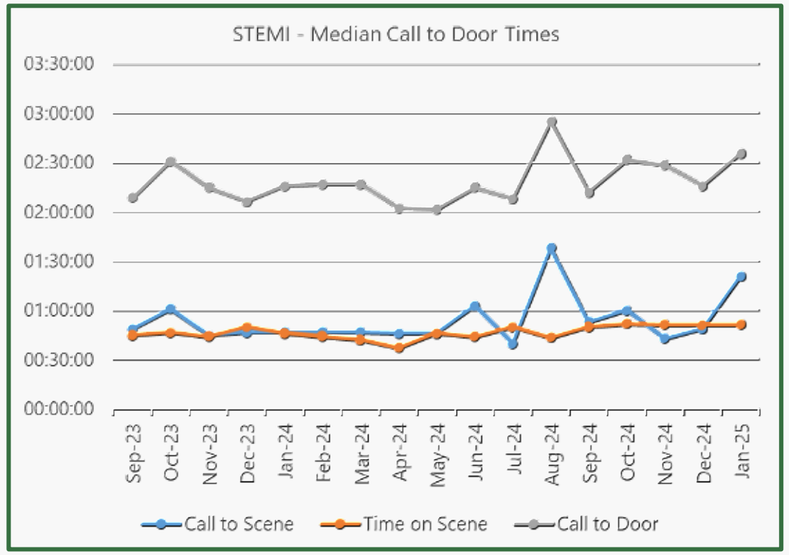
Self-Assessment: Strength of Internal Control: Moderate

QUEST









Analysis

The percentage of patients documented as receiving appropriate care bundles in January 2025 was:

Hypoglycaemia (diabetic patients with low blood glucose) – 77.2%, an increase from 76.6% % in December. Continuing with a slight increase in compliance in January although with a slight reduction in the number of cases from 303 (dec 24) to 276 for January. This is likely to be within the natural variation.

Fractured Neck of Femur (hip fracture) – 88.2%, a slight decrease from 92.2% in December. Although only a slight decrease in compliance this can be attributed to a decrease in the documenting pain scores element.

Call to door times for Stroke and STEMI – Although call to door times extended for STEMI during January, the corresponding report for stroke improved with the changes both being attributed to the call to door element of the call cycle. There have been changes in the clinical model in this period and more analysis over an extended period will be required to understand the underlying trend and route cause of this.

Remedial Plans and Actions

- A recovery plan implemented from April – September 2024 and remains BAU monitored through CIAG to maintain the improvements:
- Continued focus on communication with clinicians to use the bespoke electronic Patient Clinical Record fields (in addition to the narrative).
- Provided weekly non-compliant data to support Senior Paramedics conversations with clinicians to improve compliance.
- Promoted Clinical Indicators, care bundles and electronic Patient Clinical Record completion at Health Board area focussed workshops.
- Review of the ePCR interface led by the Digital Directorate.

Expected Performance Trajectory

As a result of the work from the CI Recovery Group T&F group and the ongoing improvement interventions, a continued increase in compliance rates is expected and will be monitored by the Clinical Intelligence & Assurance Group.

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

(Responsible Officer: Liam Williams)

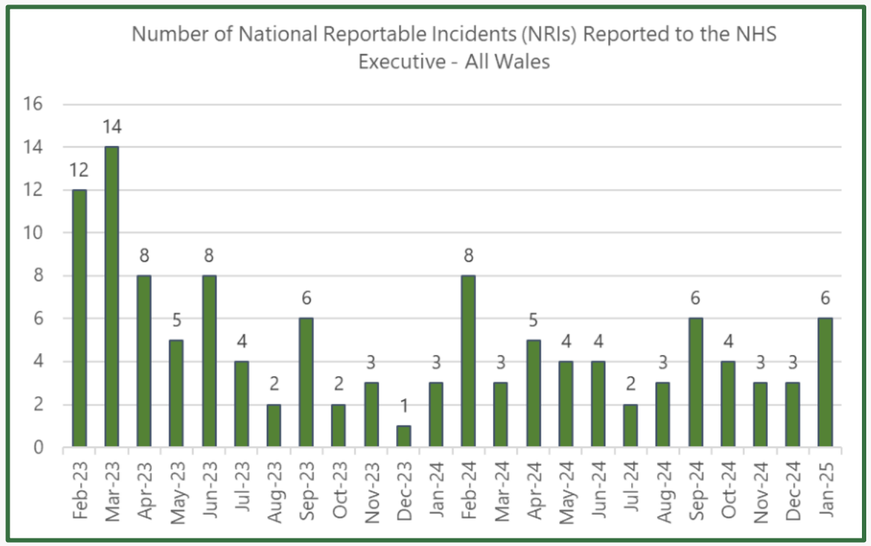
Concerns.

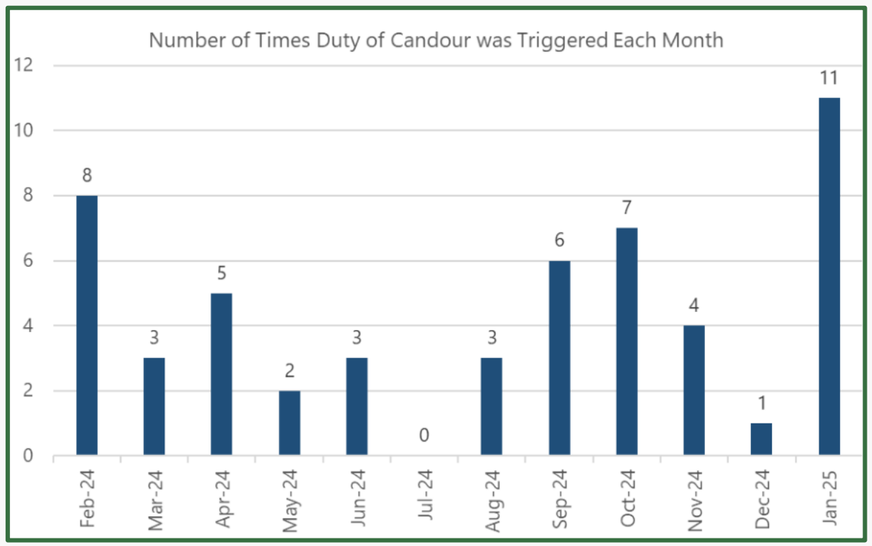
A

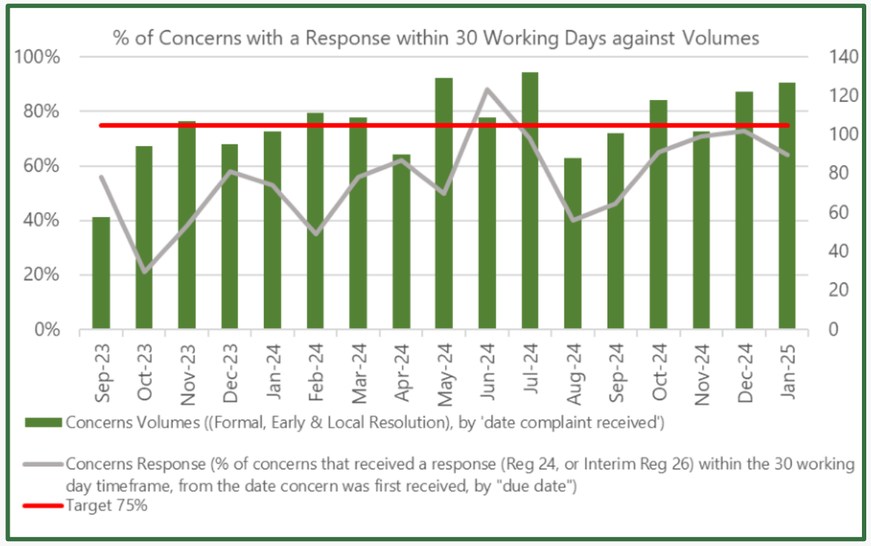
Self-Assessment: Strength of Internal Control: Moderate

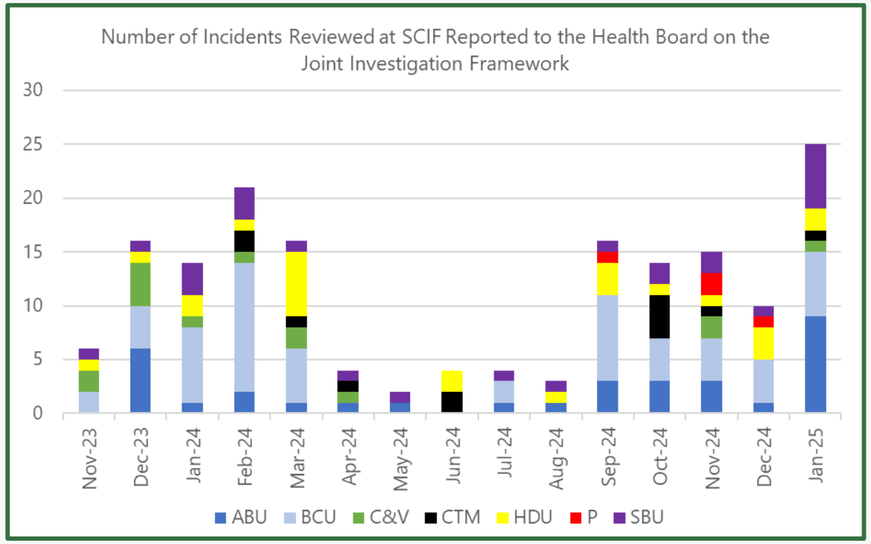
QUEST

Health & Care Standard
Health - Safe Care / Timely Care









Analysis
Compliance with the 30 working day complaints target has decreased last month, likely reflecting the challenges associated with increased pressures across the organisation during the winter period. Open complaint volumes have continued to grow with high numbers being received over recent months, largely related to pre-hospital delays in the community.

The number of NRIs reported was double last month but remains within organisational norms for this time of the year however the Trust recorded its highest number to date of Duty of Candour enactments due to increasing levels of Moderate harm being identified.

Remedial Plans and Actions
- Ongoing monitoring of national incident reporting, enactment of the Duty of Candour and Complaints performance is monitored by team leads on a regular basis.
- All teams are working to achieve national timescales and a benchmarking position comparative to other NHS Wales organisations as visible in the national Quality and Safety dashboard, Beacon

Expected Performance Trajectory
Operational frontline focus over the winter period is likely to continue to influence complaints performance over coming months.

**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*

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

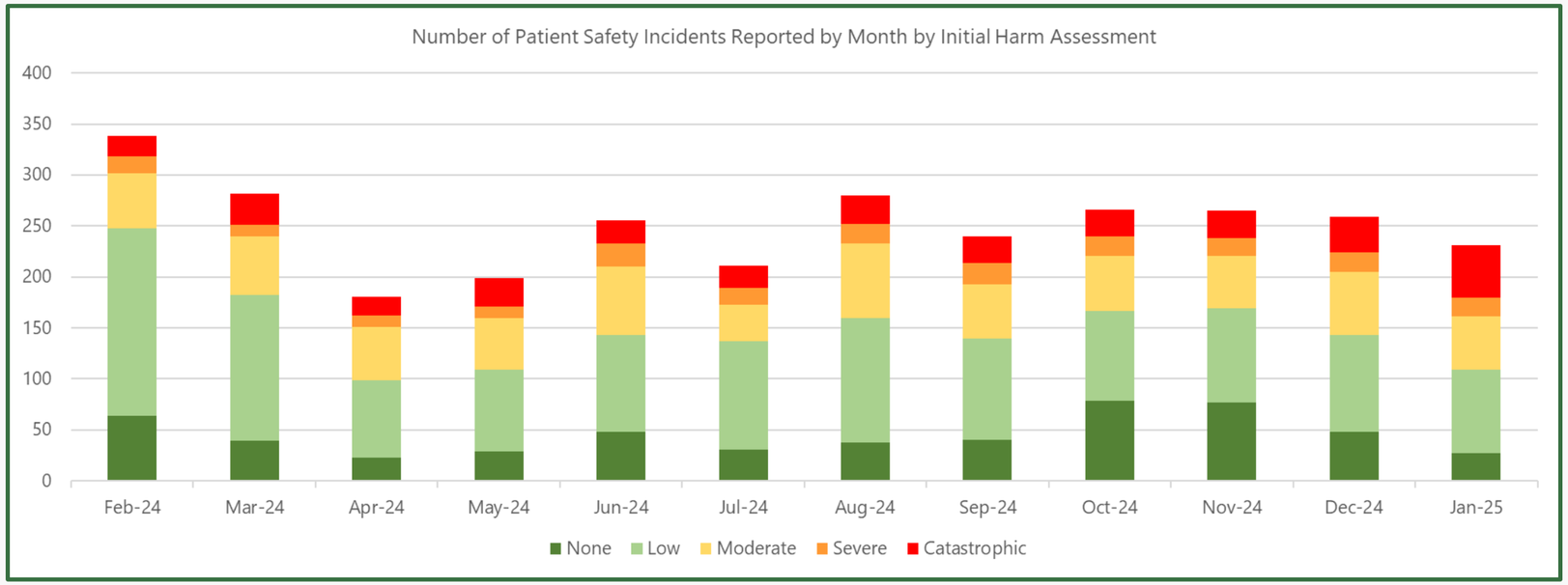
Our Patients: Quality, Safety & Patient Experience
Patient & People Safety Indicators

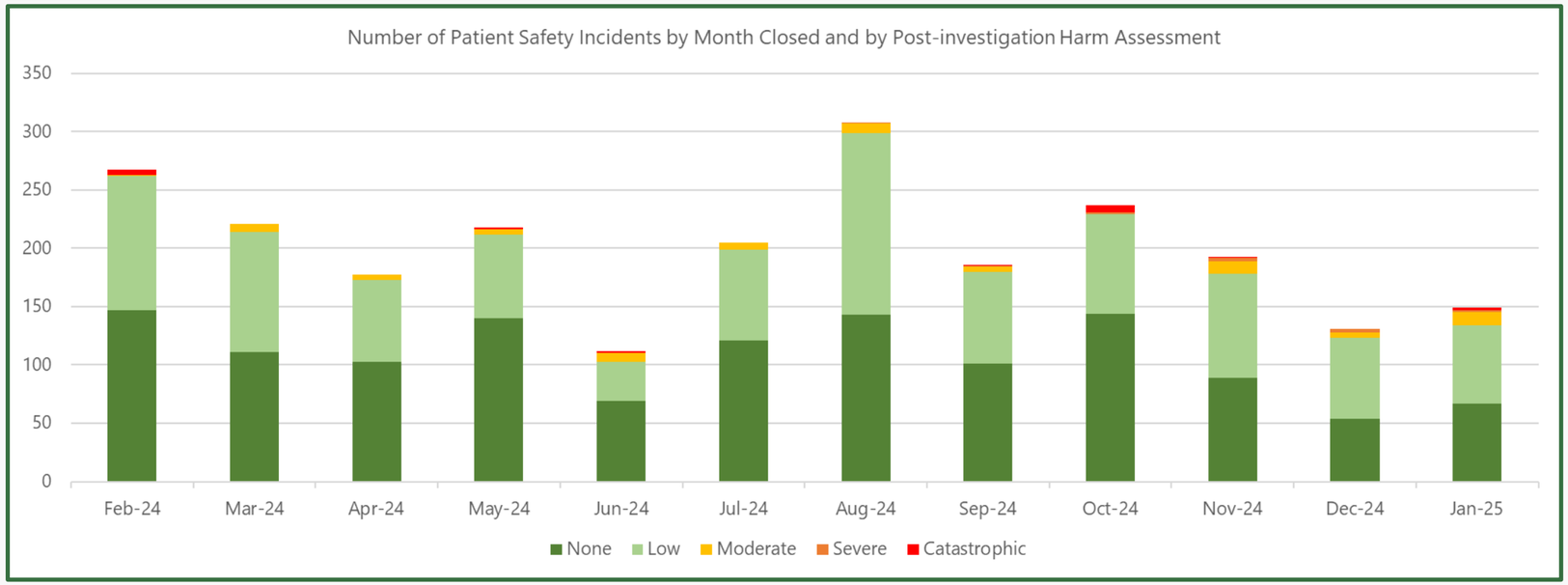
(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care





Analysis

There is a gradual increase in incident reporting since the beginning of the financial year across all harm gradings. This is being monitored across the months to assess the impact of seasonal system pressures. The proportional levels of harm being reported remain reasonably consistent.

Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident); however, the introduction of the Rejection SOP by the Quality Team has reduced the risk of duplication. Incident volumes include those reported internally by WAST staff, but also those reported by Health Board colleagues about WAST services or care.

Harm levels for January 2025 were: -

- No harm or hazard - 27
- Low - 82
- Moderate - 52
- Severe harm - 19
- Catastrophic/Death - 51

Remedial Plans and Actions

- Incident management culture and processes are being considered as part of an emerging Datix Recovery and Improvement Plan and monitored carefully to support the Clinical Model Transformation work.
- Temporary staffing resource within the Datix team will enable development of pivotal business intelligence products to facilitate greater awareness and analysis of our patient safety incident data.
- Incident volumes have not spiked as was previously anticipated although more significant levels of harm appear to be present. This is reinforced by the high number of incidents shared with Health Boards as Joint Investigations.

Expected Performance Trajectory

Incident volumes and harm levels will be closely monitored over coming months and triangulated with other sources of intelligence related to Clinical Model Transformation changes.

Data source: Datix

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

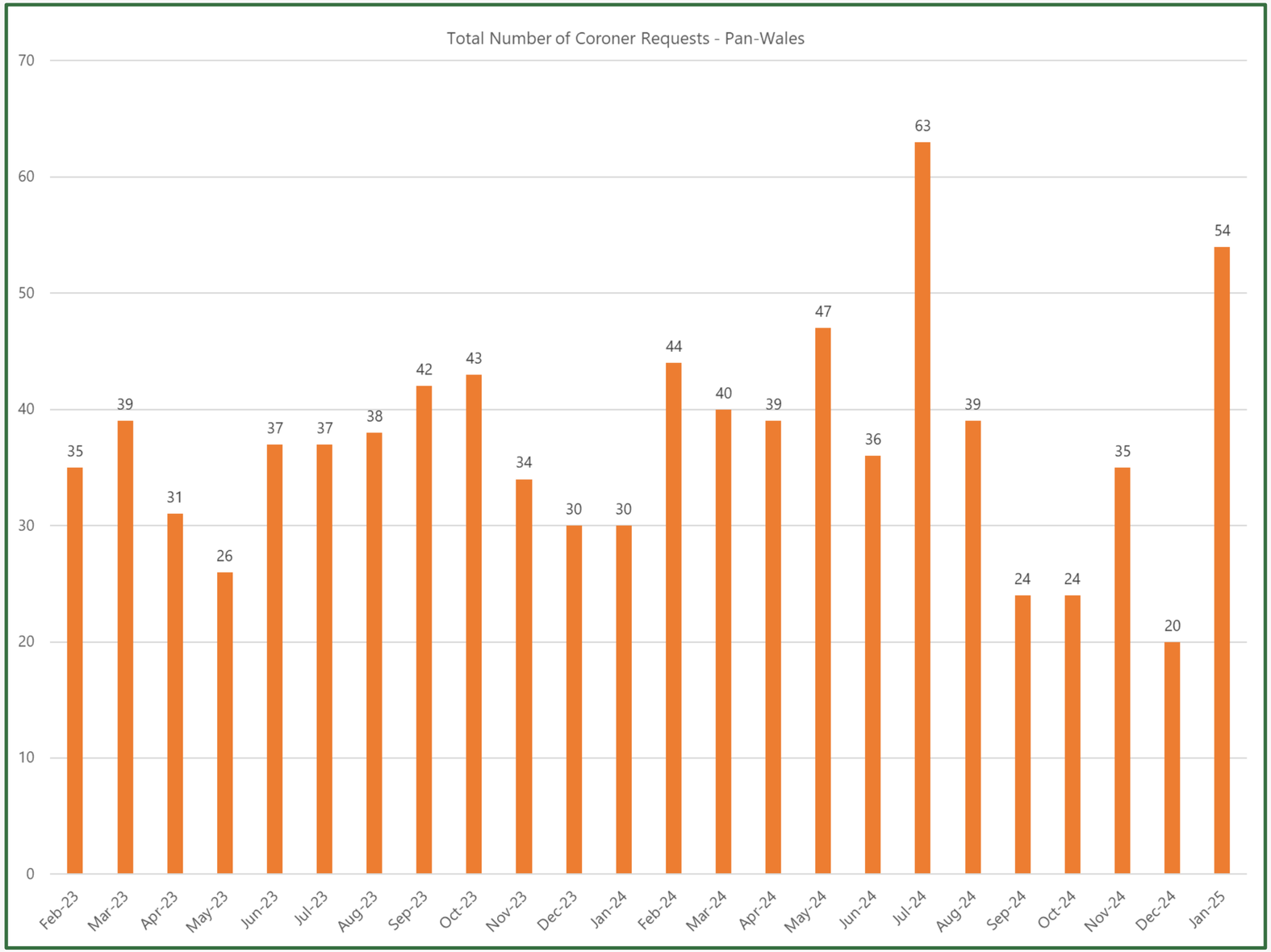
(Responsible Officer: Liam Williams)

Coroners Self-Assessment: Strength of Internal Control: Moderate

Mortality Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care



Analysis

The number of coroner approaches has sharply increased following a relatively quiet Christmas period. This is partly due to Coroner's offices closing over the Christmas period and catching up in January. Inquest cases continue to present with increased complexity and large numbers of statements and witnesses being called. It is noticeable that many requests are accompanied by short timescales. These factors combined makes this an area of continued pressure across Trust services, and a source of additional burden to staff involved, often revisiting events from several years past. Themes of inquests continue to relate to delays in providing a response in the community.

Mortality - The Trust is developing a multi-directorate approach to reviewing Medical Examiner Service Feedback, in line with the revised All Wales Learning from Mortality Reviews Model Framework (Second Edition). This has included a Level 1 triage meeting and a Level 2 Medical Examiner Learning Panel. Level 1 triage is now being undertaken contemporaneously by Patient Safety Team with no concerns about timeliness / performance. There is a backlog of Level 2 cases, but it is anticipated that this will be recouped over the next two quarters as the Panel approach embeds and familiarity enables more efficient reviews.

There is a decreasing number of Medical Examiner referrals since April 2024 which is believed to be due to relational work undertaken with other health bodies to reduce the duplication of cases, whereby the same case was, at times, previously being sent by both the ME service and the associated Health Board. This trend will however be monitored closely to assess whether there are other influencing factors.

Remedial Plans and Actions

- Additional temporary resource in the Legal Services team is supporting the management of inquest coordination and activity across the Trust.
- Operational teams are trialling a collaborative style of statement across services to ensure, as service delivery models become increasingly sophisticated, that our statements accurately represent the patient pathway of care and provide a coherent chronology and explanation of events.

Expected Performance Trajectory

Coroner activity will continue to be monitored and delays in statement gathering escalated and prioritised internally as appropriate.

Mortality Reviews Data source: Internal Web Application

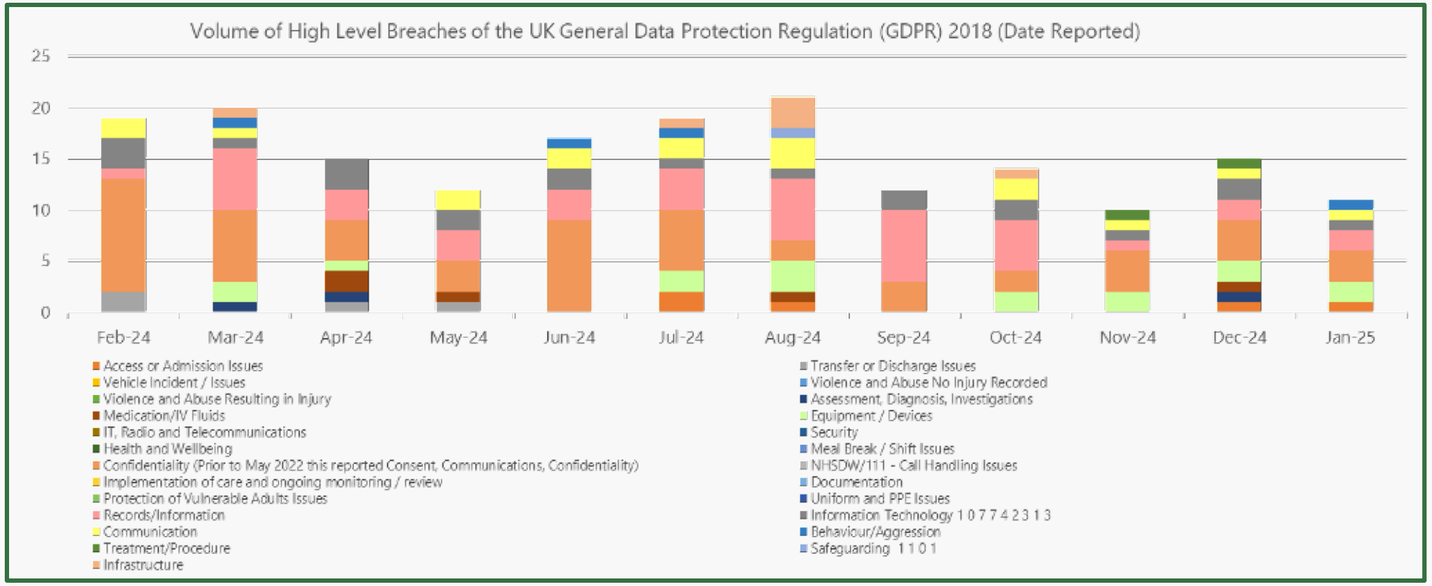
Our Patients: Quality, Safety & Patient Experience Safeguarding, Data Governance & Public Engagement Indicators

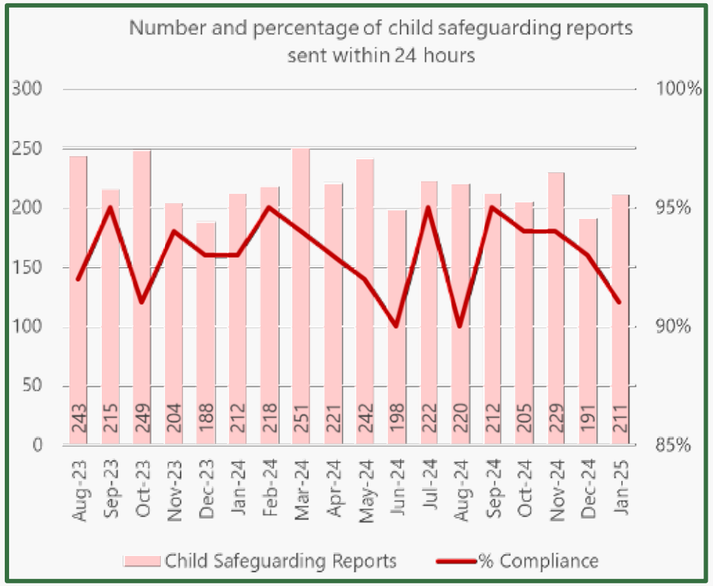
(Responsible Officers: Jonny Sammut & Liam Williams)

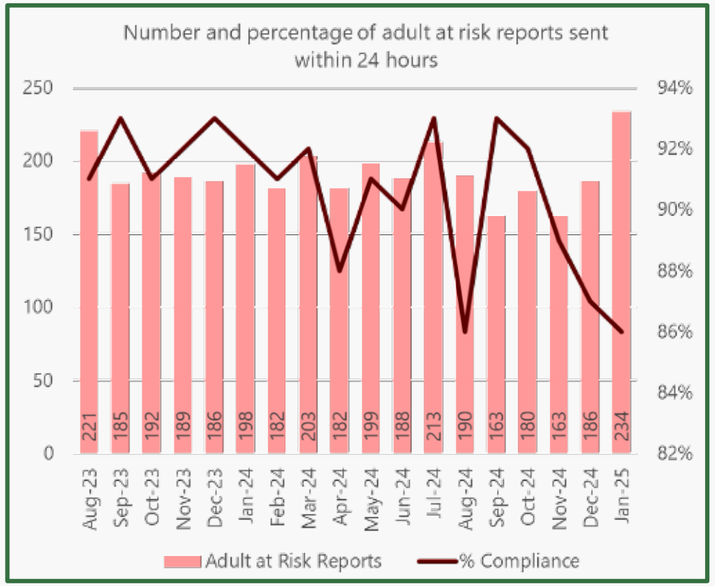
Health & Care Standard
Health – Safe Care

Self-Assessment: Strength of Internal Control: Strong

PCC







Analysis

Safeguarding: In January 2025 WAST colleagues submitted a total of 234 Adult at Risk Reports, 86% of these were processed within 24 hours. Whilst the Trust does not report on Adult Need for Care & Support reports (wellbeing); 693 reports were shared with local authorities across Wales during this reporting period. There have been 211 Child Safeguarding Reports submitted in January 2025, 91% of these were processed within 24 hours.

Data Governance: In January 2025, there were 11 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 11 breaches, 2 related to Records/Information, 1 Information Technology, 1 Communication, 2 Equipment/Devices, 2 IG/Confidentiality, 1 Behaviour, and 1 Access / Admission.

Public Engagement: During December, PECI attended 18 community engagement opportunities, engaging with approx. 500 people. This included attending Newport 50+ Forum, Cardiff Southwest Healthy Lifestyle Event, Helal Lifestyle Expo, Cardiff Health Inequalities Fair and Newport Carers Network. Attended further 'Winter Messaging' event at Ystradgynlais Community Hospital to discuss and promote the NHS 111 Wales service.

Remedial Plans and Actions

Safeguarding: The Trust manages all safeguarding reports digitally via Doc-works 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 WAST colleagues with using the Doc-works Scribe system and liaising with local authorities when required. Only minimal paper safeguarding reports are now received, they are used as a back-up and are sent directly to the Safeguarding Team for actioning. The Safeguarding Team monitor any paper reports received and provide direct feedback to colleagues to improve practice.

Data Governance: During the reporting period, of the 11-information governance related incidents reported on Datix, 1 incident was reported to the Information Commissioner's Office (ICO) as it met the risk threshold. Following a review, the ICO closed the incident on the basis of the report and remediation actions taken. The IG Team continues to review and provide advice on reported incidents where applicable.

Public Engagement: 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.

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 IG Toolkit Improvement Action Plan continues to be progressed in readiness for the submission deadline in March 2025. The status of the Action Plan is reported to and monitored by IGSG.

Public Engagement: All feedback received is shared with relevant Teams and Managers and continues to be used to influence ongoing service improvement. Patient experience and community engagement information is now shared weekly at the Senior Quality Team meeting.

**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*

Safeguarding Data source: Doc Works

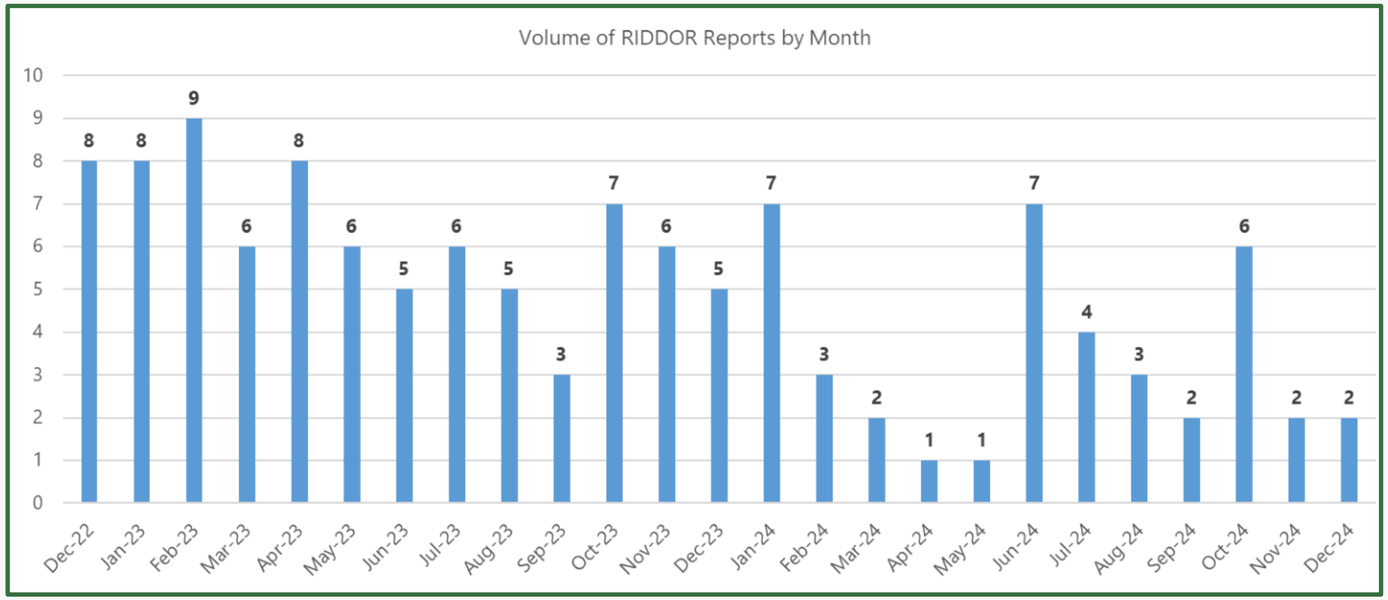
Our Patients: Quality, Safety & Patient Experience
Health & Safety (RIDDORS) Indicators

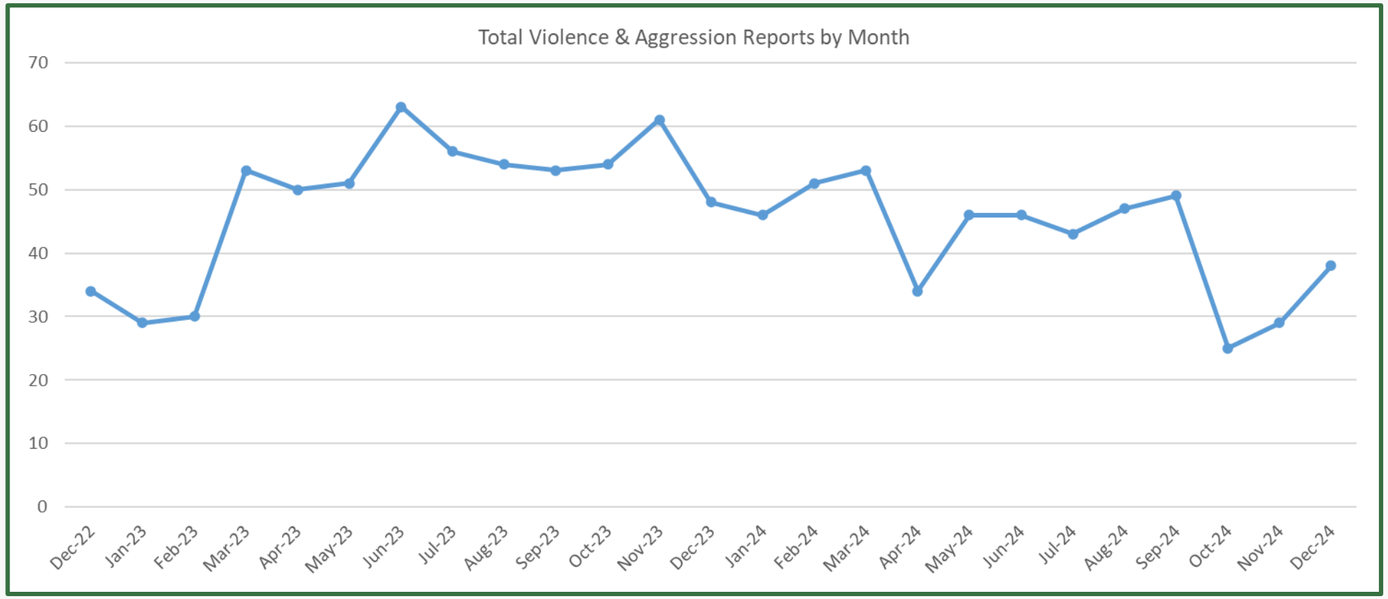
(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care





Analysis

RIDDOR: There were 15 incidents requiring reporting under RIDDOR during Quarter 3 2024 12 were Most being unable to perform their normal duties for more than 7 days and 3 were Most specified reporting injuries. 90% of the RIDDOR's were submitted within the HSE reporting timelines due to good working relationships with the H&S and Operational Teams. Manual Handling Patients (8 RIDDORS) and Slips and Trips (4 RIDDORS) continue to be the most consistent theme for RIDDOR submissions.

Violence and Aggression: A total of 91 incidents have been reported of V&A in Quarter 3 2024. 7 Physical Assaults on staff were reported during the quarter with 84 incidents of verbal abuse. 24 incidents were reported as Moderate in harm and 39 noted as low harm with 3 cases being noted as causing severe harm. The number of moderate and low harm incidents have returned to the lower levels previously seen within the Trust. Such variations can have a number of causes which are being investigated by the V&A function.

Remedial Plans and Actions

RIDDOR: Work continues to improve communication between H&S and Operations Department to ensure efficient reporting and suitable corrective actions for RIDDOR incidents. A review of manual handling provisions within the Trust has been undertaken and SBAR prepared noting areas for improvement.

Violence and Aggression: V&A incident causation is being trended to identify the suitability of recording incidents in response to the volume of low harm and no harm incidents to with the aim of undertaking suitable investigations and providing sufficient support for staff members affected. Of note is Most staff on staff reported incidents The team continue working with the Clinical Support Desk to explore mechanisms to better protect staff by use of Community Behavioural Orders via the Patient Care Plans.

Expected Performance Trajectory

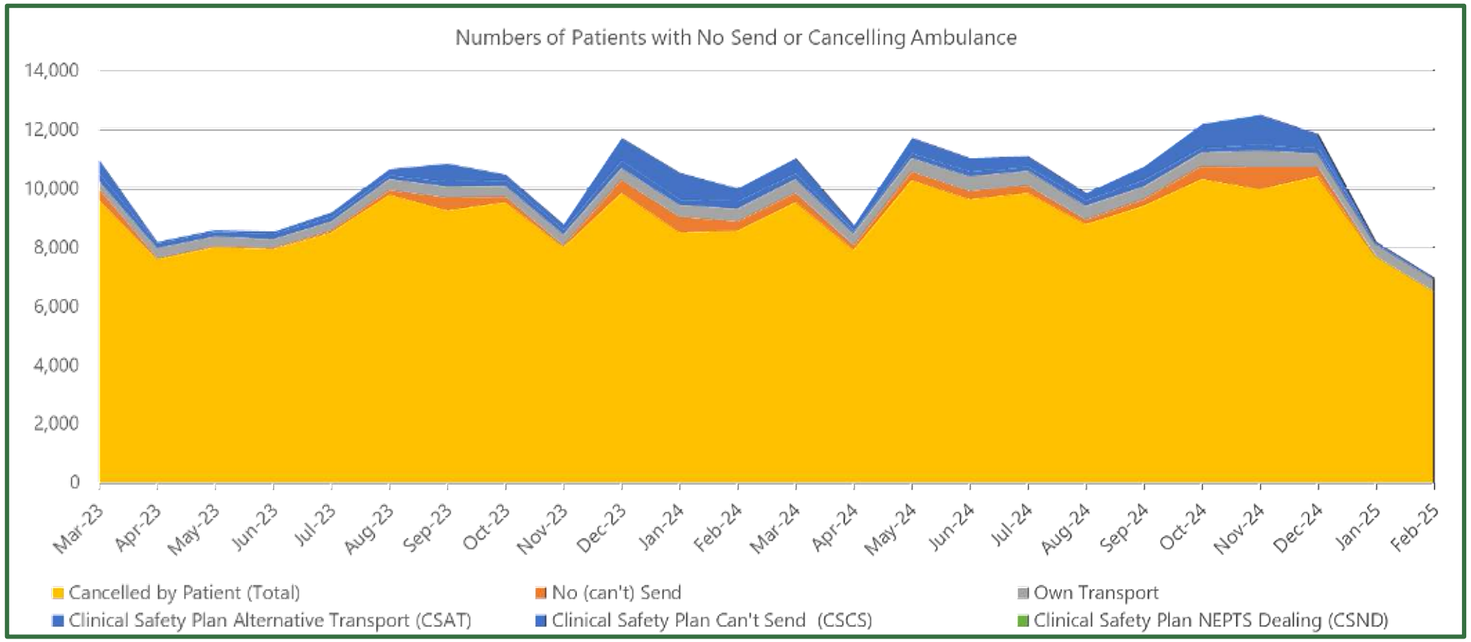
RIDDOR: The number of manual handling injuries sustained by staff continues to be main cause of RIDDOR incidents and this is expected to remain the case whilst the improvements in manual handling aides and training are being implements. The other main cause of RIDDOR incidents, slips and trips, varies inline with the prevailing weather conditions as these improve going into the spring it is expected they will reduce.

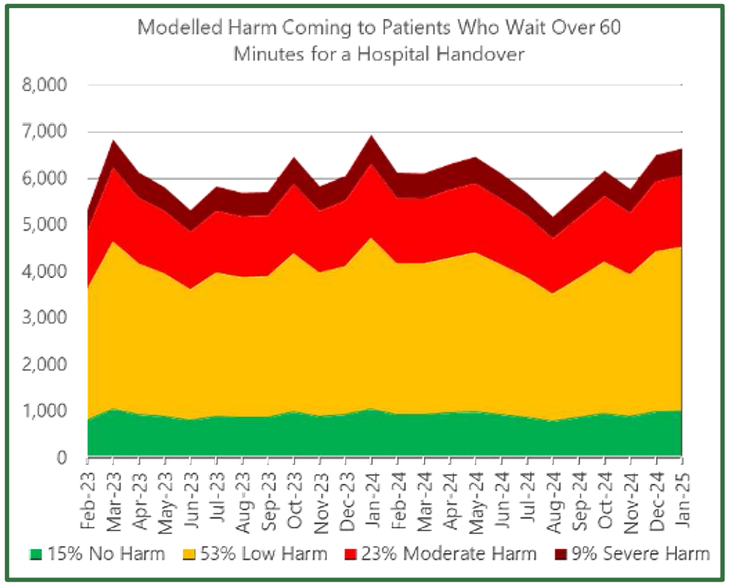
Violence and Aggression: Whilst there has been a downward trend in V&A incident numbers the current performance remains steady in terms of numbers. The majority of incidents recorded are verbal in nature arising from our call centres. Work is being undertaken to improve the reporting of incidents.

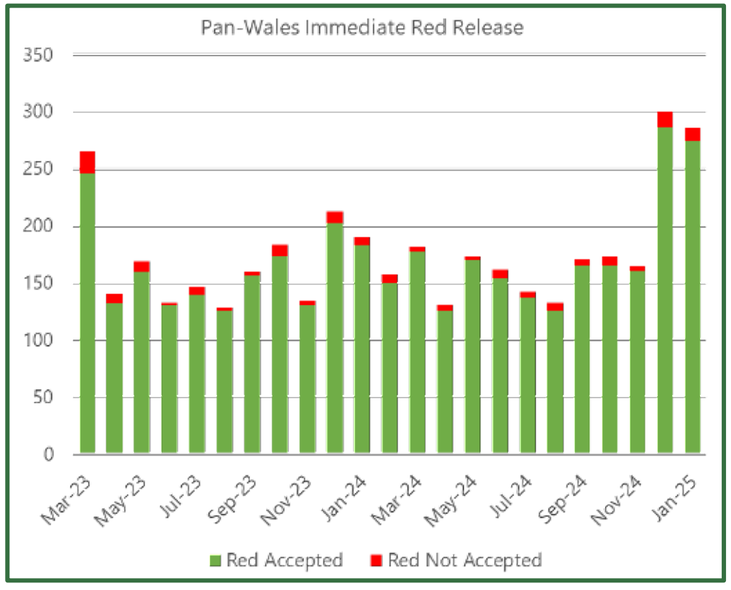
Data source: Datix

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

(Responsible Officer: Andy Swinburn) R FPC







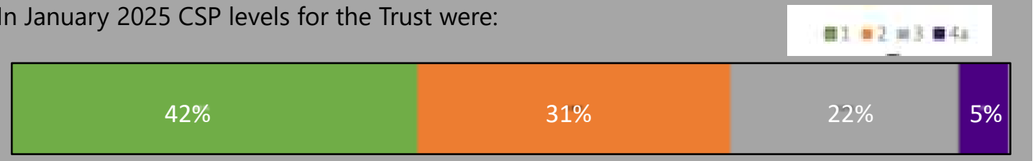
Analysis

In February 2025, 63 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport. In addition, 6,449 ambulances were cancelled by patients (including patients refusing treatment at scene) a decrease from the 7,707 in January 2025.

There were 1130 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in January 2025. Of these 274 were accepted and released in the Red category, with 12 not being accepted. Further to this, 192 ambulances were released to respond to Amber 1 calls, but 652 were not.

The graph in the bottom left shows that in January 2025 of the 6,629 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% (994 patients) would experience no harm, 53% (3,513 patients) would experience low harm, 23% (1,524 patients) would experience moderate harm and 9% (596 patients) would experience severe harm.

In January 2025 CSP levels for the Trust were:



Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings had been paused as the Trust moves into the new commissioning arrangements but have now restarted. The NHS Wales Performance Delivery framework 2024/25 has a target of no handovers of more than one hour, this equates to 7,500 hours of handover lost hours.

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 Trust's ability to respond to demand. See also slides on Red performance and Amber performance, in particular, remedial actions.

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

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

(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care

January & February 2025		
NEPTS (527 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	83
Were you happy with the transport you received?	85	95
999 (15 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	92
The 999-call taker who answered your call explained what was going to happen next.	85	92
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	92
The length of time I waited for an ambulance to arrive was acceptable.	85	55
111 (34 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	50
Did you follow the advice given to you by NHS 111 Wales?	85	79
Would you consider using NHS 111 Wales again?	85	52
WAST Overall - Friends & Family Test How was your overall experience with the service today?	Ranked from very poor to very good.	
○ Ambulance care	92.46% Good	4.66% Poor
○ Integrated Care (NHS 111 Wales Telephone line only)	33.33% Good	41.67% Poor
○ EMS (including CSD)	86.67% Good	0.00% Poor
○ NHS 111 Wales Online	54.39% Good	22.81% 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 response 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, while the question 'Were you happy with the transport your received', came out above the 85-benchmark figure (n=95).

In the 999 survey-all questions reported on exceeded the 85-benchmark except for one, this being 'The length of time waited for an ambulance to arrive was acceptable' (n=55). Whilst within 111 survey no reported on questions achieved the 85-benchmark.

Response rates to the 999 and 111 surveys remain low and it's acknowledged that these do not reflect an entirely representative picture based on overall call volumes.

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

A DPIA to allow distribution of surveys to patients via SMS Texting is currently with the IG Team. Expediting the approval of this DPIA has been raised with senior colleagues in the Digital Directorate.

Plans to place QR codes in the back of EMS vehicles to increase patient feedback are also progressing and we continue to work with IPC and Fleet colleagues.

We continue to work closely with the Trust's Falls Improvement Lead to deliver a targeted survey looking at the experiences of people who are responded to by either a Level 1 or Level 2 falls responder. Plans are in place to duplicate this method of survey delivery with patients attended to by a CWR Volunteer.

We continue to engage with the Once for Wales Programme Board who have updated the 'All Wales Patient Experience Question Set' and 'People's Experience Framework'. The Framework and new questions will be formally launched by WG in the coming months.

Expected Performance Trajectory

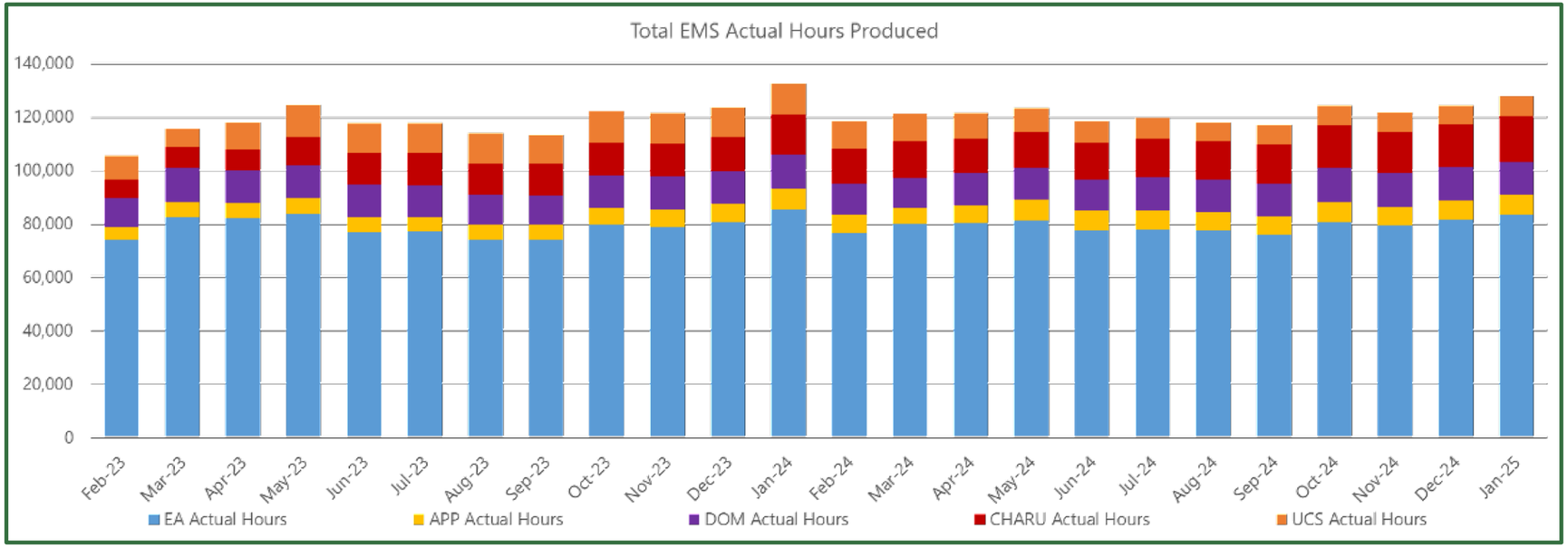
An overall aim of increasing visibility of experience surveys and maximising opportunities to capture patient experience data.

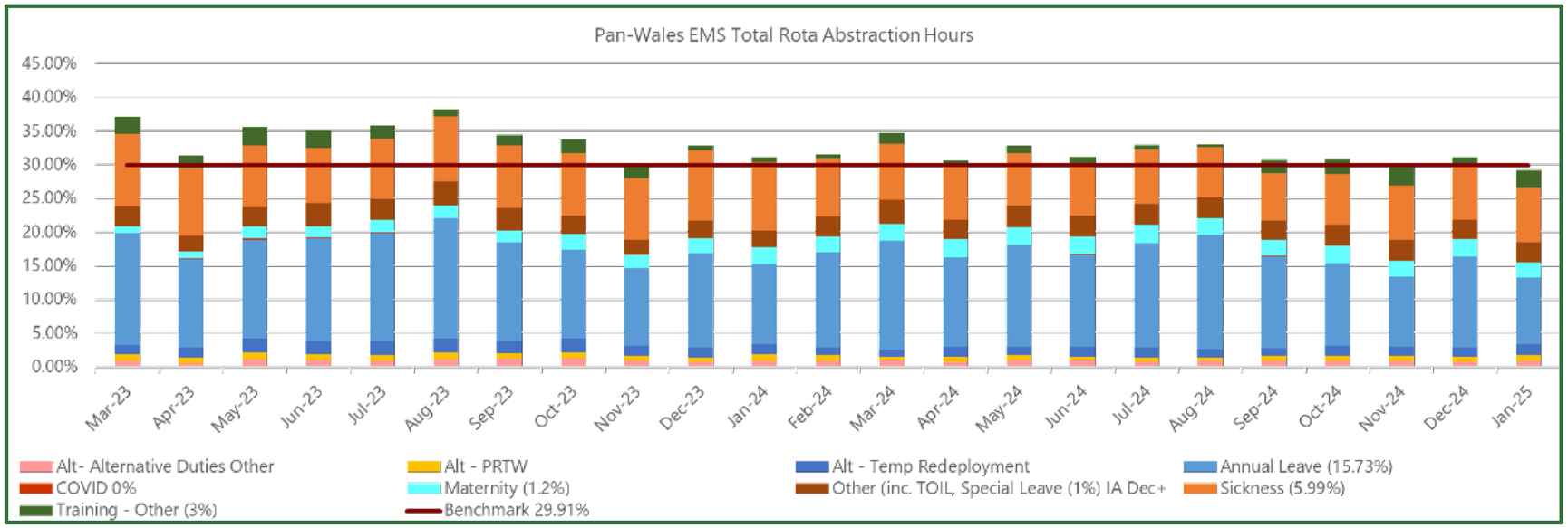
Our People
Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production	Abstractions
G	R

CI PCC FPC





Analysis

The total EMS hours produced is a key metric for patient safety. The Trust produced 127,833 hours during January 2025, a decrease compared to the 132,508 hours produced during January 2024. The Trust is delivering good levels of production.

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced, as are the total number of staff in post. January 2025, saw a total EMS abstractions (excluding Induction Training) of 29.19%. This was a decrease on the 31.05% recorded in December 2024, and achieving the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 9.89% followed by sickness at 8.12%.

Emergency Ambulance Unit Hours Production (UHP) achieved 97% in January 2025 which equated to 83,245 Actual Hours.

In January 2025 CHARU UHP was 94% against the full roll out requirement.

Remedial Plans and Actions

- Continued focus on managing attendance across the Trust and managing abstractions from rosters.
- Full roll out of CHARUs.
- Continued focus on staff in post to establishment, aiming for 95% benchmark.
- Smoothing of staff between urban and rural areas.
- Focus on recruitment to reduce identified vacancy gap, in particular, EMTs and APPs.

Expected Performance Trajectory

UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is good.

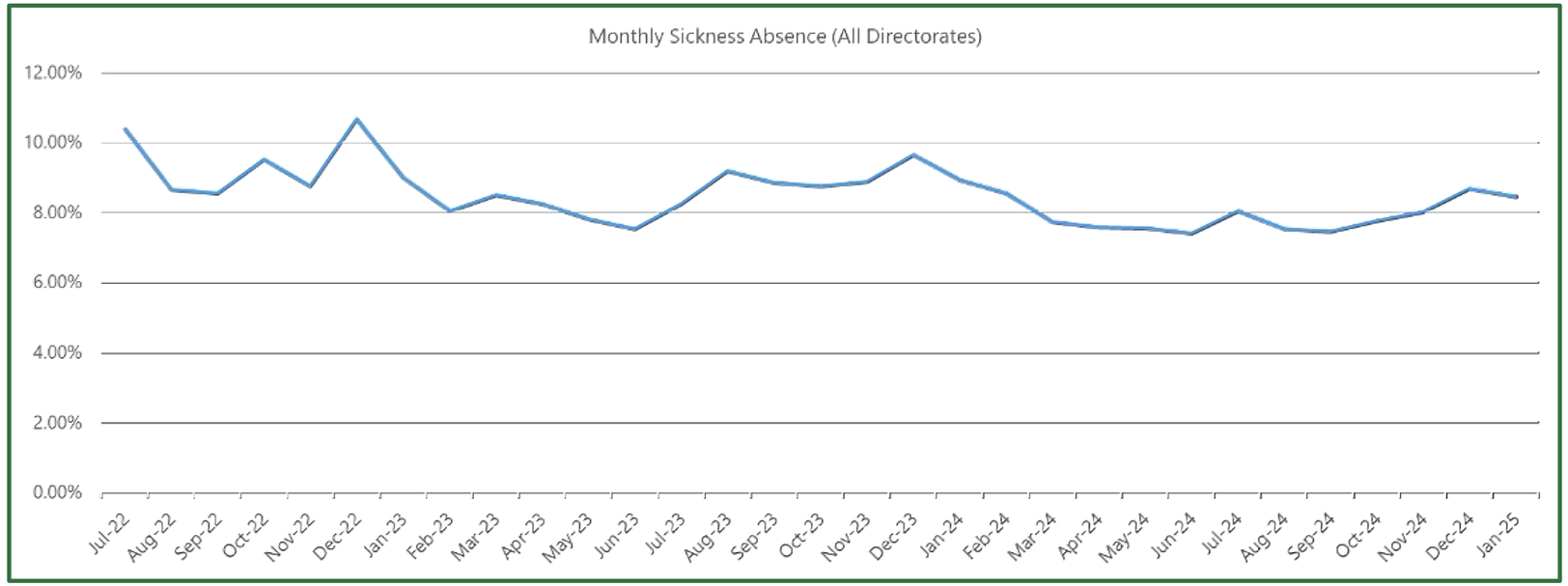
The Trust maintains an ambition to reduce sickness to 6% and maintain abstractions to 30%. This has not yet been achieved for sickness, but the direction of travel is good, while the abstractions benchmark has been achieved a number of times this year.

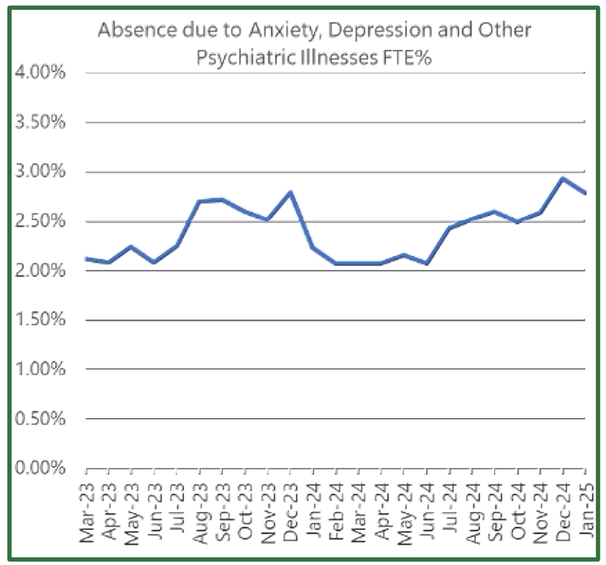
Our People
Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)

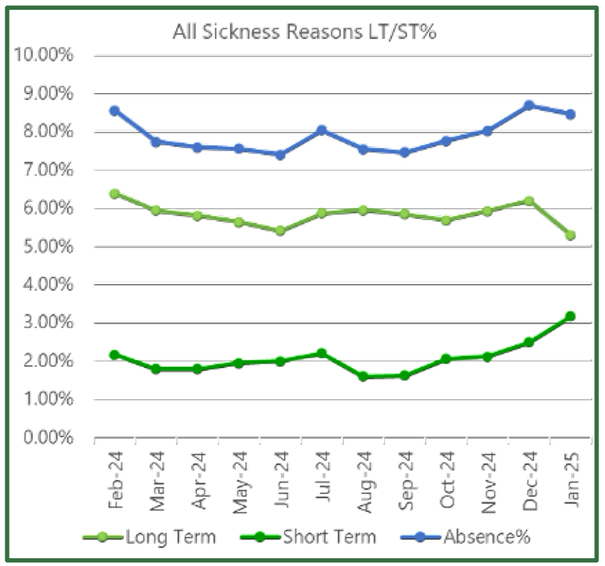
Mental Health R

PCC CI





Average working days lost per FTE (Annual)	
18.02 days	
Single month Absence %	
8.46%	
Long Term	**Short Term**
5.30%	3.16%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.78%	0.79%



Analysis

There was a slight decrease in overall sickness absence rates between December 2024 and January 2025, dropping from 8.69% to 8.46%. Long term absence decreased from 6.19% in December 2024 to 5.30 % in January 2025, while short-term absence increased slightly to 3.16% in January from December 2024 (2.49%).

The highest reasons for absence in January 2025 were Anxiety/ Stress/ Depression, cold/cough/flu/influenza, other musculoskeletal problems, Gastrointestinal problems and injury fracture. Absence due to Mental Health decreased slightly from 2.93% in December 2024 to 2.78% in January 2025.

From the start of the flu campaign until 3rd Feb-25, 1,422 flu vaccines have now been administered by our WAST OH / Peer Vaccinators. 1,039 were given to WAST employed staff with 222 WAST staff also confirming they have received the flu vaccine elsewhere i.e. GP / Pharmacy, therefore, 28.5% of the WAST workforce has now been vaccinated. A further 244 WAST staff have completed our Microsoft Form to state they wish to opt-out from having the flu vaccine this year.

Remedial Plans and Actions

- The team have been working closely with the Clinical Directorate flu project team for the 2024/25 flu campaign, they have been holding flu clinics across the regions. Due to limited resource within the team, we have revised the programme plan for the pilot Health Check Programme, Health Diagnostics, (HD), which looks at reducing risk of cardiac ill health in our older workforce, by implementing a screening programme. We have been working closely with the provider to arrange relevant training and to launch the programme in February.
- Communications will continue to drive and promote the Flu Campaign to engage with the highest number of staff possible. Many events have been attended by Occupational Health / Peer Vaccinators so far and there are still several key events upcoming where Vaccinators will be available to further promote the flu vaccine. The flu campaign ended on 28th February 2025.

Expected Performance Trajectory

The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but the Trust is not going to achieve the 6% target for the year.

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

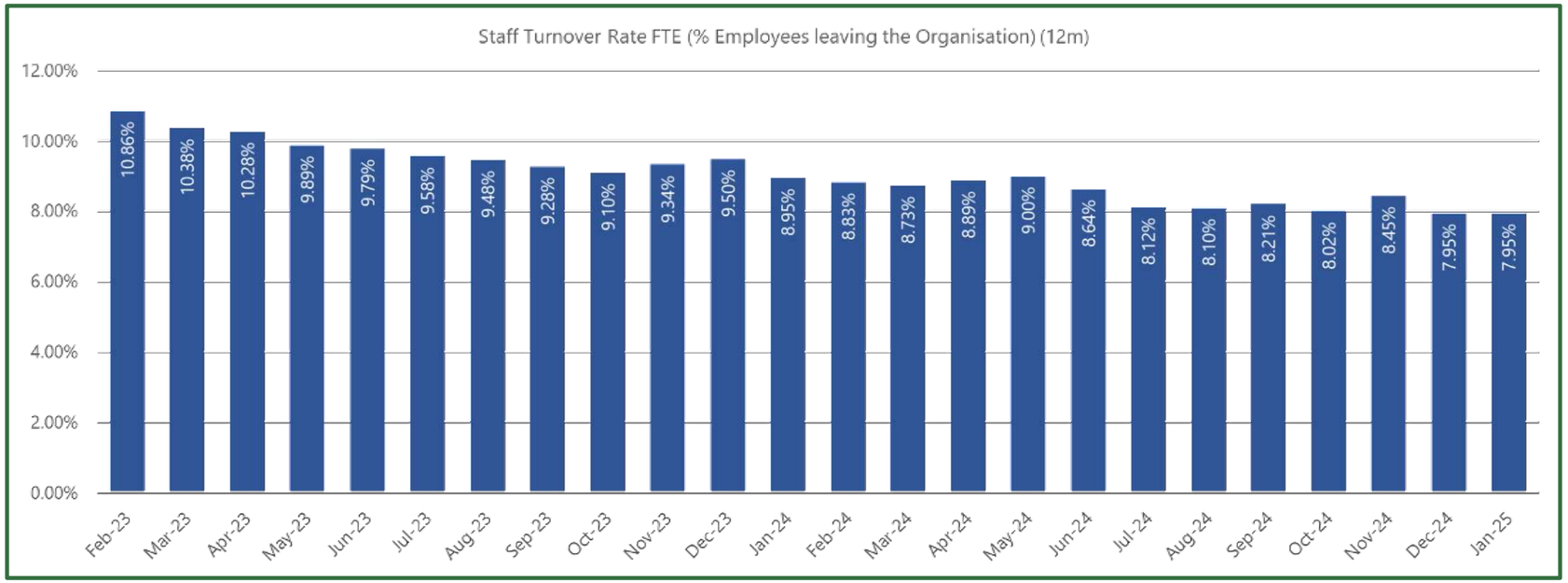
January 2025

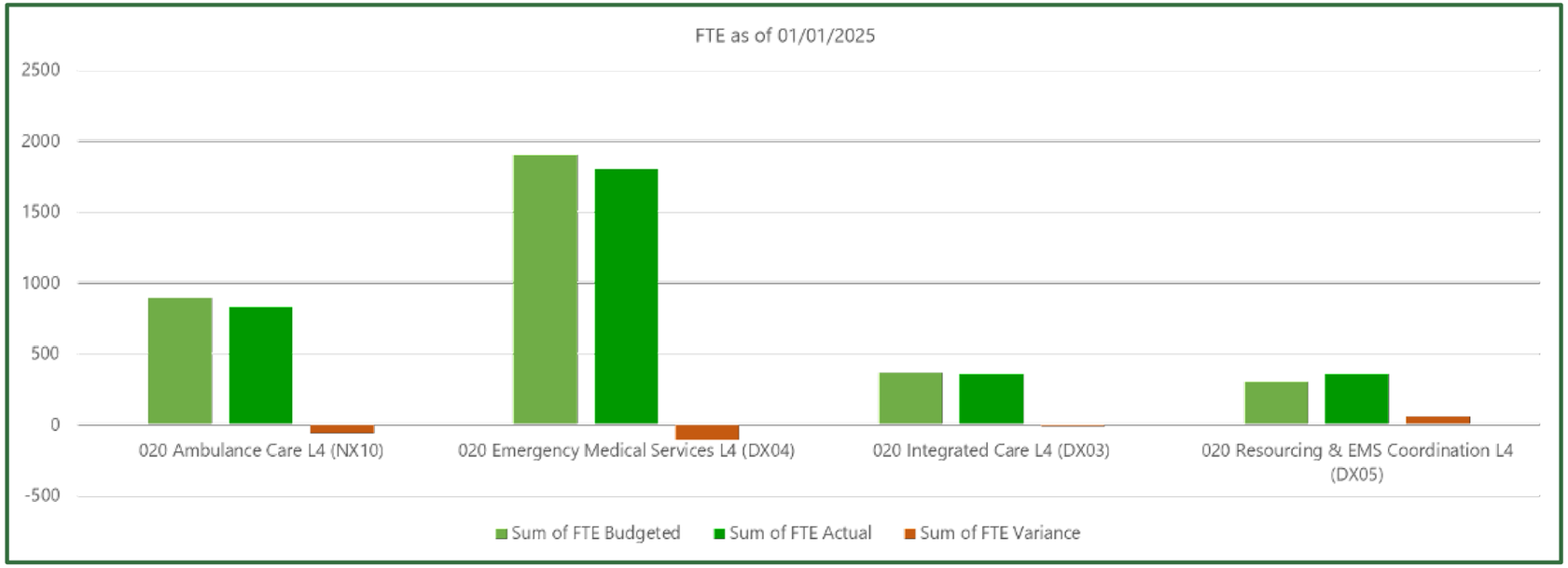
Our People
Capacity – Staff Turnover

(Responsible Officer: Angela Lewis)

G

PCC





Analysis

Staff turnover rates in January 2025 were 7.95%, remaining consistent with December 2024. January saw 27 leavers (23.03 FTE). Turnover in months at the end of the quarter are generally higher. This was compensated by 54 joiners (51.29 FTE) in January. Of those leaving, the group with the greatest number were Paramedics (7 people), Call Operators and Staff Nurses (4 people).

Occupational Health continue to meet national KPIs set by the All-Wales Occupational Health standards and scope of practice, i.e., regarding turnaround times for referrals the national KPI states: The 1st offered appointment date will be within 29 calendar days of the date referral received. KPI that this is achieved 80% of the time.

Our waiting times have fluctuated over the past months, this has been due to staff changes and staff sickness. The current waiting time for a referral (management referral or self-referral is 3 weeks).

Staff are currently waiting approx. 4.3 days for pre- employment screenings from date of this has been due to submission to first offered appointment.

Remedial Plans and Actions

- The team continue to work closely with Civica to improve the system, including a text reminder service for appointments.
- The Wellbeing team continue to support colleagues and managers by attending regular meetings, providing targeted support and facilitating drop-in sessions for colleagues.
- Team members from OH/Wellbeing/TRiM continue to promote our services via Siren, outstation visits/ drop-in clinics, presenting to newly recruited staff and through attendance at managers' meetings.
- The Health and Wellbeing Plan for 2025-29 was approved by the WAST Board in Q3 2024/25. The delivery period will begin in the April 2025. The focus of the plan is to highlight improve workplace relationships, increase the trauma-awareness of the organisation and address health and wellbeing challenges increasingly on a systemic level, in addition to providing support on an individual level.

Expected Performance Trajectory

The team continue to review the Occupational Health and Wellbeing provision, so that we ensure that services/interventions offered are relevant, appropriate, and up to date, our focus is on continuous improvement.

Our People
Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR: A

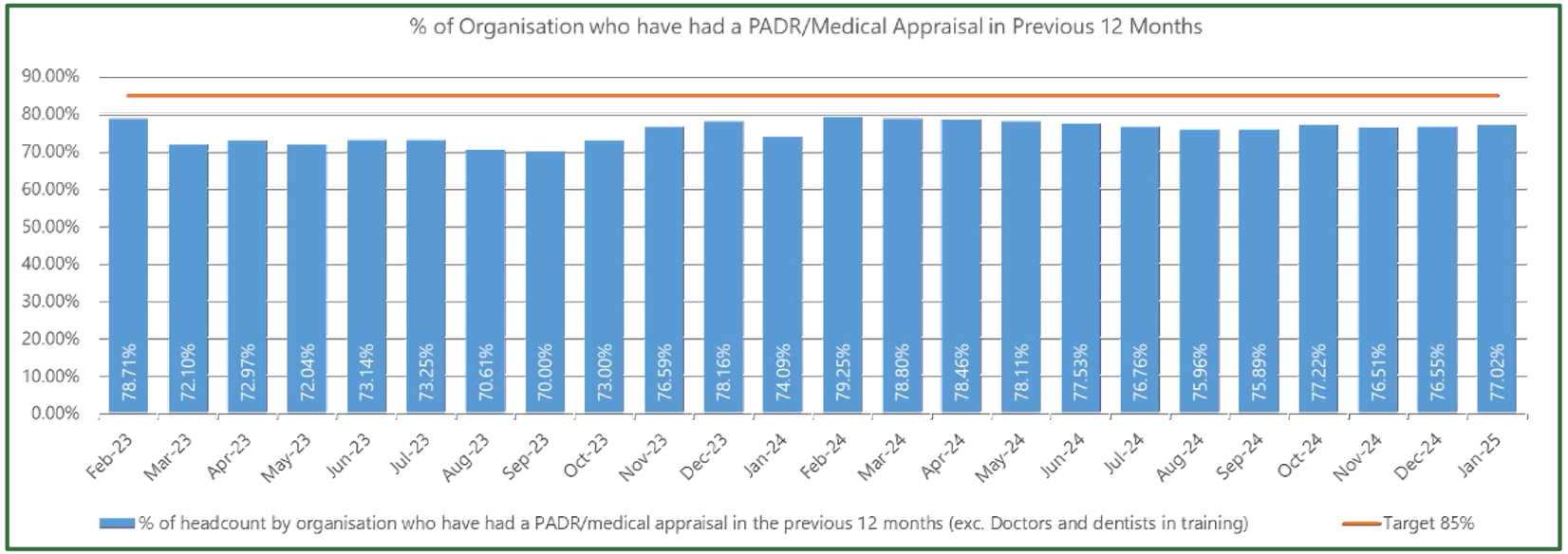
Stat & Mand: G

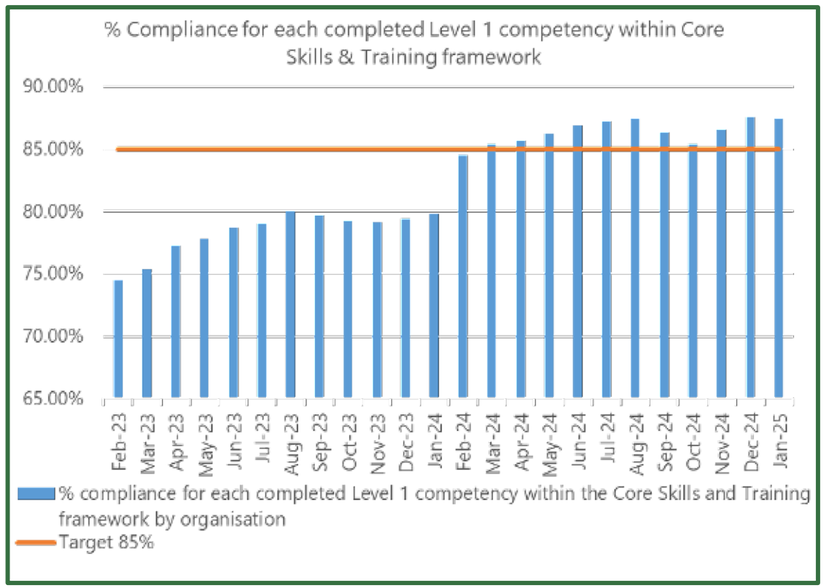
CI

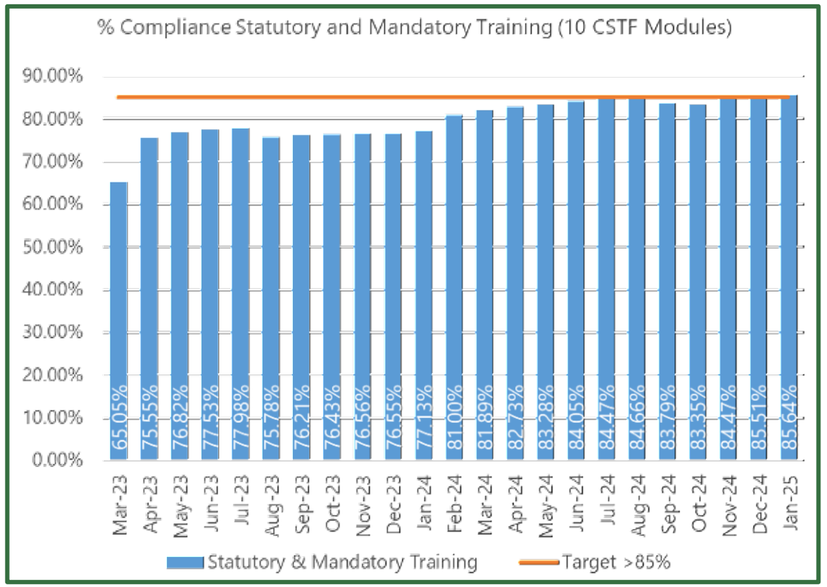
PCC

Health & Care Standard Health – Staff & Resources

Self-Assessment: Strength of Internal Control: Strong







Analysis

PADR rates minimally increased from 76.55% in December 2024 to 77.02% in January 2025 and remains below the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In January 2025 Statutory & Mandatory Training rates reported a combined compliance of 85.64%; which is a minimal increase but achieves the 85% target for the second consecutive month. However, only Dementia Awareness (97.06%), Moving & Handling (94.30%) and Safeguarding Adults (91.01%), achieved the 85% target. Equality & Diversity (82.73%) Fire Safety (77.01%), Paul Ridd (74.04%), Information Governance (73.71%), Violence Against Women, Domestic Abuse & Sexual Violence (73.30%), Fraud Awareness (72.17%) and Welsh Language Awareness (69%) all remain below this target.

There are currently 18 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table:

Skills and training Framework	NHS Wales Minimum Renewal Standard
Equality, Diveristy & 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	Yearly
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
Enviroment, Waste and Energy (Admin & Clerical Staff only)	Yearly
Duty of Quality	3 years
Fraud Awareness	3 years
Prevent Awareness	No Renewal

Remedial Plans and Actions

Engagement in the PADR process serves as a Key metric for evaluating team cultural health. By increasing engagement with the PADR process, our goal is to enhance employee Development, support better Communication between managers and employees and develop a culture of accountability and continual improvement.

There has been a continuation of the climb toward achievement of the 85% target across the remainder of the Core Skills Training Framework competencies which is projected to continue to increase as more learning content is moved to the user friendly environment enabling easier access to these reportable competencies.

Expected Performance Trajectory

Performance is improving as compliance has risen.

Data source: ESR

Our People
Health and Well-being – Shift Overruns

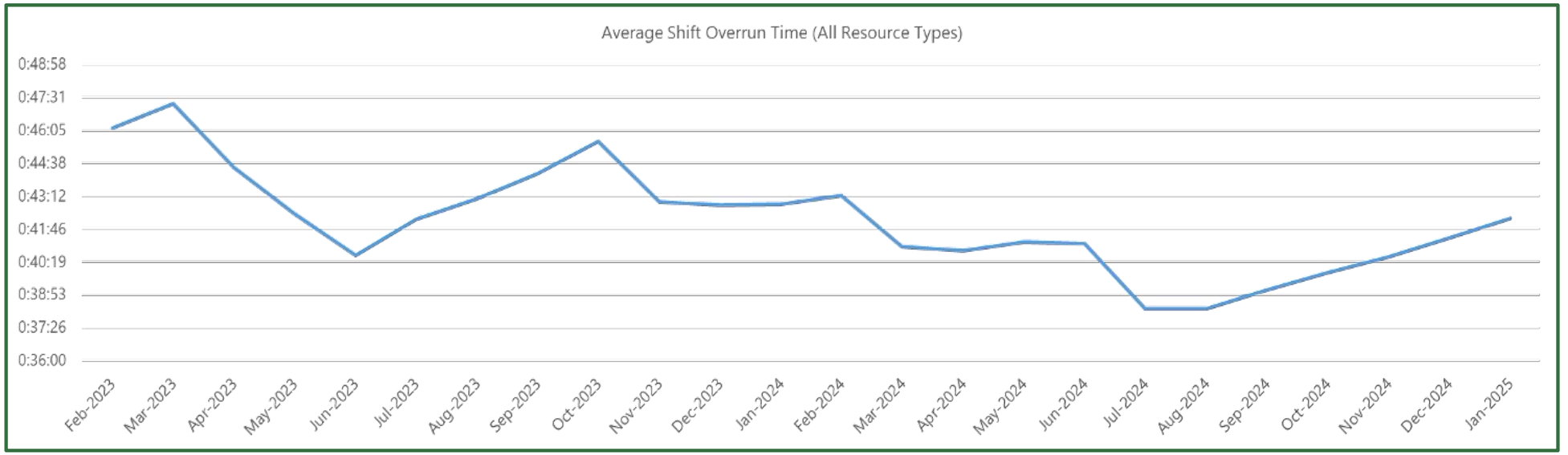
(Responsible Officer: Angela Lewis)

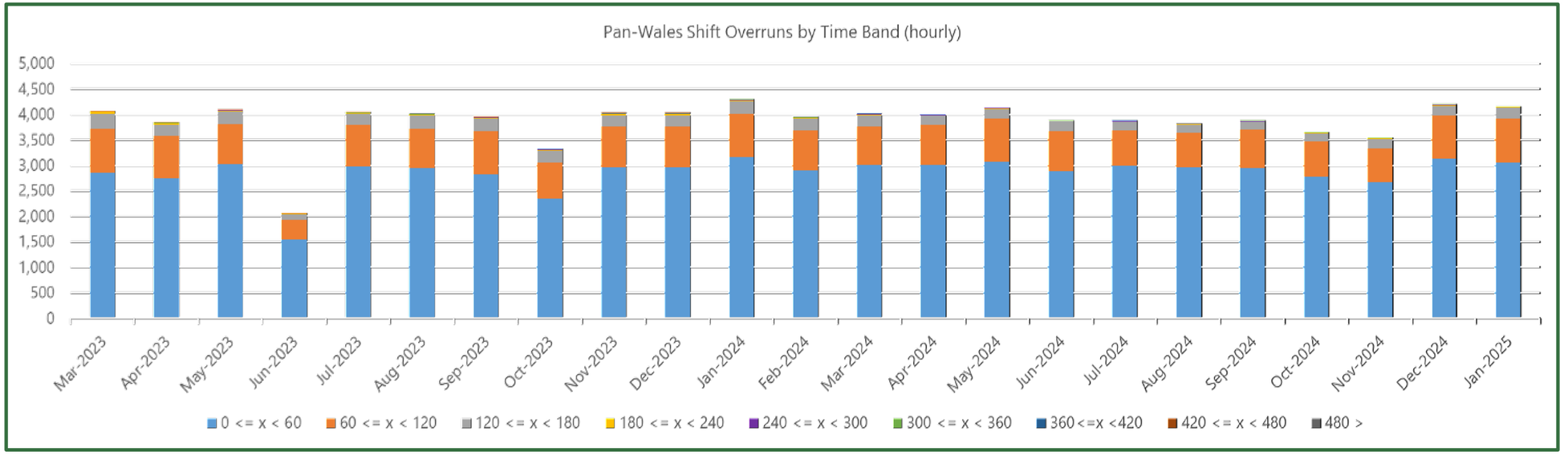
Overruns R

CI

PCC

FPC





Analysis

There were 4,156 shift overruns during January 2025.

The average overrun figure for January 2025 was 42 minutes and 14 seconds, a minimal increase from December 2024 (00:41:22). The trend continues to be downward over the past two years.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 75.3% of the total. 19.5% fall within the 61 to 120-minute category, 4.7% in the 121 to 180-minute category, 0.3% in the 181 to 240-minute category and 0.2% in the 241 minutes and over category.

Remedial Plans and Actions

Shift overruns are a key element of staff wellbeing and work is ongoing to mitigate these in conjunction with handovers, as although not shown here there is a clear correlation.

As part of the Trust's winter resilience planning, it introduced "pods" at some hospital locations to aid staff finishing on time. These are continuing, at this time, into 2024/25.

Expected Performance Trajectory

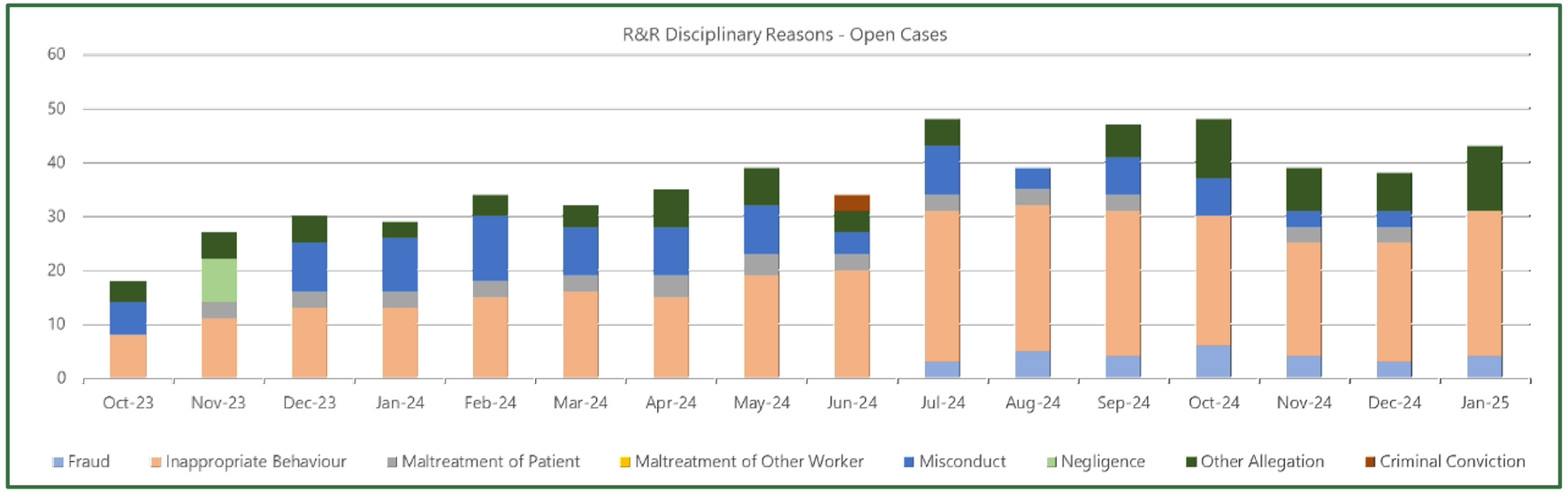
Overruns correlate with handover lost hours and may continue to increase.

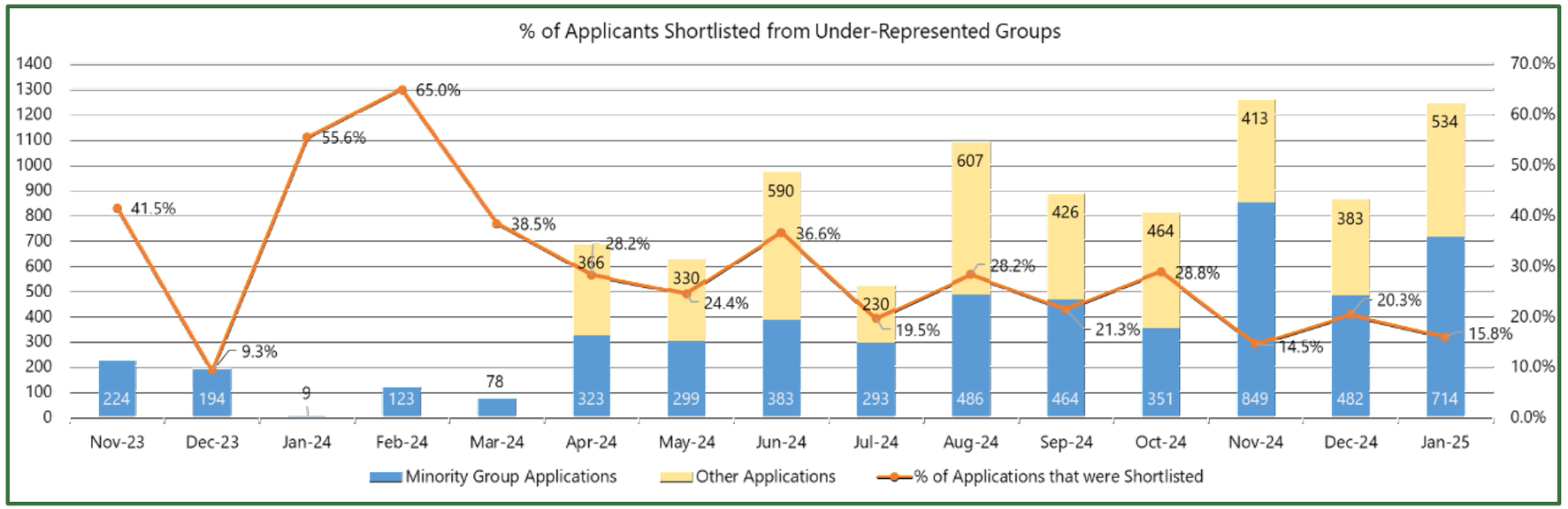
Our People
Culture – Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups

(Responsible Officer: Angela Lewis)

Self-Assessment: Strength of Internal Control: Moderate

PCC





Analysis

There were 43 open formal disciplinary cases recorded at the end of January 2025, which is an increase compared to 38 in December 2024. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by fraud.

There were 16 open formal Respect and Resolution cases submitted by employees in January 2025, slightly higher than December 2024 (13). These are a mixture of both Respect and Resolution Grievances and Dignity at work.

The bottom graph shows that in January 2025, 1,248 job applications were processed, and 315 interviews planned.

Of the 1,248 applications, a total of 714 were from under-represented groups with 513 in the category of Ethnicity, 110 within Disability and 91 identifying within Sexual Orientation.

In January 2025, 15.8% (n=113) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a decrease from the 20.3% in December 2024.

Remedial Plans and Actions

R&R Formal Disciplinary Cases: Continue to monitor. The Trust has a substantial programme of work in place, connected to behaviours.

Applications: The inclusive recruitment work is ongoing to develop targeted recruitment campaigns and events. Two workshops have taken place to recruit for Black, Asian and Ethnically diverse applicants into our digital roles. Unconscious bias training for the managers that will be involved in their recruitment is underway.

Expected Performance Trajectory

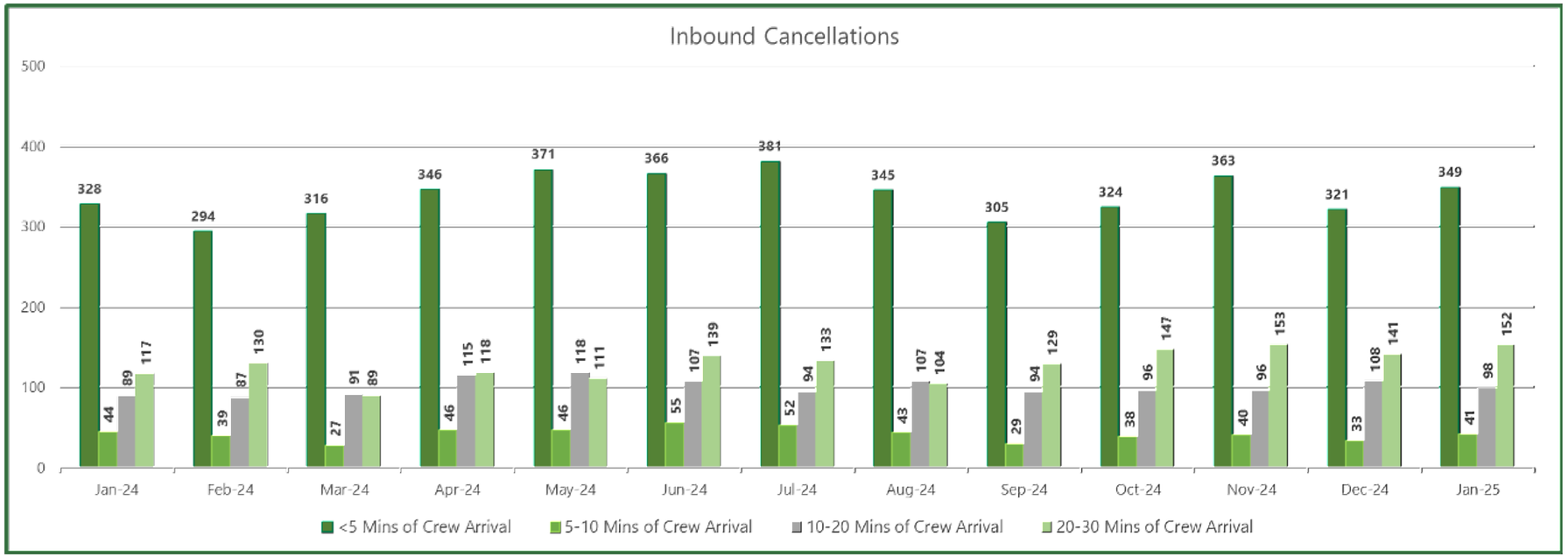
Continue to monitor levels, no trajectory for this measure.

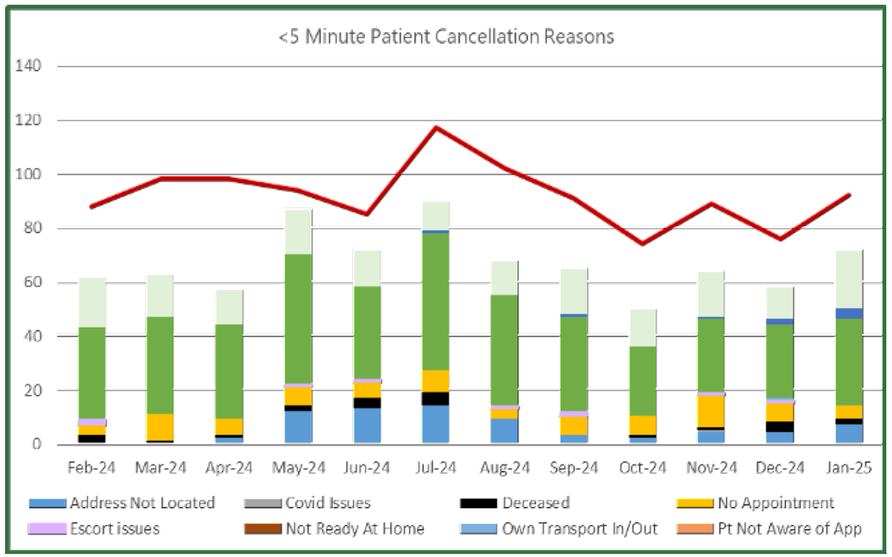
Finance, Resources and Value
Value: Ambulance Care Indicators

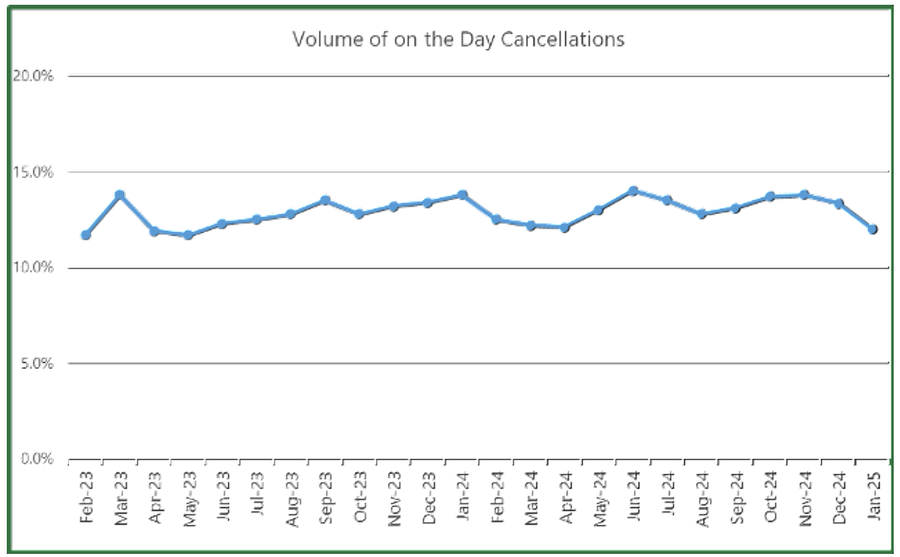
(Responsible Officer: Lee Brooks)

Cancellations
R

FPC







Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a slight increase in January 2025 to 349, compared to 321 in December 2024. The total number of cancellations within 30 minutes also increased from 603 in December 2024 to 640 in January 2025.

In January 2025 there were 92 travel bookings cancelled by patients, increasing from 76 in December 2024.

The other top reasons for less than 5-minute cancellations included: 32 patients not located, 22 unwell/too ill to travel and 5 no appointment.

Same day cancellations decreased again in January 2025 to 12%, down from 13.3% in December 2024.

Remedial Plans and Actions

Work with Hywel Dda to develop a direct link between their PAS system and our CAD, has been delayed by a clash of organisational priorities. Once in place this will allow for WAST to be notified once the health board cancels or alters an appointment, that requires WAST transport.

Work is also underway to enhance the service's text messaging options to improve notification to patients.

Expected Performance Trajectory

Until this work is completed, we do not anticipate a significant shift in the trajectory as many of the factors affecting this are outside of our direct control.

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

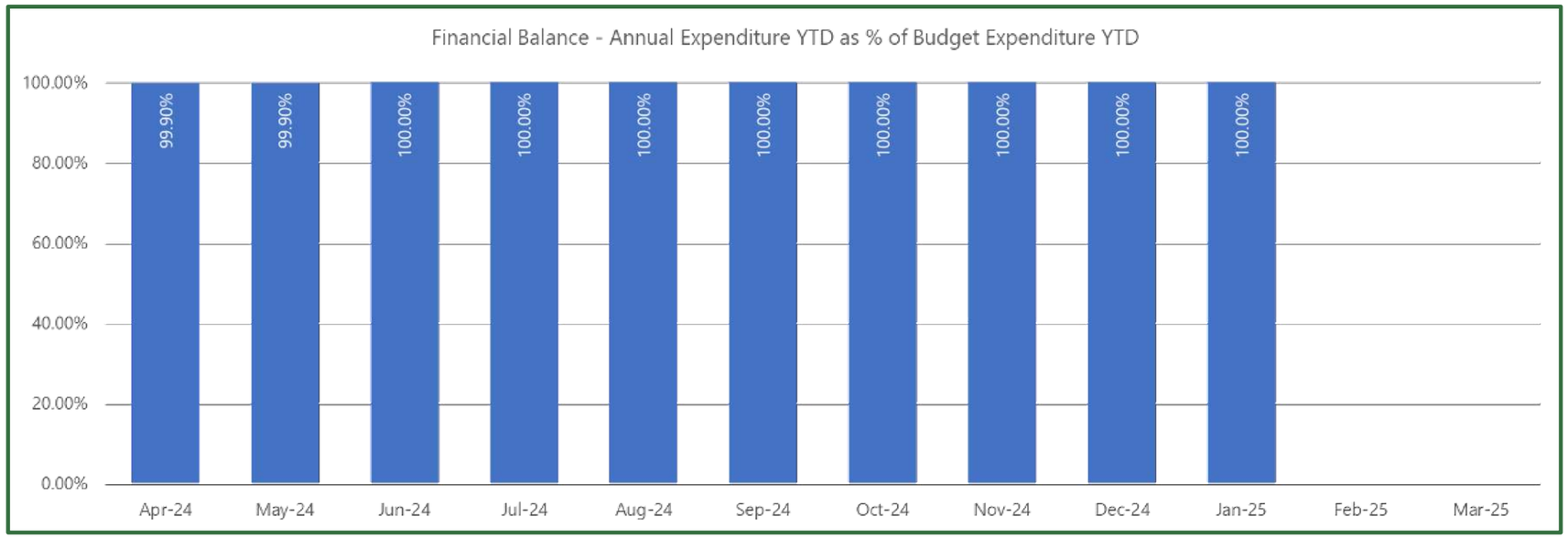
**Please note that MDTs do not appear to provide specific cancellation reasons for either inbound or outbound journeys. There are at present multiple and duplicated reasons both crews, control and the liaison desk can select.*

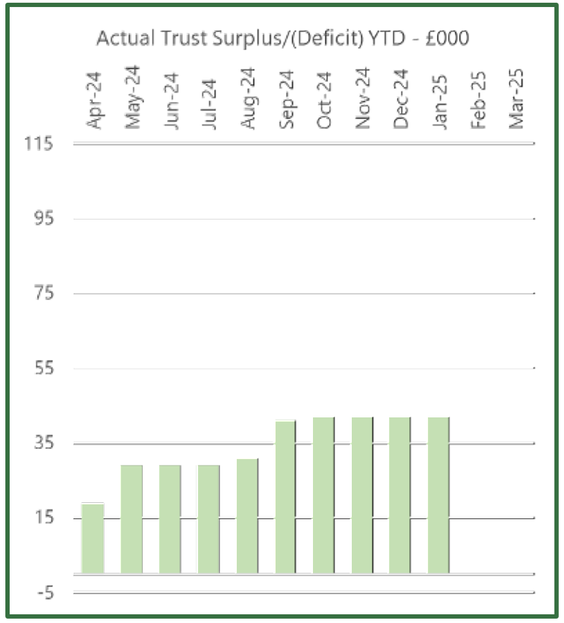
Finance, Resources and Value
Value - Finance Indicators

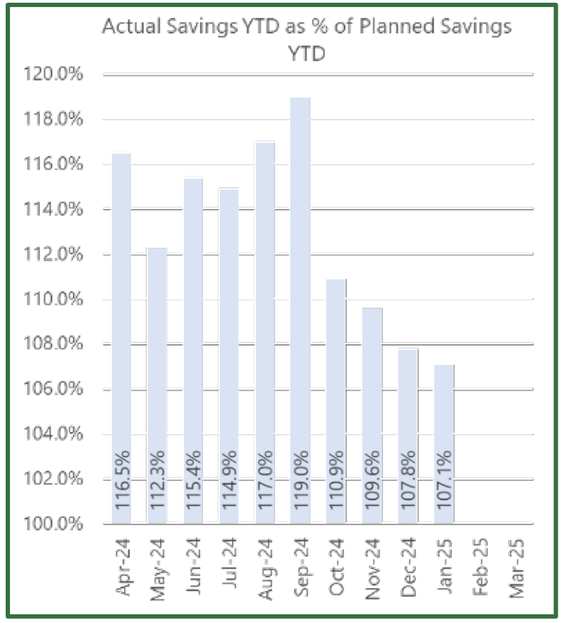
(Responsible Officer: Chris Turley)

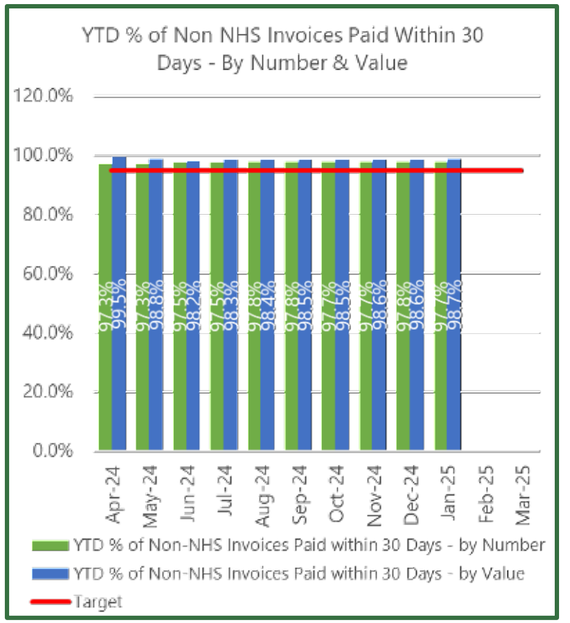
G

FPC









Analysis

The reported outturn performance at Month 10 is a surplus of £42k, with a forecast to the yearend of breakeven

For Month 10 the Trust is reporting planned savings of £5.084m and actual savings of £5.481m (an achievement rate of 107.1%).

The Trust's cumulative performance against PSPP as at Month 10 is 97.7% against a target of 95%.

At Month 10 the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

Remedial Plans and Actions

There is no remedial plan required given the Trust is forecasting to breakeven; however, key areas of focus include:-

- Undertaking a review of commercial opportunities for income generation (Report being considered by FSP group).
- A continued focus on the Trust's financial sustainability programme.
- Improved governance for Value Based Health Care, with a particular focus on benchmarking; and
- An improved approach to benefits realisation

Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2024/25 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver a planned level of savings in the 2024/25 financial year of c£6.4m.

Finance, Resources and Value
EMS Utilisation & Average Job/Shift Times

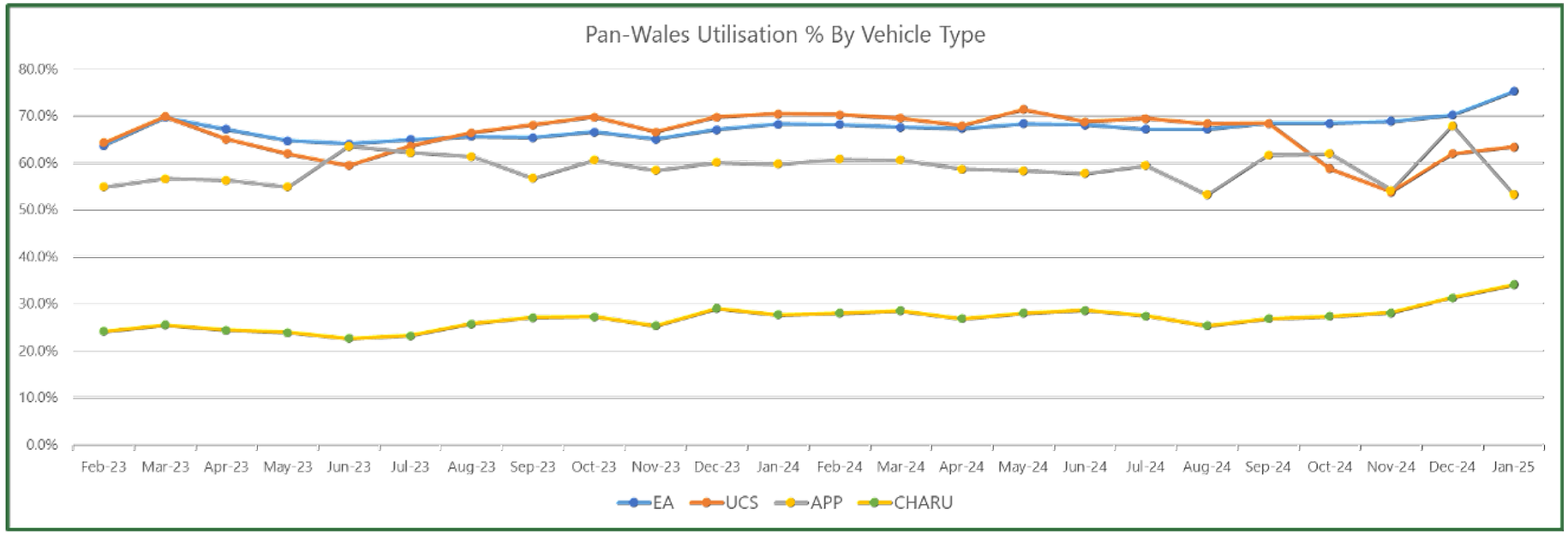
(Responsible Officer: Lee Brooks)

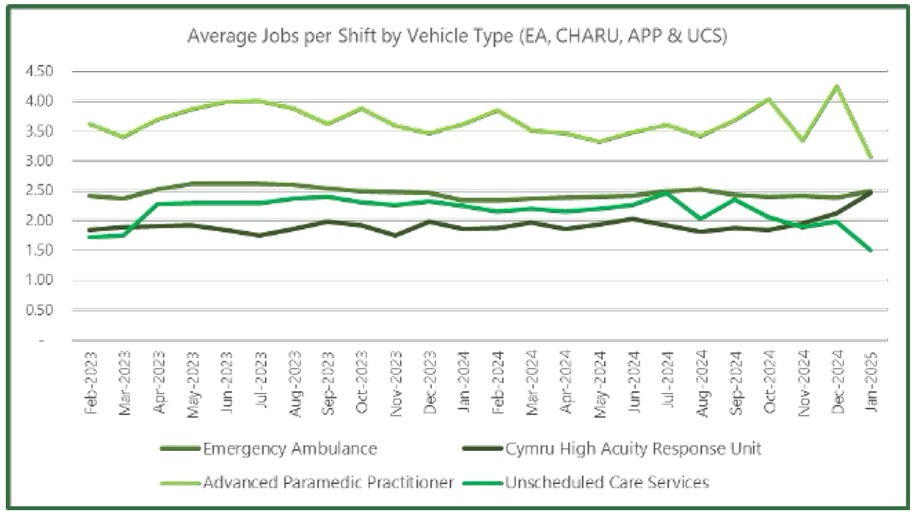
Jobs Per Shift: R

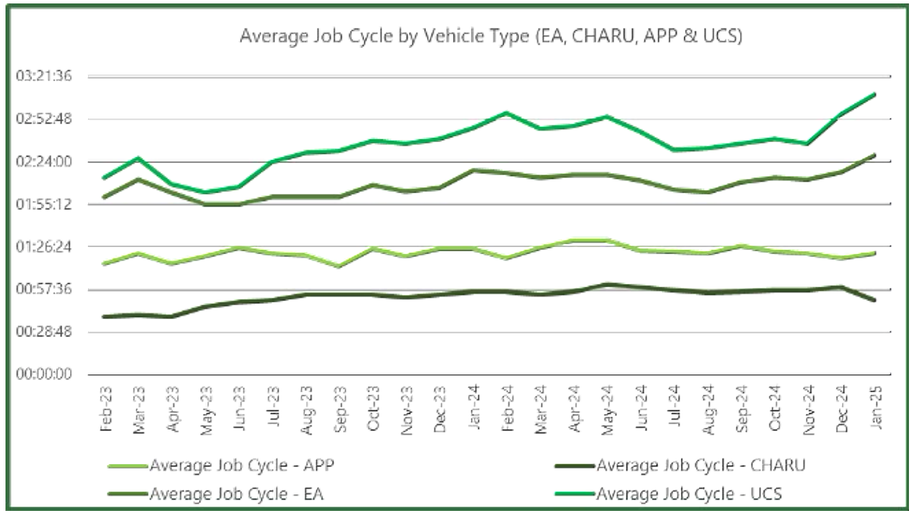
CHARU Utilisation: G

FPC

NB: Data quality issues have been identified within APP data. These are currently being addressed.







Analysis

Pan Wales Utilisation metrics in January 2025 were 67% for all vehicles types, an increase from 59.5% in December 2024. EA saw the highest rate during the month at 75.2%, which is the sixth month in a row this metric has increased. The optimal utilisation rate for EAs needs to be lower so that they are free to respond to incoming calls.

As demonstrated in the bottom left graph, the average job cycle increased in January 2025 for UCS (3 hours 9 minutes), APPs (1 hour 22 minutes) and EAs (2 hours 28 minutes).

Overall average jobs per shift was 2.46 in January 2025, indicating a slight increase from December 2024 (2.29). EAs averaged 2.49 jobs per shift and UCS crews 1.50. This is lower than what would be ideal and a product of handover delays.

APPs attended on average 3.07 jobs per shift and CHARU's 2.46. Both sets of data are under review.

Remedial Plans and Actions

EA and UCS jobs per shift is fundamentally a product of handover delays.

For APPs, the newly created APP Recruitment Task & Finish Group will give a focus on further improvement, in particular, improved information and a re-roster.

CHARU is a particular area of focus. Initial analysis indicates that CHARU contribution to Red compares favourably with the previous resource: RRVs.

Expected Performance Trajectory

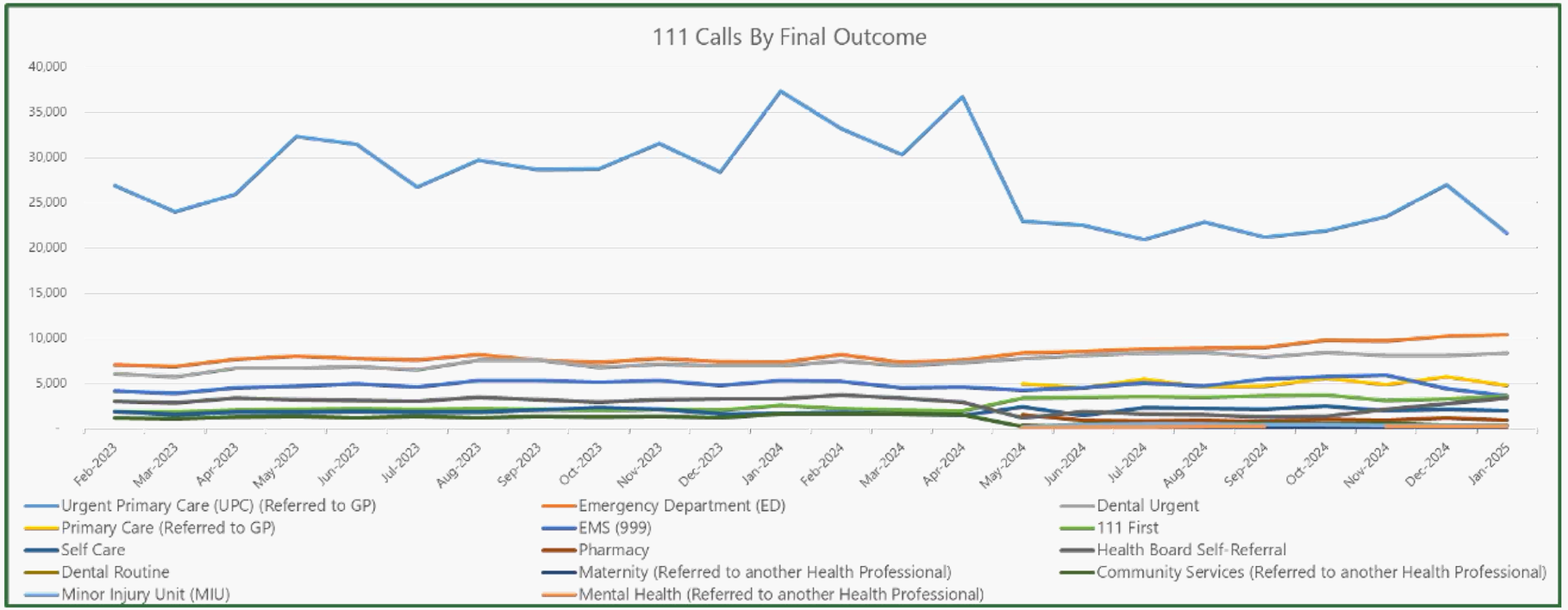
The Trust's ability to reduce the high utilisation rates for EAs and UCS is a product of handover, which it does not control. The Trust would expect an increase in APP and CHARU utilisation during 2024/25 linked to the remedial actions identified above.

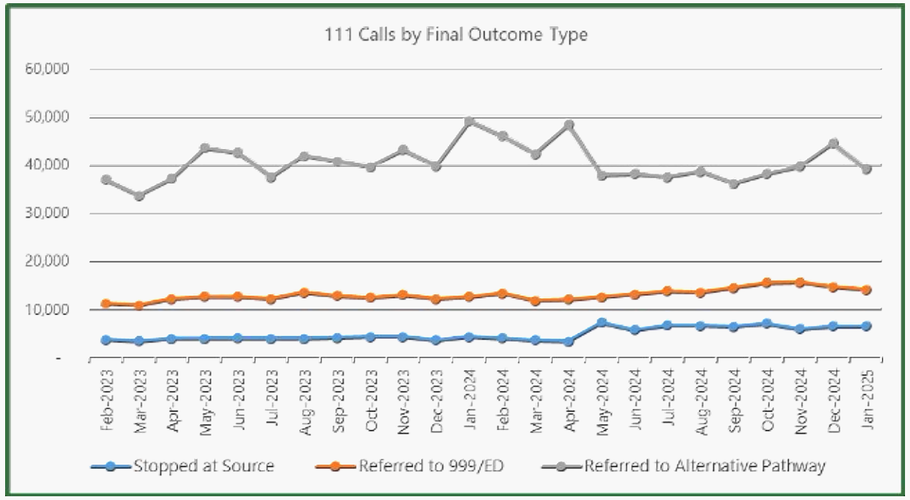
Partnerships / System Contribution
NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

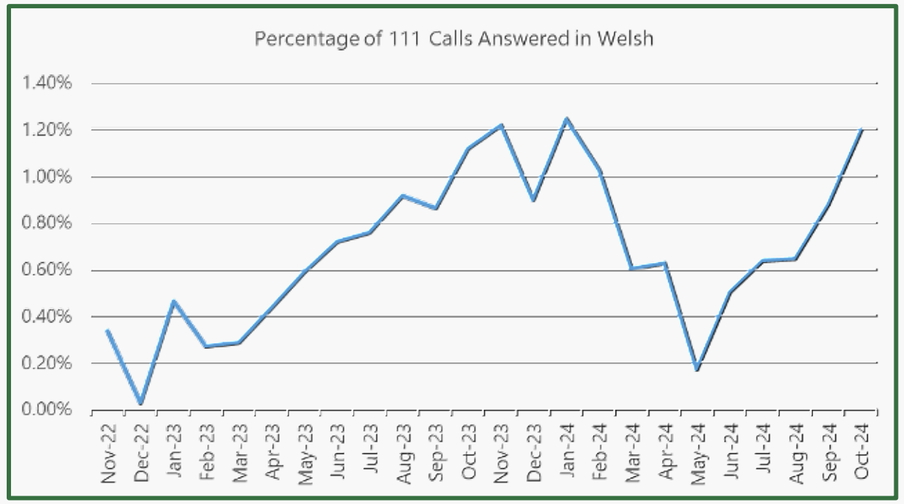
(Responsible Officer: Lee Brooks)

Influencing Factors – Demand and Clinical Hours Produced

NB: Data quality issues have been identified in 111. These are currently being addressed.







Analysis

During January 2025, 59,707 calls were allocated into the 14 categories displayed in the graph opposite, a decrease compared to the 65,673 seen during December 2024. However, data quality issues continue within 111 reporting which are currently being addressed.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 29.9% of all calls during January 2025, but there has been a material drop since the implementation of new 111CAS.

As the bottom left graph highlights, in January 2025, 6,471 calls were 'Stopped at Source', with no onward referral, a slight decrease from 6,496 in December 2024. 14,046 calls were referred to 999/ED in January 2025.

The percentage of 111 calls answered in Welsh increased from 0.88% in September 2024 to 1.20% in October 2024. This equated to 68% of all 111 calls being offered in Welsh being answered. A data quality review is being undertaken meaning this metric is currently unavailable .

Remedial Plans and Actions

There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST, Six Goals, commissioners and DHCW. The focus is the development of a nationally reportable 111 data set. Similar to what is currently in place for Ambulance Service Indicators (ASIs). Part of this work involves looking at the reporting of disposition final outcomes.

Expected Performance Trajectory

No performance trajectory is set at this time, as the Trust develops its measures and systems around these metrics. Once 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.

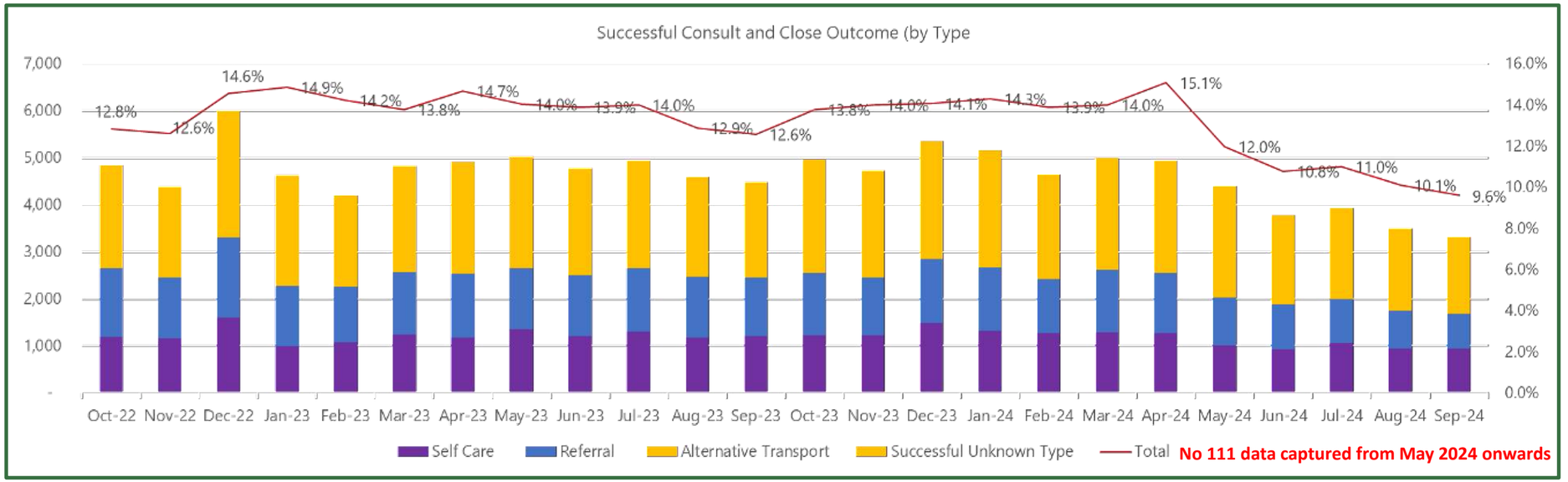
Partnerships / System Contribution
Consult & Close Indicators

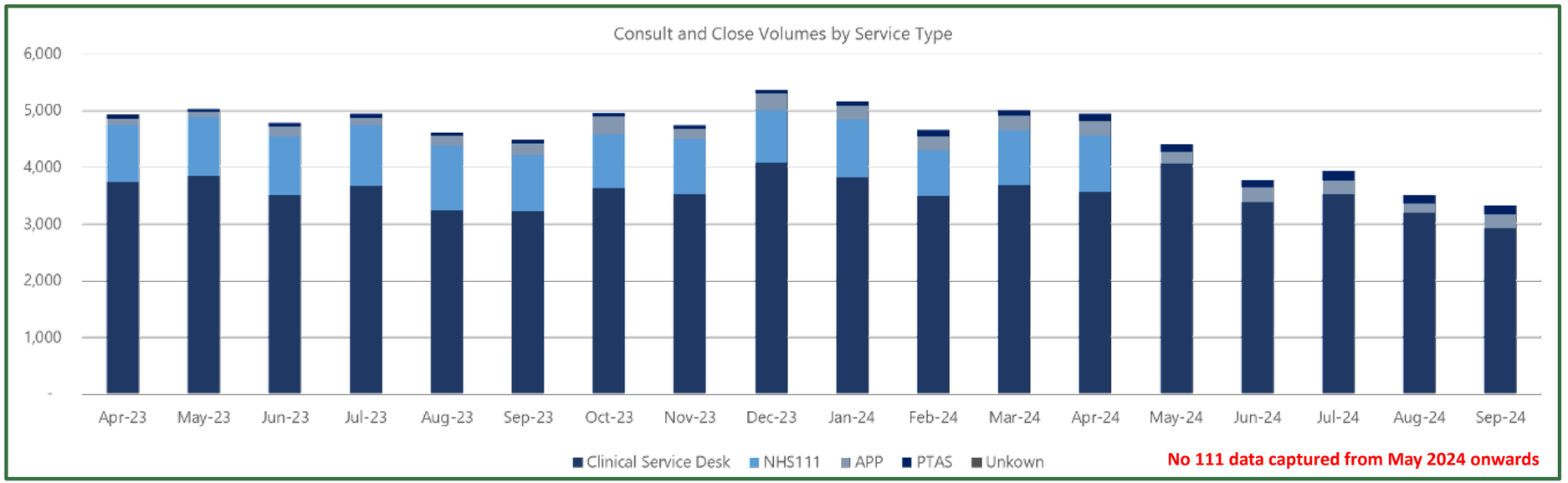
(Responsible Officer: Lee Brooks)

C&C Outcomes

FPC

NB: Data quality issues have been identified in 111. These are currently being addressed.





No additional analysis possible given no 111 data is currently available on these metrics.

A revised metric is under development.

See separate patient harm mitigations report to Trust Board.

New metric definition agreed. Required Executive and Commissioner sign off before it be used.

A one off IDS assured graph indicates that the Trust is achieving a +20% consult & close rate.

Partnerships / System Contribution
Conveyance to ED Indicators

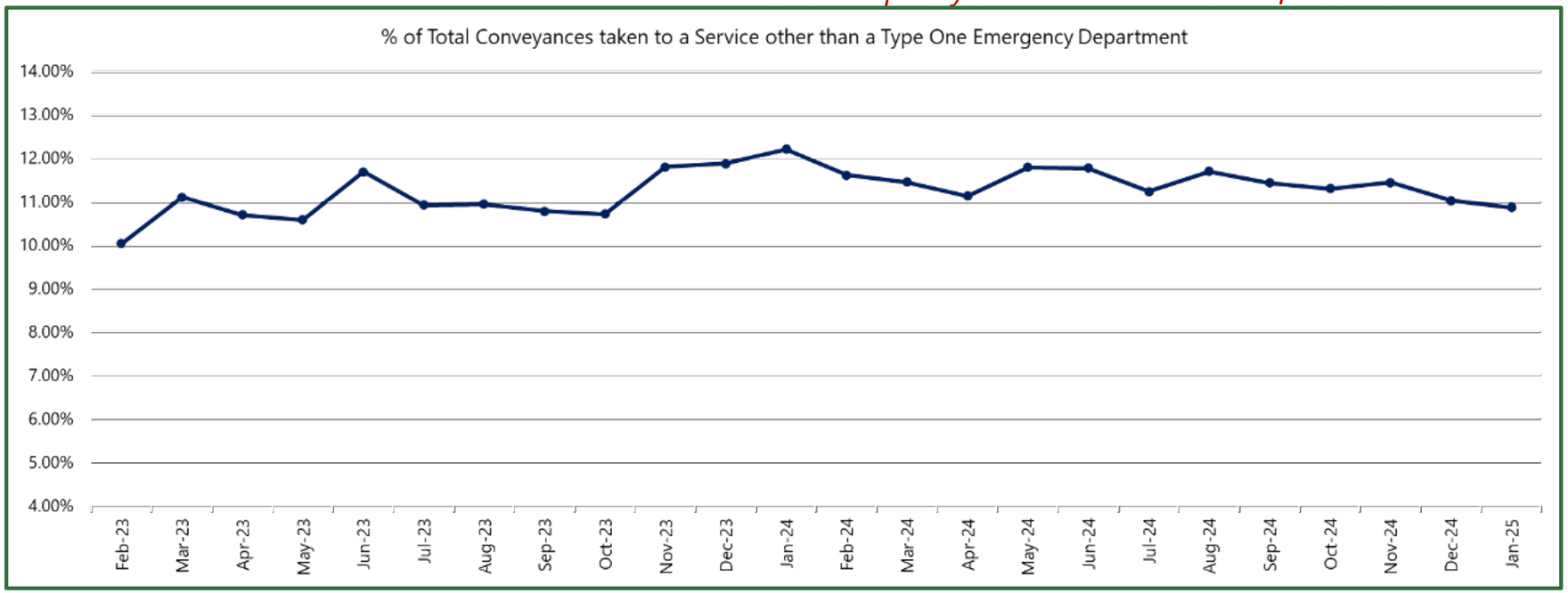
(Responsible Officer: Andy Swinburn)

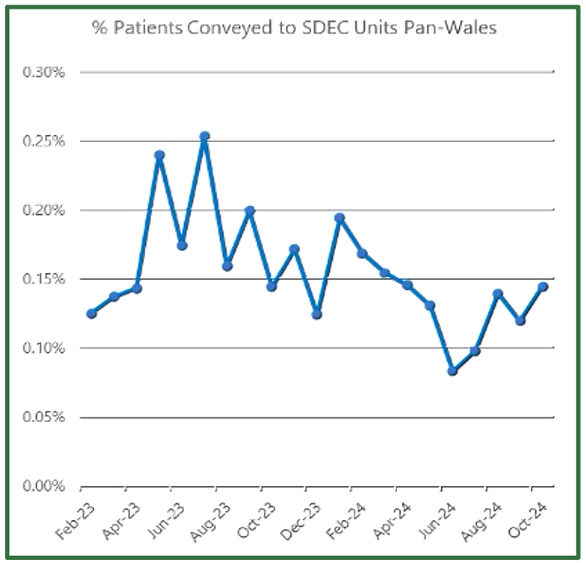
Conveyances
G

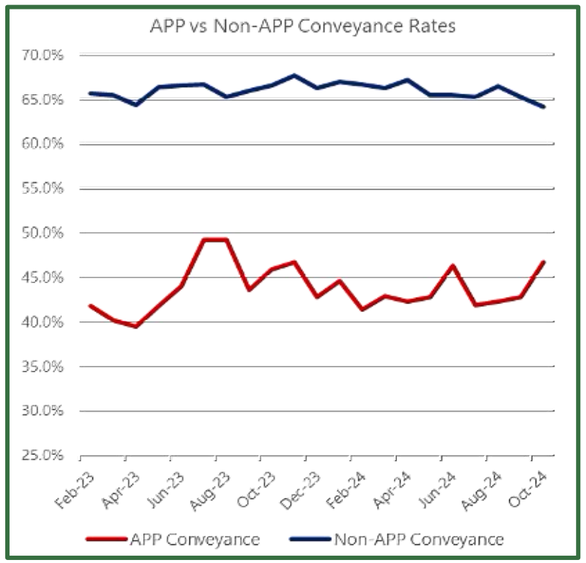
FPC

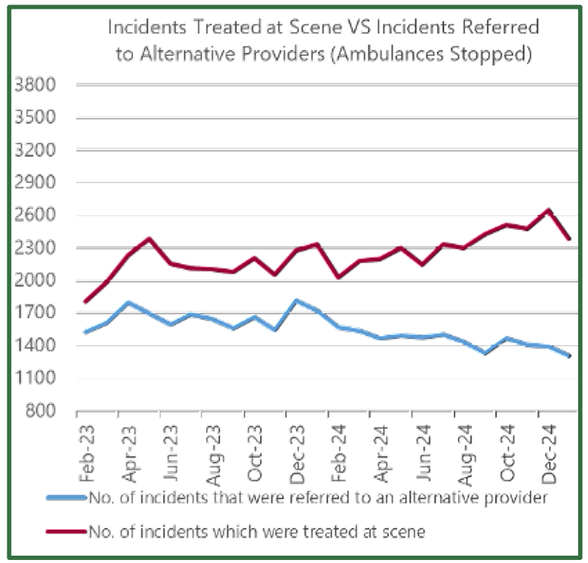
Ministerial Measure

NB: Data quality issues have been identified in APP data. These are currently being addressed.









Analysis

In January 2025 10.87% of patients (1,374) were conveyed to a service other than a Type One ED, while 33.43% 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 increased, from 4,036 in December 2024 to 3,687 in January 2025.

The APP conveyance rate was 46.6% in October 2024 and continues to experience a generally increasing trend since March 2023; whilst the DCR table highlights by code the incidents where the preferred response should be an APP (if available). Pilot schemes are in place to clinically dispatch advanced and enhanced clinical resource to safely manage care closer to home, however, data quality is being undertaken and therefore no further data is available.

Patients conveyed to SDEC's in October 2024 remained low at 0.14%. No further data is available.

Remedial Plans and Actions

- Continued contribution to the SDEC strategy the 6 goals programme with HB actions around reporting measures from referral and bedding of SDECs in times of escalation. It should be noted that WAST data reflects a direct referral to an SDEC where some HB models require a conveyance to ED initially and then streaming to SDEC on this basis.
- Further investment in the APP workforce in 2024/25 (+32 APPs).
- Formal education support and induction package for APPs agreed trust-wide.
- Embedding the Urgent Care response within the Clinical Model Transformation, tasking optimisation (alongside HB partners if available), scheduling care and APP development and workforce.
- Inclusion of specific Frailty and Falls workstream within Urgent Care Response Service with involvement in the review of the All Wales Falls Response Framework alongside NHS Executive Colleagues.

Expected Performance Trajectory

The 2023 EMS Demand & Capacity Review (strategic) models various future states. The modelled scenarios indicate that the Trust will need to evolve its clinical model with health boards also significantly reducing handover e.g. 12,000 hours or 7,500 hours, alongside varying levels of investment. Seasonal modelling continues to be undertaken.

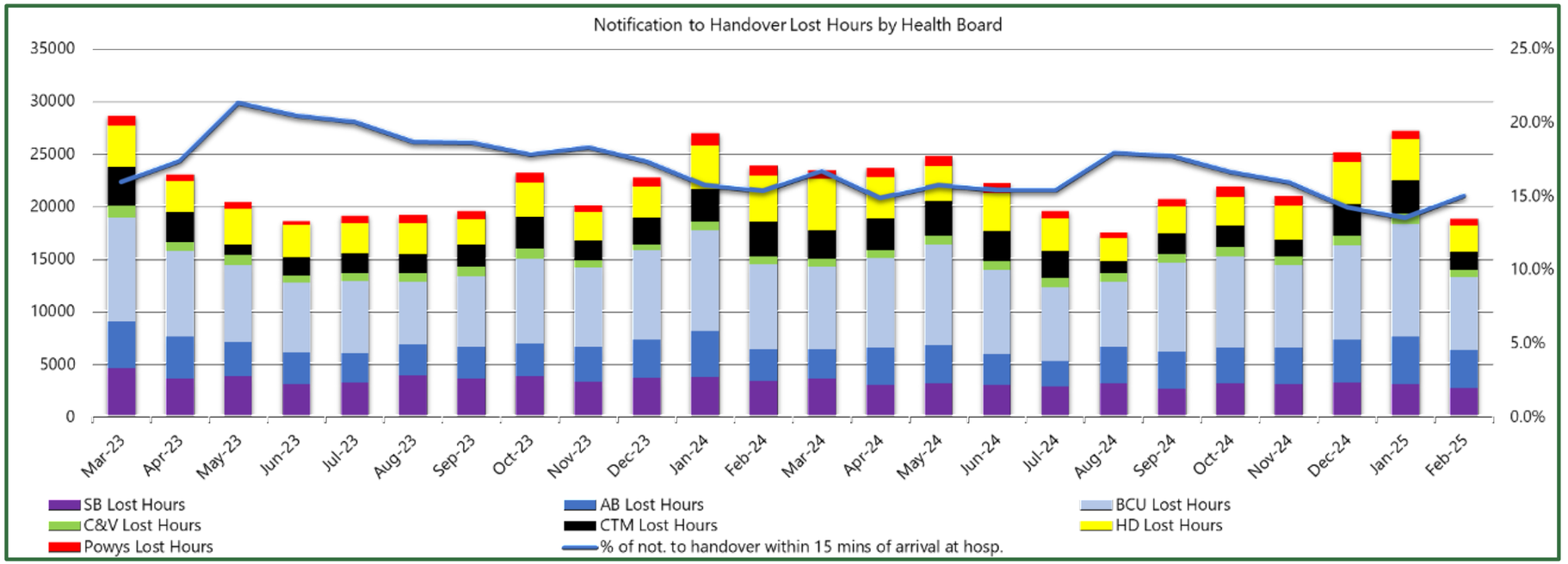
Partnerships / System Contribution
Handover Indicators

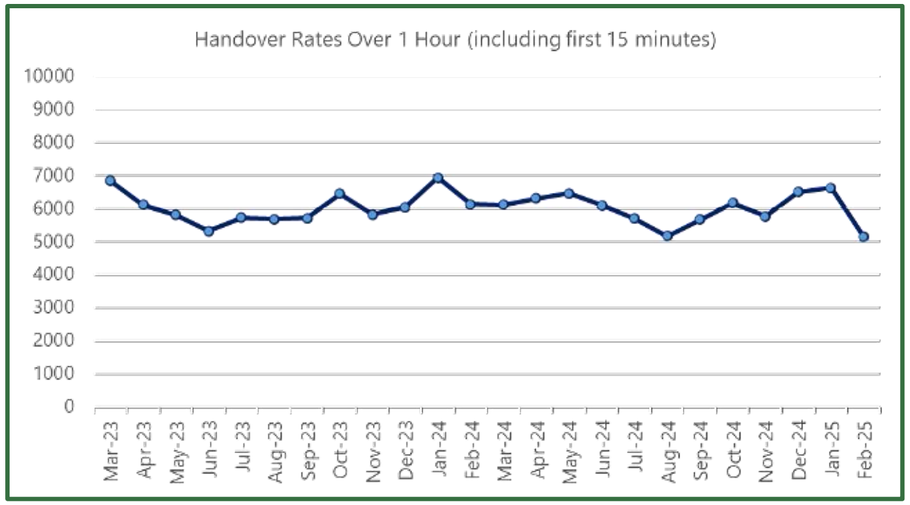
(Responsible Officer: Health Boards)

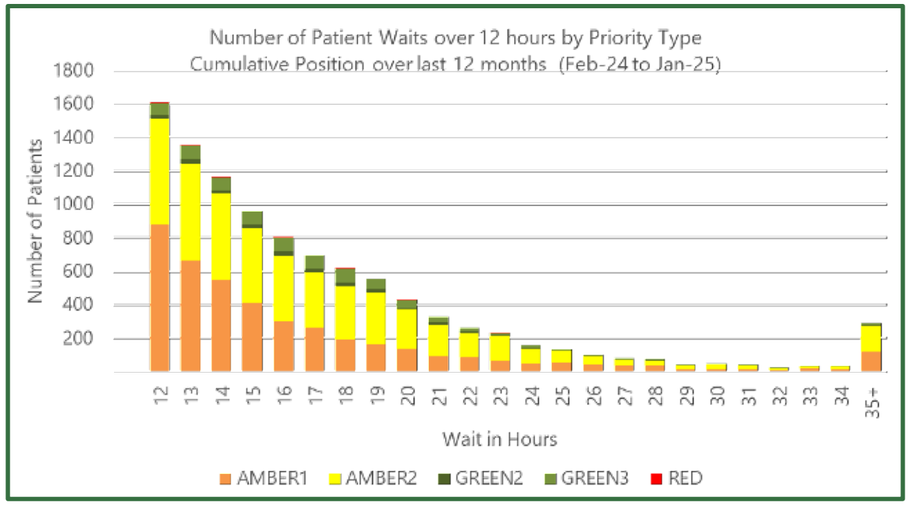
Lost Hours R

CI

QUEST







Analysis

265,944 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Mar-24 to Feb-25), compared to 265,615 hours over the same timeframe the previous year. There were 18,811 hours lost in February 2025, which is 21.27% lower than the 23,896 hours lost during February 2024.

The hospitals with the highest levels of handover delays during January 2025 were:

- Grange University Hospital (ABUHB) at 4,400 lost hours
- Ysbyty Maelor Hospital (BCUHB) at 4,067 lost hours
- Glan Clwyd Hospital (BCUHB) at 3,114 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 3,082 lost hours

Notification to handover lost hours averaged 672 hours per day during February 2025 (28 days) compared to 878 hours per day (31 days) in January 2025.

In February 2025, the Trust could have responded to approximately 5,934 more patients if handovers were reduced, which highlights the impact these numbers are still having on the service.

In January 2025, 1,325 patients waited over 12 hours for an ambulance response.

Remedial Plans and Actions

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

Expected Performance Trajectory

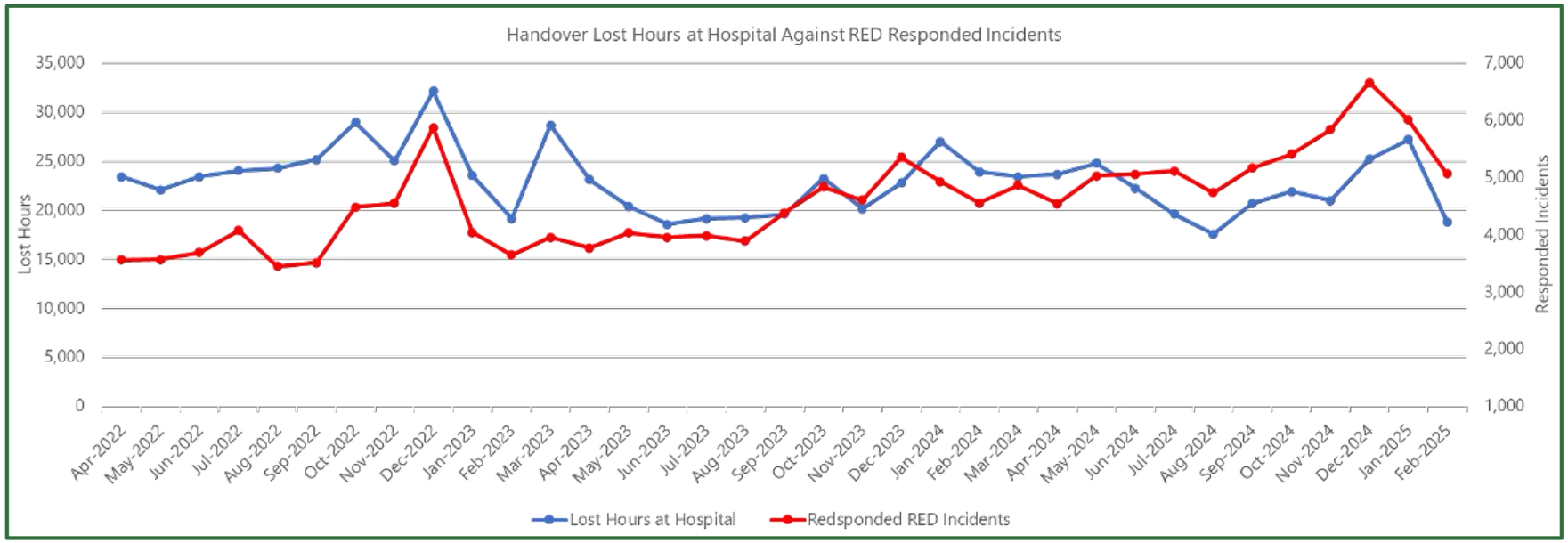
The Welsh Government handover target for 2024/25 is no waits over one hour; this equates to 7,500 hours lost to handover delays per month. There would need to be a 60% reduction in current handover levels for this to be achieved.

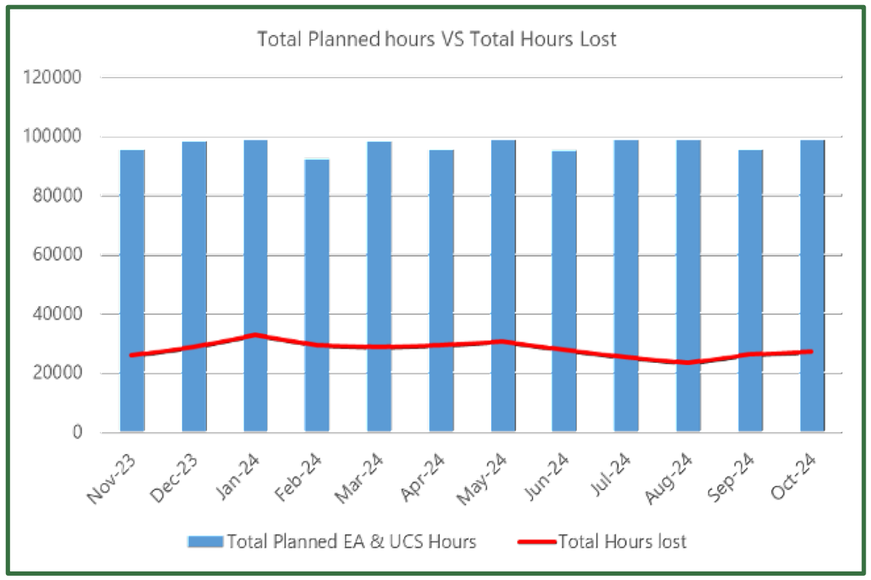
Partnerships / System Contribution

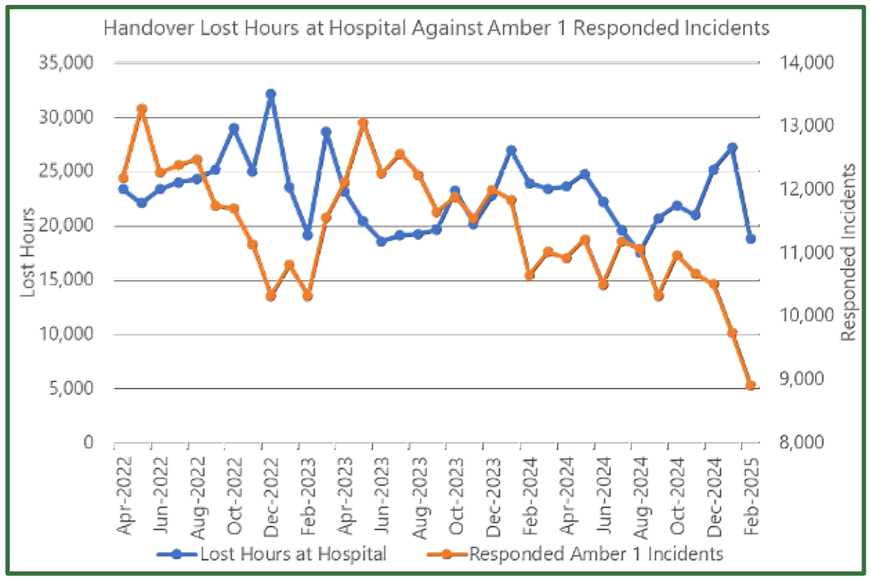
Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

CI QUEST







Analysis

The top graph highlights that as handover lost hours have increased since February 2022, 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 right graph illustrates, there is a correlation between lost hours increasing and a decrease in the number of Amber 1 incidents being responded to, particularly at times of high demand, such as during December 2022. This is notwithstanding that some of these patients within the Amber 1 category will still be seriously ill.

Remedial Plans and Actions

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

Expected Performance Trajectory

The Welsh Government target is no patient handovers of more than one hour, which equates to 7,500 lost hours a month. The Welsh Government target was to see a 30% reduction in this metric by December 2024. However, this has not been achieved, with the 18,812 hours lost in February 2025.

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

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.	**Duty of Candour**	A notifiable adverse outcome is any incident whereby harm (moderate harm, severe harm and death) is caused, which is unintended or unexpected and that the provision of the health care was or may have been a factor in the service user suffering that outcome.
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	**12**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**1**

DIGITAL REPORTING

MEETING	Finance & Performance Committee
DATE	18th March 2025
EXECUTIVE	Jonny Sammut, Director of Digital Services
AUTHOR	Leanne Smith, Assistant Director of Digital
CONTACT	leanne.smith4@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report brings to the committee Digital Key Performance Indicators (KPIs) relating to Data & Analytics, ICT Systems, Digital services, projects & programmes, and progress against the Digital Plan (see **Appendix 1** for the KPI report). The data in this report offers a full 12 months of historic data, and in-year trends from 1st April to 30th November 2024, unless otherwise indicated.

Highlights

2. **Recruitment** into the new Digital posts following additional investment this year is progressing well.
   - Insights & Data Services: received additional investment for 8 new posts in 2024/25. All 8 have been recruited into (6 in post, and 2 joining in March). 2 core vacancies remain.
   - ICT: received additional funding for 1 new post, which is filled. 6 core vacancies remain.
   - Digital Innovation and Transformation + Digital Clinical: with the additional investment, two new function areas were created, each with a new senior leader post (an Assistant Director and a CCIO) both of which are filled. These function leaders are beginning to recruit their teams - across the two we believe there was agreement for with nearly a dozen new positions expected in the coming year.
   - 111 website: WAST still do not have a funded team to support the running of the 111 website but conversations continue with Welsh Government on the vision and strategic direction for the website.

3. The **Digital Transformation and Innovation Programme (DTIP)** is a new approach in development to support the receipt and prioritisation of digital related work. This approach will work in conjunction with our virtual Innovation Lab, and other communities such as the Digital Champions Network. Scoping is underway working with both ELT/ADLT colleagues and the Wider Digital Leadership team to share back an initial model, which will include enablers to enhance the overall benefits. Sessions will take place at the CEO roadshows for final shaping and iteration with front line staff. We also attended the recent 28th "NHS Hack Day" at Cardiff University which has given us inspiration for running Hack Days both internally and working with system partners.

4. The ICT **System Availability Metrics** in the Metrics appendix show good performance across all critical systems for 2024/25 so far – with a short outage of the LifeX system in September impacting 999 telephony as was previously reported, and another outage in January 2025. 'Up-time' is still above the UK industry standard of 99.9% for the year-to-date period and per month for all systems.

Lowlights

5. The **Data & Analytics** metrics show the average turnaround time for non-trivial data requests is still averaging around 30 days. The improvement in the turnaround time for non-trivial tasks was only 15 days in January although this is likely due to the slight decrease in requests received in December, and the fact the team were able to complete more tasks than received in December despite reduced capacity over the holiday period. Only 21% of 'quick' tasks were turned around on the same day – a trend which has been worsening since Q2 2024-25, given the prioritisation of more complex and strategic work (e.g. CMT) and the diversion of resource to meet these requests where possible.

6. **Records Requests** continue to be received at a sustained high level, although demand was lower in December 2024, likely due to fewer 'business days' in many corporate and administrative areas both internally and externally over the holiday periods. However, for January, we saw an increase back up to recent levels, and indicative February data suggests a trend of growth in demand again on the previous year. The records management improvement plan is back on track and progressing again slowly after a sustained period of absence within the team limiting progress since summer 2024. This continues to be monitored by the IG Steering Group.

IMTP 2024/25 - Digital Contribution & Progress

7. Digital's contribution to WAST's strategy and IMTP is monitored against the 5 pillars of the refreshed Digital Plan (namely: Everyday Essentials; Cyber, Security & Safety; Digital Pioneers; Transformation; and Data, Information and Insight), and those projects which were assigned to Tranche 1 (or year 1 of the IMTP).

8. Of the original list of Digital contributions for 2024/25, it is anticipated that the following eleven projects will be complete or almost complete by end of year:
    a. The scoping project for an **automated IPC Audit Tool** has been completed, with the requirements & implementation for the tool itself to be added to the Digital Plan backlog for future prioritisation.
    b. Specific **Cyber Awareness** activities, with the publication of bulletins, lock screen notices and delivery of mini virtual courses (although noting uptake is not yet at the desired level). A recent Board Development day also saw focus on Cyber Security and Awareness.
    c. The actions against the **IG Improvement Plan** (based on the IG Toolkit status from 23/24) were completed at an accelerated pace (by November) in order to assure the UK's Confidentiality Advisory Group of our data protection approach in relation to WAST Research.
    d. The **Drones** project is almost complete with efforts now focused on data protection, IG and retention schedules for the video footage, as well as development of SOPs, and will culminate with HART team training in March.
    e. **NEPTS cancellations** is now been enabled via two-way SMS functionality.
    f. To support the **111 website** development (and other WAST applications) an Application Programming Interface (API) management console has been developed to help manage connections between systems and platforms; security improvements have also been made following a series of penetration tests and checks on the website. However, 111 web still requires significant investment to ensure the service can be maintained and kept live without risk, and so a broader business case is therefore being drafted.
    g. The Digital involvement in the **e-timesheets** project is almost complete.
    h. As part of the **Data Warehouse Modernisation** effort, a proof of concept test was done with a cloud warehousing platform to identify cyber, info security, IG and engineering requirements for future use cases. A Cloud Adoption Feasibility study is now in progress. Together, the findings of these projects will inform the development of the WAST data strategy in 2025/26.
    i. Our involvement in the **National Data Resource (NDR)** Programme is multi-year, with deliverables reviewed and set each year in partnership with the DHCW and monitored by the NDR programme governance.
    j. **Power BI migration** was completed in Q3.

k. **IG Strategy:** see separate Information Governance Reporting paper, also presented at the March meeting of the Finance & Performance Committee.

9. Seven projects won't be complete by the end of financial year, or have been unable to be prioritised as originally planned, so are proposed to roll-over into 2025/26.
    a. Simplified Sign-On is reliant on some technical work from DHCW, and so is currently paused.
    b. Records Management Improvement Plan progress slowed due to long-term absence within the year affecting ability of the team to progress actions.
    c. Enhanced IVR (previously known as 111 Visual IVR) is progressing with supplier meetings and requirements gathering.
    d. Digital Innovation Lab is in scoping.
    e. Insight Catalogue has not been prioritised in year due to capacity challenges.
    f. Progress of the Data Quality strategy required recruitment of a Data Quality Assurance team as the first step. With two team members joining in March we look forward to progressing the improvement actions and strategy from April.

10. Three items were significant in scope, making them likely multi-year projects, and so although progress has been made in-year, efforts will need to continue into 2025/26:
    a. Design Principles
    b. Data Sharing
    c. Data Literacy

11. In addition to this list, significant work has been delivered under the Clinical Model Transformation (CMT) programme, as well as the Operational Communications Programme (OCP).
    a. CMT: specialists across Digital continue to support CMT efforts, including various asks for baseline data, new process reporting and visualisations, as well as ICT and CAD engineering work. Recent efforts have produced live reporting for Rapid Clinical Screening (RCS) and a second version dashboard for the Mental Health Vehicle responses. Work continues to support RCS and integrated care with clinical navigator reporting and evaluation of earlier pilots. Following the conclusion of the Welsh Government Task & Finish Group, and announcement in March, there may be further data, metrics and reporting work to consider.
    b. CMT: much of the 111 website improvement work already mentioned is now captured under the Digital Front End workstream and as such is

reported through to CMT Programme Board, including ongoing development of the strategy direction and supporting business case. However, it is worth noting that additionally good progress has been made in relation to the testing of the Virtual Assistant ahead of deployment for this proof of concept

c. OCP: The MDVS project was formally closed in January 2025, and moved into business as usual management by the ICT team. The project closure marks the end of a 3-year project, which saw all EMS, NEPTS and EMRTS vehicles fitted with the latest in-vehicle data solution, readying the organisation for the national Emergency Services Network in the coming years.

RECOMMENDED; The COMMITTEE are asked to NOTE the contents of the accompanying report and the trends in metrics presented.

KEY ISSUES/IMPLICATIONS
12. The Clinical Model Transformation programme requires significant input from various Digital teams – including those supporting on changes to CAD or other systems, DOS updates, and data, reporting and analytics for the new call flow and categorisation process. These requirements were not known at the time of writing of the Digital Plan and so many of the pre-agreed priorities and timelines for 24/25 are now paused or at risk.

REPORT APPROVAL ROUTE
Reviewed by DLG members 3rd – 7th March 2025

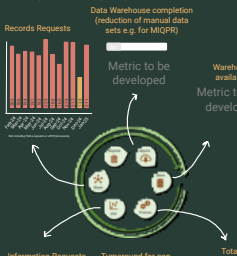
REPORT APPENDICES
Main report – 'Digital Reporting March 2025 - Metrics'

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 6 stages of the data and analytics lifecycle and related metrics.



Data Protection & Data Quality metrics found in Information Governance and Security Report

Digital: ICT Systems

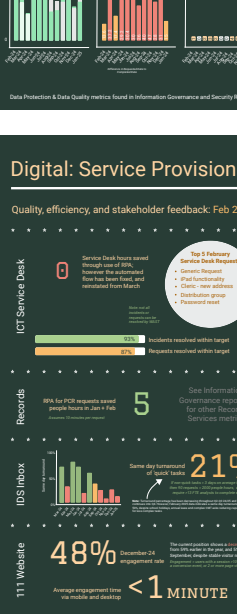
System availability metrics

N.B. these are not reflective of SLAs, and do not yet differentiate supplier issues & resolutions

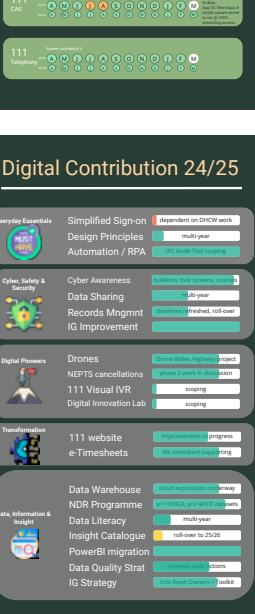
Definitions based on industry standards
- <4.32 mins downtime = >99.99%
- <4.32 and <43.8 mins = >99.9%
- <43.8 mins downtime = <99.9%

Digital: Service Provision

Quality, efficiency, and stakeholder feedback: Feb 25



Digital Contribution 24/25



See IMTP & STB trackers for action & milestone based progress.

RAG and progress based on Directorate Plan
Last updated 04/03/2025

AGENDA ITEM No	**13**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**0**

INFORMATION GOVERNANCE REPORTING

MEETING	Finance & Performance Committee
DATE	18 March 2025
EXECUTIVE	Jonny Sammut, Director of Digital Services / Senior Information Risk Owner
AUTHOR	Leanne Smith, Assistant Director of Digital
CONTACT	leanne.smith4@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report brings to the committee an update on the Information Governance (IG) of the Trust and related areas including information security, records requests & management, Freedom of Information requests, and data quality. Information Governance Highlight Reports are presented monthly to the Information Governance Steering Group (IGSG) chaired by the Trust's Senior Information Risk Owner (Director of Digital Services), supported by the Caldicott Guardian and Data Protection Officer. The IGSG reports via AAA to the Executive Leadership Team (ELT).

2. This paper covers intelligence from the period of December 2024 to February 2025 (due to postponed meetings), and the topics discussed at the March meeting of IGSG.

ALERT

3. **IG Training:** the Trust is still **not achieving the 85% IG training compliance** requirement. The current rate is 75% (27/02). To help achieve compliance by the 31st March submission deadline for the IG Toolkit, an IG refresher module was published on Learn365 and all 1000 non-compliant users were enrolled. To date, only 150 of these individuals have completed the refresher course, but ~450 would be need to help achieve the 85% target. There are several consequences of non-compliance: firstly, the organisation will be seen as non-compliant by Welsh Government and Information Commissioner's Office (ICO) with possible enforcement action, there is also a re-ignited risk of the UK's Confidentiality Advisory Group (CAG) denying research requests (as

articulated in the BAF Risk 623); secondly, individual staff who are non-compliant will be in breach of the Data Protection Policy and employment T&Cs. These consequences were discussed by IGSG (03/03) and escalated to ELT for further support.

Highlights

4. **Recruitment:** In the last 3 months, the Digital Directorate recently welcomed two new Data Protection Compliance Managers (DPCMs), two more Records Officers and a new member of the Cyber team. Additionally, Kelly Holding, has been appointed into the permanent Data Protection Officer (DPO) post, taking on full responsibilities of this role (which have been covered by the Assistant Director of Digital for ICT in recent times), as well as leadership of the Information Governance team. The Head of Compliance and Assurance post is now also filled within the Corporate Governance Team. And following successful recruitment, a Data Quality Assurance Manager and Data Quality Analyst are joining the Digital Directorate later in March.

5. **IG Toolkit 24/25:** Following the 2023/24 annual submission where minimum expectations were not met, an improvement plan was developed to support achieving the standard across these categories in 2024/25. The Improvement Plan is currently 86% complete (as of 27/02). Two items were escalated to IGSG for support and further actions agreed to help achieve 100% completion by the submission deadline of 31st March (see **IG Training -** paragraph 6).

6. **WhatsApp comms:** Following a previous discussion, and development of communications, IGSG approved the onward passage of a notice to ELT for approval to publish. These comms explain how WhatsApp and other social media channels may be subject to the Freedom of Information Act if the content of messages relate to organisational business, and advises on appropriate practices.

Lowlights

7. **Data Breach Remediation Actions:** A concern was raised with the group regarding a data breach investigation and remediation which has been ongoing for a year. The outstanding action is for an audit to be conducted on a partner organisation to identify the scale of the problem which led to the original breach. The request for IGSG was to support in the messaging that remediation actions following *any* data breach must be prioritised as is expected by the ICO. IGSG are considering ways in which remediation progress can be better monitored in future, supporting the Data Protection

Officer – with a tacker proposed to be brought monthly to enable greater visibility of the engagement challenges in the first instance.

Progress

8. **Records Management:** after a period of demand and capacity challenges within the function, the Records team is again fully resourced, and a review of timelines of the improvement plan (which includes internal audit actions) has helped focus efforts on the highest priority areas. IGSG received the following updates:
    a. **(Targeted) Line Manager Records Management Guidance**
    Draft guidance has been issued to the People Directorate, Trade Union and Locality Manager representatives for comment.
    b. **Trust Archive Records Management**
    A full review has been carried out of archive records (stored in the chargeable Denbigh County Council Storage facility). As per the Trust's retention schedule, a significant proportion of boxes were destroyed. The next step is to assess the number of boxes which still require long-term storage, and to assess the suitability of the storage facility in VPH, before transferring records here from Denbigh.
    c. **Welsh Clinical Portal Records issue**
    There is a risk related to functionality and interaction between WAST's ePCR application and DHCW's Welsh Clinical Portal (WCP). A risk is being drafted, whilst solutions are also being explored with the supplier, and work to resolve will be prioritised.

9. **Freedom of Information:** In both October and November 2024, ten FOI requests were received but with a total of 283 questions. In December, 13 requests were received, with a compliance rate of 53.8%, but a total number of 539 questions asked. January 2025 saw 25 new FOI requests, and although (at the time of reporting), not all had reached their due date, the compliance rate was strong (~95%). The Corporate Governance Team are reviewing the process with a view to utilising automation to improve efficiency, enabled by the implementation of the House on the Hill platform (as recently implemented by the ICT Service Desk).

10. **Meeting Etiquette Task & Finish Group:** A sub-group of IGSG, has been seeking to develop organisational guidance / policy for meeting conduct and use of digital recordings. At the March IGSG meeting, a closure report was presented by the Chair of the Task & Finish Group, noting that the group was unable to fulfil its remit (for several, complex reasons) and so proposed an alternative way to deal with the guidance / policy and to refer some issues back to the main IGSG group for inclusion in their work programme. It was agreed that the guidance / policy would be transferred to the Integrated Governance Programme led by the Corporate Governance Directorate, and

that IGSG would continue discussions on the retention and deletion of meeting recordings, and advise on the use of AI for meeting artifacts.

RECOMMENDED: The COMMITTEE are asked to NOTE the contents of paper.

KEY ISSUES/IMPLICATIONS

11. **Risk 623 Failure to comply with Data Protection Legislation:** a risk to Data Protection Compliance was included on the Corporate Risk Register in April 2024 and has since been received by the Trust Board.
Progress of the actions for this risk: Data Protection Officer post is now filled and two DPCMs are in post supporting efforts on the IG improvement plan and Data Protection agenda.

12. **Risk of Physical Security:** The group previously discussed the risk of physical security. At the March meeting, although not discussed, a paper was received detailing progress in articulating and documenting the risk. The draft risk is being progressed through usual risk management cycles.

13. **Freedom of Information Requests:** failure to meet statutory and legal requirements for FOI requests appears on the Corporate Governance Directorate risk register (ID 182) and is being reviewed, with update provided to IGSG through the IG Highlight report narrative.

REPORT APPROVAL ROUTE

The points presented in this paper are taken from the Information Governance Highlight Reports presented at the 3rd March meeting of the Information Governance Steering Group (IGSG), and the resulting AAA presented to ELT.

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

Vehicle Accident Management

Final Internal Audit Report

2024/25

Welsh Ambulance Services University NHS Trust

Limited Assurance

Contents

Review Reference	WAS-2425-04
Fieldwork	October 2024 - December 2024
Executive Sign Off	19 February 2025
Audit Committee	6 March 2025
Executive Lead	Chris Turley, Executive Director of Finance & Corporate Services; Lee Brooks, Executive Director of Operations
Audit Team	Osian Lloyd, Head of Internal Audit; Felicity Quance, Deputy Head of Internal Audit

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

Executive Summary

Purpose

To assess the management of accidents relating to Trust vehicles, and the mitigating actions being taken to reduce the rate of occurrence.

Overview

The Trust is committed to reducing operational road risk and improving road safety for staff, including reducing the number of Road Traffic Collisions (RTCs) or Ambulance Vehicle Collisions (AVCs) for Trust vehicles engaged on Trust business. It is recognised that a significant percentage of collisions involving Trust vehicles occur while carrying our low-speed manoeuvres especially those involving reversing.

Whilst recognising the Trust's Driving at Work Policy, and that the cost of vehicle accidents to the Trust is low and it is currently in a position to better defend claims made against it, we have concluded limited assurance on this area with the following matters requiring management attention:

- There is no guidance in place to support line managers undertaking investigations into vehicle accidents.
- A central listing of those drivers requiring additional training, post investigation, is not maintained
- The Datix system is not being used as intended for the reporting and investigation of vehicle accidents.
- There is a high number of accidents/damage not reported to Fleet Services through the Traffic Accident Report Form.
- Evidence of third-party damage is not routinely obtained which would assist with claims received.
- There is a lack of reporting and analysis on the number of vehicle accidents and the associated costs and themes.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

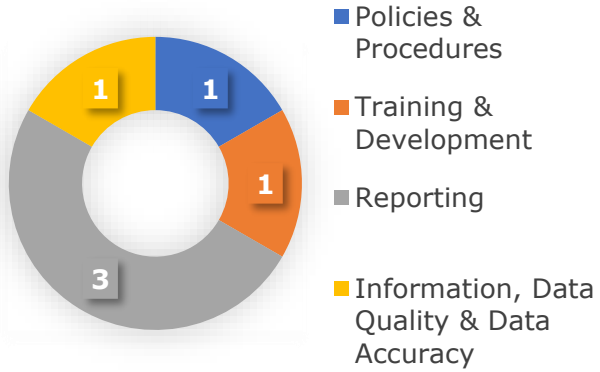
Scope & Assurance Summary

Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	There is a policy or procedure in place highlighting the roles and responsibilities within the Trust following a vehicle accident.	1	**Reasonable**
2	Drivers have undertaken appropriate driver training courses.	2	**Reasonable**
3	Appropriate mechanisms are in place for recording of vehicle accidents and assessing any associated damage.	3, 4	**Limited**
4	Accidents are subject to appropriate investigation, with actions taken to learn and prevent recurrence.	1,3 & 5	**Limited**
5	Reports on vehicle accidents are produced and submitted to appropriate management and Trust committees for oversight and escalation.	6	**Limited**

Management Actions

3	3
High Priority	Medium Priority

Themes



Risk Types

Quality or Safety Issues

Legal & Regulatory Non-Compliance

Public Perception & Reputational Risk

Financial Loss

Findings & Agreed Action Plan

Objective 1: There is a policy or procedure in place highlighting the roles and responsibilities within the Trust following a vehicle accident.	**Reasonable**

Overview / Summary of Observations

The Driving at Work (DAW) Policy (approved by the People & Culture Committee in September 2021) establishes the expected standards for emergency and non-emergency drivers across the Trust. This includes:

- Legal requirements;
- Driver training and emergency driving procedures;
- Wearing of seatbelts and subsequent exemptions;
- Carrying children in Trust vehicles;
- Duty of driver involved in Road Traffic Collision (RTC);
- Training requirements; and
- Roles and responsibilities.

We noted that the DAW policy was due for review in September 2024, with a draft of the new policy being presented at the November 2024 People & Culture Committee for approval. Whilst a number of sections in the DAW policy had been amended, the narrative in relation to reporting of vehicle accidents remained extant.

Section 6.21 of the DAW policy it states that "*Line Managers have the responsibility to ensure an adequate investigation is commenced and all collision documentation is completed accurately and within a reasonable time*." However, no guidance or checklists are in place to assist for Line Managers with such, resulting in an inconsistent approach to investigating vehicle accidents. We were informed during the review that investigations are undertaken by experienced senior staff, typically by the Duty Operations Managers (DOMs), and they are expected to use their judgement to ensure a thorough investigation is undertaken (see **Key Finding 1**).

Key Findings		Risk & Impact	Agreed Management Action
1	**Vehicle Accident Investigation Guidance** The Trust does not have any guidance or checklists in place to support Line Managers when undertaking investigations into vehicle accidents.	Vehicle accident investigations are not undertaken / are completed inconsistently due to the lack of guidance.	**Agreed Action:** The Trust will establish a Task and Finish Group with key stakeholders to review current processes, develop and support the implementation of guidance checklists for the Line Managers to consider when undertaking investigations. **Expected Evidence of Implementation:** Triple A documentation from the meetings, including Action Logs and copies of the proposed checklist will form part of the evidence for this action, including guidance material/checklist for managers.

Key Findings		Risk & Impact	Agreed Management Action
		Medium Priority	**Officer:** Andrew Morgan, Senior Education & Development Lead
	Theme: Policies & Procedures	Control Design	**Date:** September 2025

Objective 2: Drivers have undertaken appropriate driver training courses.	Reasonable

Overview / Summary of Observations

All drivers of Trust vehicles that convey patients must complete a driving course during their induction to the Trust, for which there is both an emergency and non-emergency response course. The courses have been developed in partnership with FutureQuals (accredited organisation that delivers regulated qualifications across a diverse range of vocations and sectors), the Driver Training Advisory Group (regulatory body for ambulance driver training) and the Association of Ambulance Chief Executives (AACE). The courses are recognised across the UK and are the only driving courses used by all Ambulance Trusts.

The courses cover driving legislation; driver responsibilities; pre-driving checks and daily inspections; the system of car control; driving under routine and emergency response conditions; manoeuvring and reversing; safety systems; emergency response driving practices; navigation; adverse conditions; and human factors.

Once an employee has the FutureQuals qualification, there is no requirement for them to undertake refresher training; however, as per Section 6.19 of the DAW policy, if an employee has not been in a driving role for a period of 12 months, they will need to be re-assessed. Management advised that the Trust is looking to review this time period noting it is longer than other NHS Ambulance Services, where the period prior to re-assessment is three months.

Through discussion with the Senior Education & Development Lead (Driving) we note that following conclusion of an investigation into a vehicle accident, it is at the discretion of the line manager as to whether the individual's driving requires assessment; or if further training is required prior to commencing driving duties. However, this is not formally documented nor is a central repository maintained by the training team of those individuals who have been in receipt of such training (see **Finding 2**).

Key Findings		Risk & Impact	Agreed Management Action
2	**Driver Training Post Investigation** Where there is a need for drivers to undertake additional training post conclusion of the investigation, this is not formally documented by the line managers; or maintained within a central listing by the training department to demonstrate completion. This would allow analysis of themes and trends / repeat offenders to be identified.	Improvements to driving practices, to reduce the number of avoidable accidents, not evidenced.	**Agreed Action:** The Trust will establish a Task and Finish Group (In line with key finding 1) with key stakeholders to review current processes and documentation that is in place, agree where the central listing of documentation will be held and how this will be managed and monitored.
			Expected Evidence of Implementation: Triple A documentation from the meetings, including Action Logs and copies of the proposed process/documentation will form part of the evidence for this action including a central register with an established mechanism for monitoring and assurance.
		Medium Priority	**Officer:** Andrew Morgan, Senior Education & Development Lead
	Theme: Training & Development	Control Design	**Date:** September 2025

Objective 3: Appropriate mechanisms are in place for recording of vehicle accidents and assessing any associated damage.	Limited

Overview / Summary of Observations

The DAW policy states, when an accident occurs, the driver (if fit to do so) is required to complete a physical Traffic Accident Report form (TARF), also known as an RTI form. It is expected that the driver provides photographic evidence of the incident, positioning of the vehicles via sketch, extent of the damage, contact details of any 3rd party or witness; and a detailed statement of the incident. We note that there have been discussions to digitise the TARF for ease of completion.

DATIX

The DAW policy also states the individual *is required to record the incident on DATIX, highlighting damage and any injuries caused*. This allows the Duty Operations Managers (DOMs) to share the TARF with Fleet Services to inform them of the incident and to assess the vehicle for damage.

We requested a report from Datix for all entries that related to road traffic incidents between the period November 2023 – October 2024. This highlighted that only 63 incidents were recorded during the period (see **Key Finding 3**). From review of those incidents recorded, such is not limited to those which a high cost implication; lower cost incidents were also included in the Datix entries, including those with zero expense to the Trust. We note the disparity between this number and that recorded on the Fleetwave system.

Fleetwave

Fleet Services are made aware of damage to vehicles via TARFs being issued to a generic fleet email address, with some accidents being reported via phone calls or emails to individuals within the fleet team. The team use the bespoke 'Fleetwave' system to create a new record with its unique incident number to attach all details (TARF, pictures, verbal assessments of damage) to the incident. The system also tracks the vehicle through its repair journey and documents the costs involved in making the required repairs. During the review we were informed that a high number of vehicle damage is not reported and is identified by fleet during routine vehicle inspections. It was highlighted that another opportunity to identify damage to the vehicles is during the daily vehicle inspection (DVI), which staff are expected to undertake at the start of each shift. However discussions with the Fleet Service noted that reporting of damage via this mechanism is rare. DVIs are to be covered in more detail as part of the 'Start of Shift Procedures' internal audit review which forms part of the 2024/25 audit plan.

A report extracted from Fleetwave from between November 2023 – October 2024, during the period 796 cases of damage were uploaded into Fleetwave (compared with the 63 as per Datix) with 145 cases showing accident reason being '*unreported / unknown*' (this being the case after having been raised by the Fleet Services for review and escalation by the Operations team). The cost of repairs to these vehicles was circa £105k (See **Key Finding 4**).

Legal & Risk System

Where a claim has been made against the Trust because of an accident, such is referred to the Trust's Legal & Risk team. The team currently use a spreadsheet to record personal injury claims, road traffic collisions and damage to property. Individual SharePoint files are then set up for each claim and used to store evidence, such as CCTV footage. The legal team have also been granted access to the Fleetwave system to view documentation associated to the accident, including costs. The team does not rely on Datix records for evidence.

Key Findings		Risk & Impact	Agreed Management Action
3	**Recording Vehicle Incidents onto Datix** Recording of all vehicle incidents is a requirement of the Trust as outlined in the Driving at Work policy. However, a 12-month comparison (November 2023 – October 2024) between the number of vehicle incidents recorded on DATIX (63) to those recorded / identified on Fleetwave (796) highlights a large discrepancy between the systems, with less than 10% of incidents having been recorded on Datix. Further, noting the expectation of the DAW policy for investigations to be recorded on Datix (allowing the root cause of the accident to be identified and to determine any themes or trends), the minimal use of the system does not facilitate this wider understanding.	Vehicle related incidents are not recorded, investigated, root cause identified, or corrective action taken. Lack of recording hinders the Trusts ability to identify any themes or trends.	**Agreed Action:** Regular reporting of both DATIX and Fleetwave incidents will be incorporated into Local Business Meetings for discussions, analysis and subsequent actions to identify any themes and trends and to re-educate staff on the reporting of incidents. The Quality Team will also provide advice on improving the reporting processes using Lean methodology within the Task & Finish Group (see Key Findings 1&2). **Expected Evidence of Implementation:** Triple A documentation from the meetings, including Action Logs, work programme and any communications to staff on the reporting of incidents. This will include the DATIX report submissions to Business Meetings.
		High Priority	**Officer:** Jonathan Sweet, Head of Service OD **Date:** June 2025
	Theme: Reporting	Control Operation	
4	**Unreported Incidents / Damage** Analysis of the Fleetwave system between November 2023 – October 2024 identified that there is a large number of unreported / unknown damage being recorded on the system. Such are only being picked up once the vehicle is in the workshop for routine checks. Further analysis of the Fleetwave system highlights that a high number of incidents do not have Traffic Accident Report Forms attached to them. Other than those classed as unreported/unknown (145), and therefore would have no completed form, 125 logged incidents/damage have no form. We were informed that this figure would be higher if Fleet did not chase Operations for retrospective forms after identifying damage.	Vehicle related incidents are not investigated, which impacts on the Trust's ability to defend claims resulting in financial loss. Damaged and potentially unsafe vehicles remain on the road, causing a risk to staff, patients and the public.	**Agreed Action:** Regular reporting of both DATIX and Fleetwave incidents will be incorporated into Local Business Meetings for discussions, analysis and subsequent actions to identify any themes and trends and to re-educate staff on the reporting of incidents. The Quality Team will also provide advice on improving the reporting processes using Lean methodology within the Task & Finish Group (see Key Findings 1&2). **Expected Evidence of Implementation:** Triple A documentation from the meetings, including Action Logs, work programme and any communications to staff on the reporting of incidents. This will include the DATIX report submissions to Business Meetings.
		High Priority	**Officer:** Jonathan Sweet, Head of Service OD **Date:** June 2025
	Theme: Reporting	Control Operation	

Objective 4: Accidents are subject to appropriate investigation, with actions taken to learn and prevent recurrence	Limited

Overview / Summary of Observations

The Driving at Work Policy highlights that is the responsibility of the Line Managers to ensure that all work accidents, incidents and near misses are reported, recorded and remedial or other action is taken to prevent reoccurrence. This requires them to undertake an adequate investigation of all collisions, and to ensure documentation is completed accurately and within a reasonable timescale. Datix is configured to automatically send an alert to DOMs when an accident is reported for investigation. However, as noted in audit objective 1, there is no set guidance for the managers to follow to undertake investigations (see **Key Finding 1)**.

Datix is the tool by which the investigations should be documented and recorded (see objective 3), however noting the low number of incidents reported on the system, and the high number of incidents without a TARF, discussion with members of the Senior Operations Team advised that there is a lack of assurance that **all** accidents would have been investigated in an appropriate and timely manner and for any lessons learnt to be shared (see **Key Finding 3**)

During the review we were informed that review of incidents has concluded that a high number occur at low speeds such as reversing / manoeuvring or on narrow roads. Action has been taken to limit the number of these incidents by introducing preventative measures such as the requirement to have a banksman, installing parking cameras and updates to the vehicle's online SatNav systems, so the vehicles avoid narrow country lanes where possible. Action has also been taken by the Trust by re-issuing guidance for completing DVIs and the importance using seatbelts; further, notices on the use of handbrake (whilst parking on inclines) and reversing and manoeuvring have been issued by the Learning and Development team. Although we were informed that learning is taken from incidents, we did not evidence such happening systematically.

For those investigations that are undertaken, support is available by the Driver Education Team who can supply advice on a case-by-case basis. When it is identified that the accident was caused by poor / reckless driving from the Trust employee, Driver Education will review the incident utilising all information available to them including CCTV footage, noting that CCTV is only stored for 30 days, so any delay in reporting incidents affects the availability of the CCTV. A report is issued to Operations colleagues outlining a rationale for the review, a timeline of relevant findings based on observations from the CCTV footage and a summary of the investigation, highlighting any violations of road traffic law or where the driver has fallen below the expected level of a competent and careful emergency response ambulance driver. It is then the decision of the line manager if further assessment or training is required (see objective 2).

Legal & Risk Weekly Meeting

Claims made by third parties against the Trust are reviewed by the legal team prior to accepting any liability. Weekly meetings are held by the legal team to discuss those cases where there is likelihood of contention and Geo-tracking, CCTV, TARF and pictures will be reviewed to determine the fault of the accident and the extent of the damage. During the review we observed a meeting and identified the benefit of the evidence available as claims were able to be disproven at the meeting.

Further testing on a sample of five Legal claims found that all claims had sufficient data to assess and contest claims, but it was noted that no picture evidence of third-party damage was available (see **Key Finding 5**). Between November 2023 – October 2024 the legal team closed a total of 402 cases classed as damage to vehicles, noting that due to the nature of the incidents these cases can span over a number of years.

Key Findings		Risk & Impact	Agreed Management Action
5	**Evidence of Third-Party Damage** Discussions held with the legal team noted that pictures are not routinely taken of the damage inflicted to third party property post an accident. This was further supported in our review of a sample of five legal claims where photographic evidence was not available. Providing such would help the Trust in contesting claims received; and look to lower attributed costs if there was sight of the damage at the point of impact.	Unnecessary costs incurred by the Trust from paying excessive repair costs to third parties.	**Agreed Action:** Ensuring that staff are properly trained and held accountable for reporting accidents is crucial. The Trust will establish a Task and Finish Group (same group as documented in Key Findings 1&2) with key stakeholders to review the audit recommendation and devise a communications strategy/training materials to be circulated to teams. This can be further enhanced/implemented via the local business meetings.
			Expected Evidence of Implementation: Triple A documentation from the meetings, including Action Logs and copies of the proposed strategy will form part of the evidence for this action, including the comms strategy and a copy of the training materials/guidance to staff.
		Medium Priority	**Officer:** Andrew Morgan, Senior Education & Development Lead **Date:** September 2025
	Theme: Information, Data Quality & Data Accuracy	Control Design	

Objective 5: Reports on vehicle accidents are produced and submitted to appropriate management and Trust committees for oversight and escalation.	Limited

Overview / Summary of Observations

Local Business Meetings / Senior Operations Team (SOT)

Management advised that vehicle incidents are routinely reported to both these forums. However, from review of the papers for the 12-month period of November 2023 to October 2024, minimal reporting was noted:

- Local Business Meeting – September 2024 (South Central meeting): one incident was included in the 'Accident/Injury Classification Reported Incidents EMS Central' graph. It was also stated that the information would be based on Datix entries, noting the lack of incidents on Datix, any information supplied would be grossly inaccurate;
- The AAA (Alert, Assure and Advise) report from Ambulance Care to SOT (December 2024) highlighted points for inclusion in the notice to be issued on the safe use of handbrakes; and
- Senior Operations Team – July 2023: report of the deep dive exercise which reviewed incidents received in relation to Road Traffic Incidents, damage to vehicles and property during the period of May 2022 to January 2023. The report highlighted a number of issues and recommendations, including a lack of entries onto Datix (which we have also identified during the course of this review – see **Finding 3**). We also note that there has been a lack of monitoring of these recommendations at SOT (see **Finding 6**).

Quality, Patient Experience and Safety (QuEST) Committee

The Committee receives a 'Putting Things Right' report as a standing item on the agenda. Part of the report highlights the number of cases received and closed by the legal team monthly, including those relating to road traffic accidents (and damage to property) and Personal Injury (PI) from RTCs. As at September 2024, the total claims open were 228 and 68 respectively.

It is noted that these figures reported in the PTR report do not relate to all accidents within Trust, just those that are referred to Legal & Risk Services.

Audit Committee

In accordance with the Standing Financial Instructions (SFIs) all losses and special payments made are to be reported to the Audit, Risk and Assurance Committee on a regular basis. A review of the 2023/24 papers and 2024/25 papers to date, noted that a report based on the losses and special payments is issued to each Audit Committee. Part of the makeup of the losses and special payments report includes the cost of vehicle repairs. In 2022/24 this amounted to a total £176,838, this figure has already been surpassed for the current 2024/25 year with vehicle repairs totalling £190,815 (to 30 September 2024).

Key Findings		Risk & Impact	Agreed Management Action
6	**Lack of reporting and monitoring of vehicle accidents within the Operations Directorate** After reviewing the Senior Operating Team papers issued to us, there is a distinct lack of reporting on vehicle accidents. The only information issued to the group was a deep dive into vehicle accidents in July 2023. No further monitoring on the recommendations made in the deep dive has been undertaken since. We were informed that the local Business meetings also report on vehicle accidents, but this was not evidenced during the review. The reporting functionality of the Fleetwave system is not used to its full capacity, which could provide datasets regarding trends / themes of accident repairs and potential scope for learning amongst the drivers for discussion at meetings.	The true extent of vehicle accidents, including number of accidents and costs of accidents is not sited at local level through to Board.	**Agreed Action:** Regular reporting of both DATIX and Fleetwave incidents will be incorporated into Local Business Meetings for discussions, analysis and subsequent actions to identify any themes and trends and to re-educate staff on the reporting of incidents, the detail of which will be shared at SOT through the AAA reports. The Quality Team will also provide advice on improving the reporting processes using Lean methodology within the Task & Finish Group (see Key Findings 1&2). **Expected Evidence of Implementation:** Triple A documentation from the meetings, including Action Logs, work programme and any communications to staff on the reporting of incidents. This will include the DATIX report submissions to Business Meetings.
		High Priority	**Officer:** Jonathan Sweet, Head of Service OD **Date:** June 2025
	Theme: Reporting	Control Operation	

Appendix A

Assurance Opinion

 **Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
 **Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
 **Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
 **Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
 **Advisory**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Welsh Ambulance University NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Welsh Ambulance University NHS Trust. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]

AGENDA ITEM No	**14.1**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**0**

INTERNAL AUDIT REPORT FEEDBACK: VEHICLE ACCIDENT MANAGEMENT

MEETING	Finance and Performance Committee
DATE	18 March 2025
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Alex Payne, Corporate Governance Manager
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Audit, Risk and Assurance Commtitee (the ARAC) received and discussed the limited assurance Vehicle Accident Management internal audit report at its meeting on the 06 March 2025. This report summarises the discussion from this meeting.

2. *Internal Audit colleagues stated: -*
   2.1 That there is a need for more formal guidance and checklists to ensure a consistent approach in completing accident investigations and that the audit highlighted the absence of records for driver assessments and training, which are necessary to ensure drivers are operating vehicles appropriately.
   2.2 That the report emphasised the importance of collecting evidence of third-party damage to contest claims and reduce costs. Additionally, there were discrepancies between incidents recorded on the Datix system (63) and Fleet wave system (796), indicating a need to review and possibly revise the reporting process.

3. *Judith Bryce, Assistant Director of Operations, stated: -*
   3.1 That the audit was initially instigated by the Finance Directorate however the majority of recommendations do sit with the Operations Directorate. Additionally, some recommendations also span learning and development.
   3.2 The report highlighted the need for good governance and regular reporting to business meetings across Trust directorates to ensure meaningful discussions around lessons learned.

3.3 The discrepancies between Fleetwave and Datix were acknowledged; however, it was noted that not all discrepancies were intentional. Some incidents may not be noticed by staff, and Fleetwave records every minor damage, which may not always be reported by crews.

RECOMMENDATION:
The Finance and Performance Committee is asked to note the discussion at the meeting of the ARAC on the 06 March 2025 and the assurance that was received following receipt of the audit report outcomes and agreed management actions.

KEY ISSUES/IMPLICATIONS
Not applicable.

REPORT APPROVAL ROUTE
Not applicable.

REPORT APPENDICES
Not applicable.

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	Y	Legal Implications	Y
Estate	Y	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

AGENDA ITEM No	**15**
OPEN or CLOSED	**Open**
No of ANNEXES	**1**

AUDIT TRACKER 2.0 – DECEMBER 2024 (Q3)

MEETING	Finance and Performance Committee
DATE	18 March 2025
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Lisa Trounce, Head of Compliance and Assurance
CONTACT	trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This paper provides the Finance and Performance Committee with an update on the current position regarding management actions for audits within the Committee's purview.

2. Since the Audit Committee's approval of the Audit Process and Reporting Handbook in September 2023, the Handbook has been revised to incorporate content from Audit Wales and now outlines stakeholder roles and responsibilities.

3. Notably, the Assistant Directors Leadership Team (ADLT) is responsible for agreeing action closures, and point of contact in directorates have been identified to manage the reporting of updates against audit recommendations.

4. As of December 2024, there were 41 open actions were under the Finance and Performance Committee's purview, with 14 actions closed in Quarter 3 of 2024/25, reflecting an improvement in closure rates (34%), compared to the previous quarter (30%).

5. A significant portion of actions which remain open are scheduled for closure by the end of 2025/26 Quarter 4 (March 2025), with external audit actions scheduled for closure over the next six months (between March and August 2025).

6. The Corporate Governance Team is continuing the development of Tracker 3.0, with training and system testing scheduled for the first quarter of 2025/26.

7. The revised audit reporting process will be fully implemented with the introduction of Tracker 3.0 by June 2025, which will utilise Power BI for tracking and reporting.

8. The Committee's scrutiny of action impacts remains a priority, and progress will be regularly reviewed.

RECOMMENDATION

9. The Committee is requested to:

(a) Receive the Finance and Performance Committee extract of the Audit Tracker reporting the position at of 27 December 2024; and

(b) Monitor management actions to address recommendations in the Audit Tracker, and associated updates provided, noting any revised dates for actions (in blue).

KEY ISSUES/IMPLICATIONS
As set out above.

REPORT APPROVAL ROUTE
Not applicable.

REPORT APPENDICIES
Annex 1: Audit Tracker 2.0 – 2024/25 Q3 (October-December 2024) Reporting – Finalised 270125 - For FPC (Open Session)

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 Finance and Performance 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 since this date 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 commence 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 updated in Quarter 3 of 2024/25 and the position reported is as of 27 December 2024. A copy of the Tracker is provided at Annex 1 filtered to the actions assigned to this Committee for oversight.

5. The Corporate Governance Team continues to work on the development of the development of a SharePoint solution for Tracker 3.0. It is intended that this solution will be ready for testing during 2025/26 Quarter 1, with full implementation of Audit Tracker 3.0 scheduled to take place by the end of June 2025.

ASSESSMENT

6. 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.

Internal Audit

7. At the beginning of 2024/25 Quarter 3 (October 2024), there were a total of 41 open actions under the purview of the Finance and Performance Committee on the Audit Tracker – 19 of these related to 2023/24 audits, and 22 related to 2024/25 audits.

8. Due to their nature, three of these open actions have been reported to the Closed Session of the Committee but for completeness will be included within the analysis of this report.

9. Of those internal audit recommendations relevant to this Committee**,** 14 have been closed in quarter of a total of 41 (34%), compared to 30% in the previous quarter.

10. There are five recommendations which have had a change in date proposed during the quarter (these are marked in blue).

11. There are a total of five open actions on their third revised date (26%) all relating to 2023/24 audits:

    - Action 567 (Hazardous Area Response Team);
    - Action 621 (reported in Closed session);
    - Action 624 (IM&T Infrastructure);
    - Action 657 (Records Management); and
    - Action 643 (111 Commissioning Final Advisory Report)

12. Of the 27 open actions purview to this Committee which remained open at the end of 2024/25 Quarter 3:

    - 1 (4%) is proposed for closure pending evidence (cf to 2024/25 Quarter 4);
    - 19 (70%) are scheduled for closure by March 2025 (2024/25 Quarter 4); and
    - 6 (22%) are scheduled for closure during 2025/26 Quarter 1; and
    - 1 (4%) is scheduled for closure during 2025/26 Quarter 4.

External Audit

13. Of those external audit actions relevant to this Committee, none have been closed in quarter of a total of three.

14. All 3 open external actions relevant to this Committee relate to the Review of Cost Savings Arrangements Audit undertaken in 2023/24 and are scheduled for closure during 2025:

    Action 150 – Date for closure = March 2025
    Action 151 – Date for closure = June 2025
    Action 152 – Date for closure = August 2025

Management and Development of the Tracker

15. With respect to the Committee's responsibility to scrutinise the impact of actions, in 2023 the Committee agreed that the most effective way to improve the scrutiny of the impact of actions was by identifying actions within audits as audit reports are reviewed by the Committee, going forward.

16. The current version of the tracker is now open for Directorate review for actions due during 2024/25 Quarter 4 (January to March 2025). These updates will then be reported to the Committee at its next meeting in May 2025.

17. Between April and June 2025, the Corporate Governance Team will work with Directorate points of contacts to demonstrate and provide training on the new system, to ensure a smooth transition between Tracker 2.0 and 3.0 in readiness for implementation of Audit Tracker 3.0 by the end of 2025/26 Quarter 1.

18. There continues to be good engagement with the Directorate points of contact to support the management of the actions contained within the Tracker.

RECOMMENDATION

19. The Committee is requested to:

(a) Receive the Finance and Performance Committee extract of the Audit Tracker reporting the position at of 27 December 2024; and

(b) Monitor management actions to address recommendations in the Audit Tracker, and associated updates provided, noting any revised dates for actions (in blue).

Points of Contact, Directors and Owners of Audit Actions - Do Not Amend Any Column With a Red Header
When proposing a revised 1st, 2nd or 3rd date, include the rationale for the movement and any progress on the action to date
ALL FINAL INTERNAL AUDIT REPORTS CAN BE FOUND ON THE CORPORATE GOVERNANCE SIREN PAGE

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 include here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete
1-24/25	2024/25	FPC	Data Quality	Reasonable	Leanne Smith	Jonny Sammut	Medium	1.1	Management should ensure that policies and guidance which underpin the Trust's commitment to improving data quality are reviewed and / or developed and aligned with new legal requirements and current best practice.	1.1	The Trust's Data Quality policy was reviewed, approved and published earlier in 2024. The Records Management Policy is currently under review and due for submission for approval in November 2024, in order to support the IG Toolkit Improvement Action Plan. The Information Risk Policy is scheduled for Policy Group in December 2024. The Confidentiality and Code of Conduct policy is scheduled for Policy Group in February 2025. The Information Governance Policy is still tba.	Nov-24	Met				Closed in Quarter	**200125: (LT) ADLT approved closure** **181224: (LS)** as per the recent ADLT Policy Prioritisation exercise, Digital agreed that the relevant policies prioritised for review in the remainder 2024 and into 2025 would be: 1) Information Risk Policy (in progress, expected at Jan-25 Policy Group); 2) Information Sharing Policy (due to increasing pressures around sharing WAST data externally, work expected to commence in Q4 24-25); 3) Information Governance Policy (expected to follow shortly afterward). Email trail with Digital's priority list of policies supplied as evidence for **PROPOSE FOR CLOSURE.** **EVIDENCE TO SUPPORT CLOSURE:** Written confirmation from the Policy Group that the Information Governance Policy has a planned review date.
2-24/25	2024/25	FPC	Data Quality	Reasonable	Leanne Smith	Jonny Sammut	Medium	1.2	Management should ensure that current written protocols for delivering the Trust's functions and responsibilities are proactively published on the Trust's website or otherwise made available as a matter of routine.	1.2	As it is not current practice to publish any Trust policies on the public website, this recommendation is not one that can be actioned without a significant and disproportionate change to procedure in WAST. Policies are available on Siren (intranet) for all staff, and for the public / non-WAST employees a copy of any policy can be requested. There is a plan, led by the Corporate Governance Directorate, to begin reviewing the approach to policy publication in 2025/26. As such, no action will be taken specifically for data-related policies until completion of this wider review.	n/a	Met				Closed in Quarter	Status of **closure proposed** upon addition to Tracker due to the management response and indication that no action will be taken.
3-24/25	2024/25	FPC	Data Quality	Reasonable	Head of Information	Jonny Sammut	Medium	2.1	Management should consider assessing the digital literacy of all staff and developing data quality awareness training to complement the newly updated Data Quality Policy.	2.1	A full programme for assessing & improving Digital Literacy is planned for Tranche 2 (i.e. 2025-26) under the refreshed Digital Plan. In the meantime, a Data Quality awareness training module will be made available across the Trust via an existing platform (i.e. ESR, LMS365 or MetaCompliance – tbc) to minimise any additional cost.	Dec-24	Not Met	Apr-25			Open	**200125: (LT) ADLT approved 1st revised due date (Apr25)** **181224: (LS)** All content available to WAST via the MetaCompliance e-learning site was explored, but no suitable Data Quality awareness training modules were found. As such, WAST would need to develop or procure a new module. Preference would be to develop something for LMS365 (rather than introduce another system) and so **PROPOSE DATE REVISED to April-25.** **EVIDENCE REQUIRED TO SUPPORT CLOSURE:** Evidence that a DQ related trainig module is available on agreed existing platform (this action is for deployment only, not including uptake targets - this will form part of Tranche 2 workplans)
4-24/25	2024/25	FPC	Data Quality	Reasonable	Leanne Smith	Jonny Sammut	High	3.1	Management should ensure that the Information Asset Register accurately reflects the Trust's information landscape to ensure that a singular, consistent catalogue of information assets is in place to monitor compliance and efficiency.	3.1	IGSG has already agreed to establish an Information Asset Owners Group. This sub-group will be responsible for the further development and ongoing maintenance of the Trust's Information Asset Register. Until the two vacant Data Protection Compliance Manager posts are filled (expected November 2024) there is not capacity within the IG function to help establish and run such a group.	Apr-25	Not Yet Due				Open	**EVIDENCE REQUIRED TO SUPPORT CLOSURE:** Information Asset Owners Group established as a sub-group of IGSG, and updated Information Asset Register presented back to and approved by IGSG evidenced through AAA.
5-24/25	2024/25	FPC	Data Quality	Reasonable	Head of Information	Jonny Sammut	Low	4.1	Management should consider utilising an automated data quality tool to develop automated audit processes to reduce the need for manual intervention and improving overall data accuracy and consistency.	4.1	Implementation of a new tool is a significant digital project, however, some functionality may be available in existing platforms which would offer a minimum viable product. Action is to conduct a gap analysis on automated data quality functionality within the Trust and make a recommendation to IGSG for a way forward.	Jan-25	Not Yet Due				Open	**EVIDENCE REQUIRED TO SUPPORT CLOSURE:** Gap analysis conducted, and findings reported to IGSG with recommendation – evidenced through AAA.
6-24/25	2024/25	FPC	Data Quality	Reasonable	Leanne Smith	Jonny Sammut	High	5.1	Management should ensure that reporting arrangements for Data Quality are reviewed and formalised with a clear route to ELT and the Board.	5.1	Standard Digital reporting on plans, systems and compliance, has a passage through to Finance & Performance Committee bi-monthly. In addition to this, DQ is an element of the IG reporting which goes to IGSG by exception and for broader discussion on a monthly basis. These reporting routes are articulated in both the TORs of FPC and IGSG.	Oct-24	Not Met				Closed in Quarter	**200125: (LT) ADLT approved closure** **181224: (LS)** governance and passage of reporting on data quality was discussed at the November 2024 meeting of IGSG and the group agreed overarching data quality should be handled by IGSG, reporting to Finance & Performance Committee, with specific metrics managed by the Quality & Performance Management Group. Evidence supplied in the form of the IGSG agenda and resultant AAA. **PROPOSE FOR CLOSURE.** **EVIDENCE REQUIRED TO SUPPORT CLOSURE:** Confirmation of the current arrangements by comparing the TOR for both FPC and IGSG. To be noted by IGSG and represented in AAA.

7-24/25	2024/25	FPC	Data Quality	Reasonable	Head of Information	Jonny Sammut	Medium	5.2	Management should ensure that the progress to address 111 CAS data quality issues and arrangements for ongoing scrutiny are appropriately reported.	5.2	An update on the 111 CAS reporting and data quality efforts will be offered in future IG Highlight reports which pass to IGSG.	Nov-24	Met				Closed in Quarter	**200125: (LT) ADLT approved closure** **181224: (LS)** An update regarding the ongoing 111 CAS reporting and data quality resolution was presented to the November meeting of IGSG via the IG Highlight Report. Updates on this project will continue monthly via this mechanism, until resolved. **PROPOSE FOR CLOSURE.** Evidence supplied via the IGSG agenda and highlight report. **EVIDENCE REQUIRED TO SUPPORT CLOSURE:** Confirmation of content covered by IG Highligh report and resulting AAA
8-24/25	2024/25	FPC	Data Quality	Reasonable	Leanne Smith	Jonny Sammut	Medium	5.3	Management should ensure that assurance in relation to data quality exception handling and the Incidents with Cause for Concern is appropriately reported.	5.3	Following recent investment in the Digital Directorate, two new Data Quality JDs have been submitted for evaluation to support recruitment of additional expertise into this function. Once in post, as per the TOR, DQ representation will resume in IGSG, and we expect any large-scale / system level data quality issues such as this to be brought to the group for awareness and support in a timely manner.	Mar-25	Not Yet Due				Open	**EVIDENCE REQUIRED TO SUPPORT CLOSURE:** Confirmation via the AAA that Data Quality has had representation and discussion at IGSG consistently (i.e. across Nov-Feb meetings).
9-24/25	2024/25	FPC	Data Quality	Reasonable	Leanne Smith	Jonny Sammut	Medium	5.4	Management should ensure reportable data quality KPIs are developed and are appropriately reported.	5.4	A monthly KPI report passes through IGSG, already with a placeholder for Data Quality metrics. The development of these metrics is dependent upon recruitment into the proposed new DQ posts.	Apr-25	Not Yet Due				Open	**EVIDENCE REQUIRED TO SUPPORT CLOSURE:** Evidence of Data Quality metrics presented in the monthly Information Governance KPI report, and evidence of discussion / noting of these metrics via the IGSG AAA.
10-24/25	2024/25	FPC	Data Quality	Reasonable	Head of Information	Jonny Sammut	Low	5.5	Management should consider developing a standard reporting template for data quality matters.	5.5	Following recent investment in the Digital Directorate, two new Data Quality posts are planned to be created. Capacity to build standard DQ reporting is dependent on having more than the current 0.4 FTE, and so this action is to demonstrate movement towards a more resilient Data Quality team with the development of a template form to ensure a standardised method of recording, escalating and resolving Data Quality issues as they are discovered.	Dec-24	Not Met	**May-25**			Open	**200125: (LT) ADLT approved 1st revised due date (May25)** **181224:** A template form is yet to be developed. The team currently consists of 0.4 FTE, and other members of the Insights & Data Services function, who support the Data Quality team have recently focused efforts on recruitment instead. In December 2024, we shortlisted over 300 applicants for 2 new Data Quality positions, interviews are currently in progress, and candidates hopefully in place by Mar-25. **PROPOSE REVISED DATE to May-25** to allow team to be recruited to deliver on this action. **EVIDENCE REQUIRED TO SUPPORT CLOSURE:** Developed template form to be presented to IGSG for comment, evidenced via agenda and any resulting notes on the AAA.
11-24/25	2024/25	FPC	Overtime Controls	Reasonable	Liz Wedley	Lee Brooks	Medium	1.1	The reporting of amendments to overtime allocations should be strengthened and supported by a documented audit trail of the rationale applied.	1.1	SOT will consider and agree a formal mechanism to capture any changes to allocations in month. This will be recorded at SLT and documented through the AAA reporting process to SLT.	Dec-24	Met				Closed in Quarter	**200125: (LT) ADLT approved closure.** **181224**: (TMN) Link of evidence sent to LT to confirm if sufficient to close action. SOT is the formal mechanism for the financial savings plan quarterly SBARs which consist of overtime control information and the evidence includes SBARs and copies of the SOT highlight reports which are then reported to SLT. **Proposed for Closure (pending review of evidence)**
12-24/25	2024/25	FPC	Overtime Controls	Reasonable	Liz Wedley	Lee Brooks	Medium	1.2	Recognising the individual variances, against allocations reported at health board areas, consideration should be given to their re-mapping to a more reasonable expectation.	1.2	SOT will review and reassess the overtime allocation at Health Board levels, recognising the variable nature of all that may affect allocations.	Mar-25	Not Yet Due				Open	
13-24/26	2024/25	FPC	Overtime Controls	Reasonable	Liz Wedley	Lee Brooks	Medium	2.1	Consideration should be given to whether it would be possible to automate parts of the process, to reduce the amount of manual input by managers.	2.1	The Trust accepts this recommendation. Electronic timesheet development and implementation is a feature of the current IMTP. Scope work has begun in this financial year, however progress on implementation is expected to be in 2025/26 provided it is included in the forthcoming IMTP.	Mar-26	Not Yet Due				Open	
23-24/25	2024/25	FPC	Integrated Quality & Performance Management Framework	Reasonable	Hugh Bennett	Liam Williams / Rachel Marsh	High	1.1	The Quality & Performance Management Framework's work programme should be reviewed and incorporate SMART criteria to define success and provide realistic timescales for delivery. Similarly, any work programmes that are designed to support the pathfinder, e.g. Resource Service, should provide realistic timescales for delivery.	1.1	a) The current work programme has recently been reviewed, including amendments based on IA feedback during the audit. It continues to be reported into Q&PMF Steering Group each month. Timescales are considered realistic, but subject to on-going performance management.	Nov-24	Met				Closed in Quarter	**270125: (LT) HB advised action now completed. Evidence supplied: copy of Work Plan QPMF 2024-2025** **200125:** (LT) ADLT approved 1st revised date (Jan25) if required to allow time for progress to be reported / evidence to be supplied.
24-24/25	2024/25	FPC	Integrated Quality & Performance Management Framework	Reasonable	Hugh Bennett	Liam Williams / Rachel Marsh	High	1.1	The Quality & Performance Management Framework's work programme should be reviewed and incorporate SMART criteria to define success and provide realistic timescales for delivery. Similarly, any work programmes that are designed to support the pathfinder, e.g. Resource Service, should provide realistic timescales for delivery.	1.1	b) An annual review will also be undertaken, with time-out in December programmed to start to build programme for 2025/26.	Mar-25	Not Yet Due				Open	
25-24/25	2024/25	FPC	Integrated Quality & Performance Management Framework	Reasonable	Hugh Bennett	Liam Williams / Rachel Marsh	High	1.2	Regular performance reporting should provide effective oversight of progress with the delivery of the QPMF's work programme that clearly defines risks and enables prompt action to be taken where issues are escalated.	1.2	ELT to be supplied with AAA after every Q&PMF Steering Group, with the AAA including progress on the work programme.	Mar-25	Not Yet Due				Open	

26-24/25	2024/25	FPC	Integrated Quality & Performance Management Framework	Reasonable	Hugh Bennett	Liam Williams / Rachel Marsh	High	1.3	The development of the process for local frameworks should be concluded and incorporate the areas of the Trust that will require a framework to be implemented; and take account of the design and content of the frameworks through providing guidance and templates.	1.3	The Trust is not planning to develop local frameworks for every area of the Trust. The approach is proportionate. Every area is required to complete a selfassessment, governance map, cycle of quality & performance business and work programme. Timetable to be developed to ensure completion across Trust.	Dec-24	Met				Closed in Quarter	**270125: (LT) HB advised action now completed. Evidence: Timetable for completing self-assessments.** **200125:** (LT) ADLT approved 1st revised date (Jan25) if required to allow time for progress to be reported / evidence to be supplied.
27-24/25	2024/25	FPC	Integrated Quality & Performance Management Framework	Reasonable	Hugh Bennett	Liam Williams / Rachel Marsh	Medium	2.1	The Communication Plan's action plan should be revised to include additional actions pertaining to the later phases. SMART criteria should be incorpiorated to clarify the current status of actions and provide realistic timescales for delivery.	2.1	Communications Plan to be updated accordingly.	Dec-24	Met				Closed in Quarter	**270125: (LT) HB advised action completed. Evidence: QPMF Comms Plan (04) hbmoc 20241023 example** **200125: (LT)** ADLT approved 1st revised date (Jan25) if required to allow time for progress to be reported / evidence to be supplied.
28-24/25	2024/25	FPC	Integrated Quality & Performance Management Framework	Reasonable	Hugh Bennett	Liam Williams / Rachel Marsh	Medium	2.2	Following the amendments, the plan should be shared at an appropriate forum and appropriate staff engagement should be carried out to ensure that arrangements continue to be embedded.	2.2	Q&PMF Steering Group will approve the communications plan.	Dec-24	Not Yet Due	**Jan-25**			Open	**200125: (LT) ADLT approved 1st revised date (Jan25) to allow time for progress to be reported / evidence to be supplied.**
29-24/25	2024/25	FPC	Integrated Quality & Performance Management Framework	Reasonable	Hugh Bennett	Liam Williams / Rachel Marsh	Medium	3.1	There should be regular reporting to both the Executive Leadership Team and at committee level to ensure there is effective oversight of the Quality & Performance Management Framework.	3.1	Production of AAA after each Q&PMF Steering Group and onward supply to ELT. It has been agreed by ARAC that one further update will be provided this financial year and thereafter 6 monthly reports to FPC.	Nov-24	Not Met				Closed in Quarter	**270125: (LT) HB advised action complete and confirmed reporting will continue for a further 5mths as indicated. Evidence supplied: Copy of AAA Highlight Report - QPMF Steering Group hb 20250127** **200125: (LT)** ADLT approved 1st revised date (Jan25) if required to allow time for progress to be reported / evidence to be supplied.
30-24/25	2024/25	FPC	Integrated Quality & Performance Management Framework	Reasonable	Hugh Bennett	Liam Williams / Rachel Marsh	Medium	3.2	Attendance and key decisions arising from the QPMF Steering Group meetings should be appropriately recorded.	3.2	The AAA does record attendance, but production of the AAA to date has been intermittent. See 3.1 above.	Mar-25	Not Yet Due				Open	
31-24/25	2024/25	FPC	Integrated Quality & Performance Management Framework	Reasonable	Rachel Marsh	Liam Williams / Rachel Marsh	Medium	3.3	Both the Framework and the Steering Group's terms of reference should be updated to clarify arrangements or reflect any amendments.	3.3	The ToR has been through several iterations and updates and is considered up to date, however, there is a F2F Q&PMF workshop planned for Dec-24, which will provide a further opportunity for review. Going forward the review will be at least annually.	Mar-25	Not Yet Due				Open	

Points of Contact, Directors and Owners of Audit Actions - Do Not Amend Any Column With a Red Header
When proposing a revised 1st, 2nd or 3rd date, include the rationale for the movement and any progress on the action to date

Trust Ref No.	Audit Wales or HIW Report	Year	Committee Assigned to	Report Title	Responsible Officer	Director	Priority Level	Rec. No in Audit	Recommendation	Response no. in Audit	Management Response	Agreed Deadline in Report	Status	1st revised date	2nd revised date	3rd revised date	Status	Where a management action has not met the agreed or revised date, Director must inicude 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**	Closure Status
120	HIW	20/21	FPC	EMSCCC Patient Safety Review	Lee Brooks	Lee Brooks			21.1 Complete the North Wales EMS CCC estate strategy and identify opportunities for improvement		See note in column T		Not Met	Apr-24				22/03/2024 CLOSURE PROPOSED - Bryn Tirion move is underway, financial allocations and comms in place and on the pathway to delivery. Links below show a dedicated Siren Page regarding the move and all comms sent out on Siren to colleagues to inform of progress with the project and plans. https://nhswales365.sharepoint.com/sites/AMB-Intranet-Operations/SitePages/Bryn-Tirion-Relocation-Project.aspx?Mode=Edit https://nhswales365.sharepoint.com/:u:/r/sites/AMB-Intranet-Finance/SitePages/Bryn-Tirion-Relocation-Project.aspx?csf=1&web=1&e=uX87Qd. PROPOSED CHECK POINT OF APRIL 2024 Note - the entire EMSCCC review actions have not been transferred to the tracker, only the two identified in the 3/8/23 EMT paper. QUEST updated 10 August 2023 Update 030823: The Bryntirion site for EMSC in the North has been allocated some discretionary capital fundig for this financial year (23/24) to support some progress in this area. It should be noted that WAST have completed and rolled out the estate's strategy in VPH with a view to progress plans with DPP for Llangunnor now to progress with the redevelopment of the ground floor. This is at design stage currently but funding has been allocated from this year's discretionary capital budget to support this) The project will likely span two years. In terms of the North Wales Estate (Bryntirion) initial work has started across departments to ensure that all elements of the work are mapped out and options are considered. The existing site requires remedial work which is considered poor investment given the site is not WAST owned. There is a technological development (Airwave replacement) required that enables a full move out of Bryntirion; early indication from the Ambulance Radio Programme (ARP) is that the roll-out of this technology is likely to be Q1 2024. A capital budget (discretionary) has been identified and allocated.	Closed
121	HIW	21/22	FPC	EMSCCC Patient Safety Review	Lee Brooks	Lee Brooks			12.1 Continue with the work of the CAD Phase 3 project to realign workloads within the EMSCCC for more efficient operation		See note in column T		Not Met	Jan-24	Apr-24			010724 - sent through SBAR for EMSC Restructure (OCP) including Siren link to all notices and comms relating to the recongifuration. Conlcuded implementation due in October 2024 following final outcome of OCP. Close proposed on this basis; accepted and updated to closure proposed 080724. 22.03.2024 Propose to move revised date to April 2024. Date moved in Q4 to April 2024. Note - the entire EMSCCC review actions have not been transferred to the tracker, only the two identified in the 3/8/23 EMT paper. QUEST updated 10 August 2023 Update 030823: The EMS Configuration Programme recommended in Q1 2023 following being paused due to Industrial Action and Operational Pressures. Roster Reviewm of call takers is complete. The realignment of boundaries aspects of this work, which provides the necessary re-alignment of workloads has commenced and engagement with staff had taken place prior to the pause. This work has re-commenced and is currently waiting on a refresh of the data to finalise discussions with staff and TU partners. The realignment of desks is currently being paused due to awaiting data. It is anticipated that this will be available in Q2 2023 and that this aspect of the project will be completed end of Q3, subject to management capacity.In addition, we continue to pursue the changes identified above that require a £750k investment however funding support for this is contingent on external investment which in the current economic climate is difficult to secure.	Closed
150		23/24	FPC	Review of Cost Savings Arrangements	Chris Turley	Chris Turley	Medium	R1	The Trust should strengthen its approach to identifying and delivering recurrent savings. This will enable it to reduce its reliance on nonrecurrent savings in areas such as vacancy management and place its financial savings plans on a more sustainable footing. **(Paragraph 12)**	R1	There will always be an element of non-recurring savings in relation to the theme of corporate vacancy management savings due to historic time to advertise, recruit and appoint when posts become vacant. Recommendations from the servcies review will be assessed and, where possible, any recurrent efficiences via organisational structural changes will be implemented. 2024/25 currently has a split of 56.7% recurrent and 43.3% non-recurrent savings, with any in yeara over delivery being helpfully in recurring as opposed to non0recurrent schemes. The 2024/25 Financial Plan savings target will aim for a minimum of c65% recurrent themes.	Mar-25	Not Yet Due						Open
151		23/24	FPC	Review of Cost Savings Arrangements	Carl Kneeshaw / Rachel Marsh	Chris Turley	Medium	R2	The Trust should ensure it takes forward work to address gaps in staff skill sets in respect of the identification and delivery of savings and efficiency opportunities. **(Paragraph 14)**	R2	The outcome of the recent Administrative & Corporate Services Review highlighted need for additional training and investment in colleagues, which is currently being actioned via ADLT-owned Action Plan, and the upcoming finalisation of the Service Review is also expected to highlight areas of under or over resourced service ensuring most appropriate investment of resource in the right areas. Specifically focussing on the income generation and commercialisatoin agenda, included in the 2024/25 financial plan is c.£0.250m to directly support this. This will include recruitment of dedicated resources to drive this forward, including the investment in a Head of Commercial post alongside Commercial structure to enhance specialist knowledge. This project and recruitment is underway.	Jun-25	Not Yet Due						Open
152		23/24	FPC	Review of Cost Savings Arrangements	Chris Turley	Chris Turley	Medium	R3	The Trust should ensure that its savings reports to Board and F&PC, are consistent or provide a clear explanation of the differences between the reported savings performance. This will aid understanding, reduce confusion, and maintain the credibility of the Trust's savings reporting. **(Paragraph 16).**	R3	Finance Reports from M03 2024/25 to Trust Board and F&PC include further detailed analysis reporting of savings which includes split of recurrent and non-recurrent themes. WAST Monthly Monitoring Returns (MMR) submitted to WG also flow through committees and board. Further classification included in the proforma to be completed now include further breakdowns (i.e. Income Generation) so this allows clearer reconciliation for 2024/25 and beyond.	Aug-25	Not Yet Due						Open
153		23/24	FPC	Review of Cost Savings Arrangements	Carl Kneeshaw	Chris Turley	Medium	R4	The Trust should ensure that it fully implements the learning from its recent gateway review of its Financial Sustainability Programme. This will ensure that it further strengthens its savings arrangements and maximises its savings opportunities. **(Paragraph 19)**	R4	The Gateway Review provided opportunity to self-assess the successes and challenges of the Financial Sustainability Programme at the end of Financial Year 2023/24. With this self-assessment are 11 key lessons, all of which are reviewed on an ongoing basis, and many of which underpin the FSP's 2024/25 objectives. Overall, the FSP has implemented a number of recommendations to date, including improved communication and engagement, and enhanced investment in a financially sustainable future, including a commercial structure in-house. Those recommendations not yet implemented will either be done before the end of the 2024/25 financial year, or will look to be included in the operational plan of the incoming Head of Commercial role. Attached as an appendix is the full list of lessons learnt, including an update as to current position as of August 30th, 2024. We will look to provide regular updates as we progress throughout the year,via both the Finance and Performance Committee, Strategic Transformation Board, and Audit, Risk and Assurance Committee as part of wider set of recommendations.	Jun-25	Met					Aug24 - Action completed prior to issue of final report	Closure Proposed (pending evidence)

AGENDA ITEM No	**16**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**4**

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Finance & Performance Committee
DATE	18 March 2025
EXECUTIVE	Trish Mills, Director of Governance / Board Secretary
AUTHOR	Julie Boalch, Assistant Director of Governance & Risk
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EXECUTIVE SUMMARY

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

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

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

4. Each of the risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3 with continual and dynamic focus on the highest rated risks scoring 15-25. Attention has been given to the risk ratings of each principal risk and the mitigating actions identified and taken to ensure that risks achieve their target score. This is in addition to the standard and regular review of all controls, assurances, and any gaps.

5. The principal risks are updated as at 19 February 2025 having been reviewed in line with the agreed schedule (Annex 3). Focus has continued to be given to the risk ratings, controls, assurances, gaps, and mitigating actions identified and taken to support risks to achieve their target score.

6. Updates are highlighted in blue on the BAF which show changes to the narrative, mitigating actions, controls, and assurances.

7. The Trust's two highest scoring risks **223** (*the Trust's inability to reach patients in the community causing patient harm and death*) and **Risk 224** (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*) remain static at the highest score of 25. These scores reflect individual cases of avoidable harm, highlighting ongoing challenges in the unscheduled care system due to the levels of handover delays.

8. The number of lost hours due to handover delays remained significant reported at 25,199 in December 2024.

9. Handover delays continue to present patient safety risks and extended waits in the community with a deteriorating Red performance being outside of what is acceptable to deliver a safe emergency service.

10. The Trust Board continues to focus on the actions to mitigate these two risks that are within its control, and these are highlighted in the avoidable harm action plan which is presented at each Board meeting. Further mitigations and transformative actions are described in the Integrated Medium Term Plan (IMTP) to address these risks.

11. There are a range of efficiencies described in the report that the Trust has undertaken in mitigation of these two risks. Three key ones being that a new Clinical Safety Plan was released in December 2024 to enable the Trust to manage risk more effectively at a system level, ensuring that patients are not unnecessarily directed to Emergency Departments (EDs) when they can be safely managed through other pathways.

12. Additionally, the Trust is on track to reach the Advanced Paramedic Practitioner (APP) recruitment target for this financial year; the evidence of utilising APPs illustrates a dramatic impact on ED avoidance with more patients being managed safely within the community.

13. A third example is the activation of the Care Planning and Winter Desk initiatives provide additional oversight and pre-emptive measures to address seasonal demand surges. These efforts are crucial to sustaining system resilience and minimising patient harm.

14. Most of the Trust's actions in the action plan have been completed and a several efficiencies and improvements implemented that have stabilised performance; however, the Trust is unable to mitigate the scale of handover lost hours due to the environment which it is operating in or make improvements in performance because of the continued challenges in the urgent and emergency care system.

15. To support the continued, detailed review and mitigation of these highest scoring risks, a second workshop took place on 13 February 2025 with members of the Risk Owner's senior teams to contribute to the design and development of a different approach to

managing and monitoring those areas that are within the Trust's control and those that are not.

16. **Risk 260** *A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems* has increased in score from 15 (3x5) to 20 (4x5) due to the escalated world conflicts and recent increase in targeted cyber-attacks against NHS organisations. This risk will be reported to the closed session of the FPC in the next round to provide committee with information on the planned mitigations to target score given the sensitive and security based nature of these mitigations.

17. **Risk 641** *The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident* remains static at a score of 20 (4x5). This risk is taken in open session in full transparency. However, members will note that the actions to address individual recommendations are not included in detail in the BAF extract. This is for reasons of sensitivity and security.

18. **Risks 542** *Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan* at a score of 16 (4x4) continues to be reviewed and remains unchanged, similarly, to **Risk 623** *Failure to comply with Data Protection Legislation* at a score of 15 (3x5).

19. **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 unchanged this period and static at a score of 15 (3x5).

20. **Risk 100** *Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience* and **Risk 139** *Failure to Deliver our Statutory Financial Duties in accordance with legislation* remain unchanged at a score of 12 (3x4).in this period.

21. Whilst there have been no further material changes made during this period, the BAF includes a commentary for each risk for the Risk Owner to describe the rationale for each of the risk ratings which is particularly important where ratings have remained static or increased

22. A detailed review, discussion and challenge takes place with the Executive Leadership Team (ELT) and Assistant Director Leadership Team (ADLT) on each of these risks monthly including new risks, changes to scores and those that have achieved target.

RECOMMENDATION:

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

KEY ISSUES/IMPLICATIONS
24. The key issues are set out in the Executive Summary above.

REPORT APPROVAL ROUTE
25. The BAF was considered by: • Assistant Directors Leadership Team (03 February 2025) • Executive Leadership Team (19 February 2025) • Audit, Risk and Assurance Committee (06 March 2025)

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	Executive 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	Executive Director of Quality & Nursing	**25 (5x5)** →
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	**20 (4x5)** ↑ **15 (3x5)**
641 FPC	The Trust's inability to implement the learning from all relevant Manchester Arena	**IF** the Trust has not fully implemented the MAI recommendations AND a major	Executive Director of Operations	**20 (4x4)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
	Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident	incident or mass casualty incident is declared **THEN** there is a RISK that the Trust's Incident Response will be suboptimal **RESULTING IN** avoidable patient harm and/or death, detriment to staff wellbeing, reputational damage and potentially expose the Trust to legal liability		
542 FPC	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	**IF** there is a lack of resources and available technology and infrastructure **THEN** there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines **RESULTING IN** negative environmental and social impacts causing and reputational damage	Executive Director of Finance & Corporate Resources	**16 (4x4)** ➡
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.	Executive Director of Operations	**15 (3x5)**

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
623 FPC	Failure to comply with Data Protection Legislation	**IF** the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality **THEN** the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used **RESULTING IN** unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage.	Director of Digital Services	**15 (3x5)** →
100 FPC	Failure to persuade JCC/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 JCC/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	Executive Director of Strategy Planning & Performance	**12 (3x4)** →
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	Executive Director of Finance & Corporate Resources	**8 (2x4)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		• does not receive an agreement with commissioners on funding (linked to 458) **THEN** there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs) **RESULTING IN** potential interventions by the regulators, qualified accounts and impact on delivery of services 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

Annex 4 – Board Assurance Framework

Risk ID 223	**The Trust's inability to reach patients in the community causing patient harm and death**	**Date of Review:**	**22/01/2025**	**TREND**	**25 (5x5)**
		Date of Next Review:	**22/02/2025**	➡	

IF significant internal and external system pressures continue	**THEN** there is a risk of an inability and/or a delay in ambulances reaching patients in the community	**RESULTING IN** patient harm and death

	Likelihood	**Consequence**	**Score**
Inherent	**4**	**5**	**20**
Current	**5**	**5**	**25**
Target	**2**	**5**	**10**

IMTP Deliverable Numbers: 1, 2, 3, 4, 5, 6, 7, 8, 10, 14, 15, 20, 22, 24, 25, 27

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

Risk Commentary Q1 2024/2025

The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death because of the Trust not being able to reach patients in the community. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. **Handover lost hours in November were 20,993 and December were 25,199.**

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

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

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

CONTROLS	**ASSURANCES**
	Internal Management (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). V1.3 has been reviewed, updated and released (August 2024).
3. Resource Escalation Action Plan (REAP)	3. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.
4. 24/7 Operational Delivery Unit (ODU)	4. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.
5. Strategic, Tactical and Operational 24 hour/ 7 day per week system to manage escalation plans	5. Same as **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. On Call cover is reviewed weekly at SLT Performance Meetings.
6. Limited Alternative Care Pathways in place	6. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.
7. Consult and Close (previously Hear and Treat)	7. The Trust ambition is to attain 17% Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Reported through integrated quality meeting. Whilst Consult and Close is in place, the action to increase compliance is detailed in the action plan.
8. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation	8. WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured.

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	22/01/2025	TREND	25 (5x5)
			Date of Next Review:	22/02/2025	➡	

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

	However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth. This is part of the IMTP Deliverables 2024-2027.
9. Clinical Safety Plan (CSP)	9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The subsequent reduction in the demand is the assurance which is dynamically monitored via ODU. **New CSP released 17th December 2024, released to enables the Trust to manage risk more effectively at a system level, ensuring that patients are not unnecessarily directed to EDs (can't send) when they can be safely managed through other pathways. In doing so we help to reduce demand on EDs and therefore hospital handover delays, support a better working environment for staff and ensure improved ambulance availability for those who need them most.**
10. Recruitment and deployment of CFRs	10. 11 new onboarding courses for June to December with projection of 110 new CFRs by 3rd December 2024. Currently 400 volunteers supporting 6500 hours every month. Response data indicates that our CFRs are reaching more patients, especially those with life threatening conditions in 8 minutes compared to this time last year. Numbers of CFR's, percentage of contribution to performance a governance framework is in place. Monitoring through AD 1:1's and volunteer highlight report (IMTP).
11. ETA scripting	11. The ETA Dashboard is a tactic that was signed off by ELT. The dashboard supports scripting analysed by comparing with real time data. ETA performance is reviewed weekly at SLT weekly performance meeting. The effect of the ETA scripting results in cancellations of ambulances which is monitored through algorithmic review process.
12. Clinical Contact Centre (CCC) emergency rule	12. Emergency Rule is incorporated into CSP 999 levels.
13. National Risk Huddle	13. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.
14. Summer/Winter initiatives	14. Monitoring through SLT and STB. Senior Planning Team (SPT) was stood up for the duration of Winter 2023/24. Christmas Planning Meetings established from April 2024 for winter period 2024/2025.
15. CHARU implementation	15. Recruitment of 153 WTE has continued; To lift further, a trial of a rotational model is due to be trialled in Aneurin Bevan Health Board area.
16. Clinical Model and clinical review of code sets	16. Reported through CPAS and DCR Review reporting through CQGG
17. Remote clinical support enabling discharge at scene	17. Strategic Transformation Board – IMTP deliverable; Providing support to the Community Welfare Responders (CWR) initiative and supporting CFRs to discharge at scene with current non conveyance rates for CFRs in excess of 40%
18. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)	18. Formally documented action plan – actions captured are contained within and monitored via the Mitigating avoidable harm paper from PIP.
19. Information sharing	19. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.
20. Completed EMS Roster Review	20. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner. Monitor production against the rosters weekly at performance meeting and that provides a level of UHP as a percentage.
21. Delivered a reduction in the number of multiple vehicle attendances dispatched to red calls	21. This will increase vehicle availability generally across the Trust and is monitored through SLT weekly performance meeting**.**
22. Transfer of Care	22. WAST has clearly articulated to the Health Board COOs the risk associated with delayed handovers. Consequently, work has commenced to withdraw WAST staff from portering duties on hospital premises, cease the practice of ED swaps and cease the use of WAST equipment in EDs across Wales. Please refer to the following documents: i) Letter to COO Handover Delays 30.03.2023 ii) Letter to COO Handover Delays iii) WAST – Transfer of Care Brief
23. Virtual Ward – Connect Support Cymru	23. Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. • Phase 1 delivered through St John Ambulance Cymru with a further extension in place.

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	22/01/2025	TREND	25 (5x5)
		Date of Next Review:	22/02/2025	➡	

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

	• Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach and has now completed. • Work ongoing to recruit CWR volunteers with engagement taking place with organisations across Wales. • St John Ambulance Cymru virtual ward now extended to the end of May 2024.
24. ARA – - YGC, Swansea Bay and GUH	24. ARA in GUH finished 31st March 2024. Holding area in Swansea and YGC remains ongoing.
25. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.	25. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.
26. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.	26. 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.
27. Undertake the next 5-year strategic EMS Demand and Capacity review (the 2019 version will run out this year – 2024)	27. Review has been undertaken and has been reported to closed FPC committee July 2024 and Trist Board July 2024. This review details the level of resourcing required in different handover lost hour scenarios with different ways to respond to it e.g. traditional model or evolved CRN.
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 4 hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards. An extraordinary incident declared by WAST on 22 October 2023 as direct result of system risk associated with handover delays at Morriston hospital has increased focus on handover delays with external partners and across the media. Some plans are in train (detailed in actions) following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.
2. Blockages in system e.g., internal capacity within Health Boards which affect patient flow	
3. Local delivery units mirroring WAST ODU	
4. Handover delays link to risk 224	
5. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 12 months there is a low confidence in attaining this.	5. The majority of Health Boards have failed to deliver on this ambition; With the exception of Cardiff and Vale University Health Board, the remaining 5 Health Boards with acute Trusts that were required to deliver on this target, have failed to do so.
6. Handover Improvement Plans agreed between WAST and Health Boards	6. Performance targets for Handover with Health Boards have been introduced by the commissioner.
7. Access to Same Day Emergency Care (SDEC) for paramedic referrals	7. This forms part of the handover improvement plans in place with Health Boards; however, assurance is limited given that the uptake is low (less than 1% of total demand). There is an inconsistency in approach from Health Boards on eligibility and availability; The national Once for Wales acceptance criteria has not been uniformly deployed by Health Bards across Wales.
8. Mental Health users connecting via the 999 system to 111 press 2 services. Discrepancies in pathway between 111 and CSD – point of entry influences pathway.	
9. Volunteer Alternative Responder Scheme (VARS)	9. Live from June 2024 with further scheme due to rollout across Wales.

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	22/01/2025	TREND	25 (5x5)
		Date of Next Review:	22/02/2025	➡	

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

10. There is currently no JCC implementation plan associated with the 2023 Demand and Capacity Review	10. The requirements for a funded implementation plan for the review i.e. resource envelope change from the JCC. The review is being reported to JCC board development session in August 2024 and is expected to go to JCC committee later this year. The expectation is that the 2025/26 commission intentions will respond to the review.

Please note that the gaps listed are not WAST's and are therefore outside of the control of WAST

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.	Assistant Director of Operations EMS / Assistant Director of 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. 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	**Superseded**	**16/01/2025 APP growth has been steady throughout the year, focussing mainly on CTM and AB Health boards which have had the lowest APP numbers. We are on track to reach our recruitment target for the year 120.7 FTE.** **A standardised training route including clinical placements in Primary Care has been supported for all trainees and the development of APP Nav models which are co-located in each Health board have been prioritised to support the UCRS Transformation work, with 49 APPs working rotationally in 6 out of 7 Health boards in an APP Nav model.** **Despite successful funding bids to support APP growth from external sources, we continue to link closely with strategic partners to showcase the impact of APPs in WAST and develop partnership working across the Health Board regions.** WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth. May 24 - Initial bid unsuccessful however an action within the new IMTP to grow our APP workforce by up to 40 per year for the next 3 years. Updates will progress through the IMTP within quarters. Milestone changed from March 2024 to June 2024.
4. APP recruitment	Assistant Director of Operations	March 2025	Aug 24 – Modelling of APP growth trajectory to be modelled through the APP recruitment Steering Group for approval at ELT. Numbers to be confirmed at point of approval.
5. IMTP Deliverables 2027-2027	Assistant Director of Integrated Care (with SRO through CMT Board)	March 2025	Phase 1 for winter May24 – Ops engagement commenced April 2024. Temporary ADO recruited to support winter actions. Plans to deployment between October 2024 and March 2025.

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			Current	5	5	25
			Target	2	5	10

6. 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.
7. New 2023 EMS Demand and Capacity (roster) review	Assistant Director of **Commissioning** & Performance	Completed	ORH modelling underway. Initial findings January 2024, full report to Trust Board and JCC in March. May24 - The review is scheduled to be presented to Trust Board end of July 2024. Milestone changed from March 2024 to August 2024.
8. Connected Support Cymru – is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.	Assistant Director of Quality Governance	Superseded with the implementation of the new model (ref: Action 5)	Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. • Phase 1 delivered in partnership with St John Ambulance Cymru to deliver the CWR element. Initial phase due to conclude in March 2024, further extended to May 2024 due to SJAC funding accommodating extension arrangement. • NHS Charities Together (grant) funding obtained through external application, to develop internal volunteer capacity/volunteer workforce as CWRs. Piloting of the CWR model commenced in Spring 2024, with an expansion of the model in mid-October. Recruitment, onboarding and training continues with aspiration to recruit CWRs across Wales. • The SBRI innovation challenge has supported a phase 2 delivery of the digital ward model: enabling remote clinicians to care for patients in a 'virtual ward' capacity. It is envisioned this will enable patients to reach to right care at the right time, whilst being monitored remotely. The pilot has commenced for care homes in Wales, and a dedicated remote clinician is supporting the initiative generating organisational learning to expand remote care planning role the Trust can provide for the NHS Wales. The pilot initiative will conclude in March 2025. • The work will form part of the RICs workstream from September 2024.
9. Maximise the opportunity from Consult and Close: - Successful resolution without ambulance (double EMS) - Successful resolution without conveying to ED		March 2025	Trust ambition is to improve Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Consult and Close compliance remains around 14%. Action plan activities therefore continue with a review of triage processes which may lead to shorter triage durations, along with increase in staffing, which together will enable more triages to take place, thus increasing the number of successful resolutions without a double EMS ambulance and numbers conveyed to an ED.
10. Palliative Care Paramedic Unit	Assistant Director of Operations	**March 2025**	**16/01/2025 - At the end of the 3-year pilot, evaluation has been shard via an SBAR in SOT on 14th January and subsequently SLT on 21st January. This may potentially be BAU if approved.** Reducing demand via APPs – 15th January Start.

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	Likelihood	Consequence	Score
Inherent	4	5	20
Current	5	5	25
Target	2	5	10

			15/04/2024 - 3 Month Health Board funded trial ended. Whilst utilisation was low, the results demonstrated a circa 75% ED avoidance therefore local decision made to extend for a further 2 months, however, opening the trial up to wider community and crew referrals. 21/06/2024 - Unit still ongoing.
11. 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	**February 2025**	• 01/10/2024 - The review of the unscheduled care report part 2 (accessing urgent and emergency care) is underway and will come to the committee in November 2024. • 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.
12. Royal Glamorgan Early Diagnostic	Executive Director of Operations	**August 2024**	• Initial data from Qlik shows that there has been no reduction in N2H times however data received from Health Board show indication of patient benefit to reach earlier diagnostic. Local meetings this month to discuss findings and explore opportunities. • May 24 – No improvement in N2H time. Local management having discussions with Health Board for review and next steps.

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:	28/01/2025	TREND	25 (5x5)
		Date of Next Review:	28/02/2025	➡	

IF	THEN	RESULTING IN
patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	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	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: 1, 3, 8, 14, 15, 22, 23, 24, 25, 26, 27, 30, 31

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

Risk Commentary Q4 2024/25

- The risk score remains constant at 25 for quarter 2 2024/25 (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. JCC set a target of 15,000 hours lost by the end of Q2 and 12,000 hours lost by the end of Q3. **Handover lost hours in November were 20,993 and December were 25,199.** The expectation is that these would have been eradicated by end of 2023/24. Cardiff & Vale UHB has demonstrated material improvement and is a positive outlier when compared to other health boards. Recently, Welsh Government have re-iterated to Health Boards that the reduction in long handovers is a priority for this year with an expectation that over 1 hour waits would be reduced by 30% by December 2024. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the focus of patient safety incidents, complaints, coronial enquiries and redress / claims. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. The Trust received the first Prevention of Future Deaths Report in February 2024 relating to pressure damage, which is a joint Report with Swansea Bay University Health Board. On 22.02.2024 a Prevention of Future Deaths Report was sent solely to the Minister for Health and Social Services, Welsh Government in respect of delays responding to a patient in community which also references handover of care delays. 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. Given the long-standing nature of the system pressures and long handover times, we have commenced work to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and, Fundamentals of Care including pressure area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for our ambulance trolleys.

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) National Six Goals programme for Urgent and Emergency Care: 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 is represented on the Clinical Reference Group by the Director of Paramedicine and on the overarching programme board by the Executive Director of Strategy, Planning & Performance.
c) The Trust also has a presence on all the individual goal boards. The Trust has been asked to provide a presentation on its offer to the system at the next Six Goals Programme Board (24 January 2024).
d) NHS Wales eradicates all emergency department handover delays more than 4 hours (LHB CEOs) ***revised to March 2023/24.***
e) 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.
f) 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)
g) Implement nationwide approach to emergency department 'Fit 2 Sit' (Welsh Government: Chief Medical Officer and Chief Nursing Officer) – paused. Health boards have previously been required to develop handover reduction action plans, which are monitored at their Integrated Quality, Planning & Delivery (IQPD) meetings by Welsh Government. Handover is also discussed at the Integrated Commissioning Action Plan (ICAP) meetings (currently paused as commissioning arrangements transition into the new Joint Commissioning Committee) which are held monthly between the CASC, the Trust and each Health Board.

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. **Increased collaboration through the Serious Case Incident Forum (SCIF), Mortality Review Group, and the Learning from Events Meeting (LFEM). These platforms emphasise joint investigations, shared learning, and actionable insights to prevent future harm and improve patient outcomes.**
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	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. Agreement was 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. An event reviewing the effectiveness of the Joint Investigation Framework is currently being scoped nationally.

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IF	THEN	RESULTING IN
patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	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	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

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.
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department 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.
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.	5. Monthly Integrated Quality and Performance Report and WAST is represented on the Clinical Reference Group by the Director of Paramedicine and on the overarching programme board by the Executive Director of Strategy, Planning & Performance. The Trust also has a presence on all the individual goal boards.
6. Hospital Ambulance Liaison Officer (HALO) (Some Health Boards).	6.
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.	7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient's Fundamentals of Care as best they can in the circumstances.	8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process and Putting Things Right Quarterly Reports to Clinical Quality Governance Group and QuEST
9. 24/7 operational oversight by ODU with dynamic Clinical Safety Plan review and system escalation as required. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.	9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (SOT) and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU.
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.	10. Shift reports from ODU & ODU Dashboard received by EMT, SOT and On-Call Team at start/end. On Call cover is reviewed weekly at SLT Performance Meetings.
11. Escalation forums to discuss reducing and mitigating system pressures.	11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.
12. WAST Education and training programmes include deteriorating patient (NEWs), tissue viability and pressure damage prevention, dementia awareness, mental health.	12. Monthly Integrated Quality and Performance Report (April 2024 overall 82% - Safeguarding is 78% and dementia awareness remains over 91%).
13. Clinical audit programme in place.	13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report *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 JCC.
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Joint Commissioning Committee (JCC); 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	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 May 2024) and Board sub-committee oversight and escalation through 'Alert, Advise and Assure' reports.

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arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets."	
16. Implementation of Duty of Quality, Duty of Candour, and new Quality Standards requirements in April 2023.	16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of May 2024 is 'Implementing and operationalising'. The Trust has representation on the All Wales Duty of Candour Implementation Group and is actively engaged in developing resources. From April 2024 the Trust will publish an annual quality report and compliance with Duty of Candour. Operational oversight occurs at the Quality Management Group and Executive oversight is via the Clinical & Quality Governance Group.
17. Clinical Support Desk First in place	17.
18. Summer/Winter initiatives	18. Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2024/25.
	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 Joint Commissioning Committee (JCC) 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 JCC.
	3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.
	4. Internal Audit Report (April 2024) Serious Incidents: Joint Investigation Framework (WAST internal processes) provided 'Reasonable Assurance' with low to moderate impact on residual risk exposure until resolved. Improvement actions are monitored via the Audit Tracker.
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 – recruitment in line with Organisational Change Process is progressing with full establishment expected by July 2024.	
2.	1. Implementation of the revised Joint Investigation process with good engagement seen by system partners. Several overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has 56 overdue nationally reportable incident (NRI) investigations, with 63 NRIs open in total. Shared system learning from the Joint Investigation Framework is currently limited with no new learning identified to date.
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales.	2. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours. In October 2023, 23,232 hours were lost with 1,888 +4 hour delayed patient handovers.
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients' NEWS.	3. Strengthening of patient safety reports and audit processes as e PCR system embeds.
5. Variation pan Wales / England as position not implemented across all emergency departments.	4. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.
6. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas.	5. HIW approve and sign off WAST elements of recommendations.
	External Gaps in Assurance 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators

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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	Q3 2024/25	• 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 and access for the Patient safety Team is being explored. Work on-going with Health Informatics regarding patient safety and health board dashboards capacity in Health Informatics impacting and dates revised. • Local dashboards have been developed but requiring manual data extraction
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.	Director of Paramedicine	Q4 2024/25	• The Trust uplifted its APP establishment by a further 15.7 FTEs in • 2023/24 (funded through internal movements). For 2024/25 the Trust • is funding a further uplift of 32 APPs (additional funding, not internal • movements). • The above uplifts will increase the APP establishment to 120.7 FTEs.
5. Overnight falls service extension and future modelling	Executive Director of Quality & Nursing	31.09.2024	•Overnight falls service extension and future modelling • Night Car Scheme extension agreed to 31 September 2024 (2 regional resources) • Utilisation rates continue to be monitored: • Nighttime utilisation: - Q2 65% Q3 64% Q4 to date 64% April 2024 - 67% • Daytime utilisation: - Q2 57% Q3 56% Q4 to date 58% April 2024 – 54% • Combined day and night Q2-Q3 58% Combined day and night Q4 to date 59% Combined day and night April 2024- 55% There is now also an additional Level1 nighttime resource through RPB and Gwent Resilience Plan ringfenced to ABUHB. AB dedicated level 1 62% for April 2024 The 2023 EMS Demand & Capacity Review has completed its modelling of falls level 1 and level 2 resources. This will now need to be considered further by the Trust, commissioners and health boards. There is an immediate focus on the contract beyond September 2024. The 2023 EMS Demand & Capacity Review will be formally reported to Trust Board in July 2024.
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. Quality Report development underway – mandatory requirement to publish 2024/25 (no fixed date for publication nationally).	Executive Director of Quality & Nursing	Q4 2024/25	• Monthly updates to progress against actions following the baseline assessment and readiness returns continued. • RL Datix Dashboards and KPIs under development nationally by National Quality & Safety Group. • Key policies updated and approved further updates following release of revised Putting Things Right Regulations which is delayed now expected release by Welsh Government in Autumn 2024 therefore timescale amended.

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:	28/01/2025	TREND	25 (5x5)
		Date of Next Review:	28/02/2025	➡	

IF	THEN	RESULTING IN
patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	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	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

			Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly. • **Still underway**
7. Connected Support Cymru is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.	Executive Director of Quality & Nursing	Q2 2024/25 **Extended**	• Further meetings arranged with between the Executive Director of Quality & Nursing and Six Goals Programme/WG/. Trust has also approach WG with a smaller ask to facilitate **continuation of the LUSCII solution Continued expansion of the Connected Support Cymru initiative, leveraging digital and telehealth platforms.** **Recruitment efforts for Community Welfare Responders (CWRs) are ongoing, with engagement across Wales to bolster capacity and resilience**.
8. Organisational change process (OCP) of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.	Executive Director of Quality & Nursing	Q2 2024/25	• OCP commenced 25.09.2023 and the consultation period has concluded with the final new structure confirmed. Next steps are to recruit to vacant positions which has commenced. It is anticipated that all positions will be filled by May 2024 (taking notice periods into account). Recruitment is progressing well with multiple applications for each post and some internal promotion opportunities. • Final posts due to be recruited to and in place by July 2024.
9. 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	Q2 2024/25	• 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. • The audit is proceeding. Trust awaiting the outcome. AD Commissioning & Performance has requested an update from Audit Wales. • Audit Wales have confirmed this has been reprofiled into 2024/25.
10. Patient handover actions.	Executive Team	Under review	• Some English ambulance services operate a system whereby handovers are mandated or forced after a certain period e.g. WMAS and LAS. This will be reviewed by the Executive team.
11. Work in progress to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and Fundamentals of Care including pressure area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for ambulance trolleys.	Executive Director of Quality & Nursing	Q3 2024/25	• Fundamentals of Care meeting, chaired by the Executive Director of Quality & Nursing held on 08.03.2024.
12. Trust to produce its own six goals plan (Goal 4 links to handover of care)	Executive Director of Strategy, Planning &		• Trust to produce its own six goals plan (Goal 4 links to handover of care)
13. Development of the RICS service.	**Executive Director of Quality & Nursing**	**Q4 2024/2025**	• **Winter Desk and Care Planning Initiatives:** • **The aim of Care Planning is for clinicians to provide holistic management of a patient's care journey through WAST by carrying out ongoing monitoring where appropriate to ensure patients flow to the most suitable disposition to meet their needs. The aim of Care Planning is for clinicians to provide holistic management of a patient's care journey through WAST by carrying out ongoing monitoring where appropriate to ensure patients flow to the most suitable disposition to meet their needs.** • **Activation of the Care Planning and Winter Desk initiatives, providing operational oversight and pre-emptive measures to address seasonal demand surges. These efforts are crucial to sustaining system resilience and minimising patient harm.** • **Deployment of specialists in respiratory care and pediatrics, addressing critical clinical gaps and improving care pathways.**

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:	28/01/2025	TREND	25 (5x5)
		Date of Next Review:	28/02/2025	➡	

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

- **The remote clinical care leadership is growing, with the addition of two new specialist roles to complement the existing and growing multidisciplinary expert team. The addition of specialist clinicians in remote care for pediatric and respiratory care is a significant step forward in our commitment to enhancing patient care and aligning with our organisational plans to care for more patients in more alternative ways than traditional ambulance responses.**
- **We will welcome a pediatric nurse specialist and a physiotherapist respiratory specialist in early February 2025 and look forward to understanding more about how their wealth of advanced clinical experience and expertise can contribute positively to safe person-centered outcomes for patients who often require the help and assistance of both 999 and NHS 111 Wales.**
- **Ongoing progress in appointing a Learning Disabilities Specialist to further enhance equity and inclusion in care delivery.**

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:	07/02/2025	TREND	20 (4x5)
		Date of Next Review:	07/03/2025	⬆	

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	4	5	20
Target	2	5	10

IMTP Deliverable Numbers: 1, 15, 19, 24

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

Risk Commentary

The risk has been fully reviewed in the cycle and the **risk score has increased given escalated tension around various conflicts around the world, the decrease in the relationship between UK and Russia, and Russia's threat to the UK's critical national infrastructure along with the recent increase in targeted cyber-attacks against NHS organisations.** Whilst the Trust and wider NHS Wales organisations have in place several layers of technology to protect the Trust and its information systems, there is still a risk that users will be fooled by phishing emails which are becoming ever more sophisticated. To raise user awareness of cyber threats the Trust ICT department run regular phishing exercises as well as short security training packages, reporting the results and uptake through IGSG and into FPC.

CONTROLS	ASSURANCES
	Internal Management (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
15. Cyber/Info Security KPI are reported to senior management and committees	15. Monthly KPI reports now being generated routinely and fed into the Digital Leadership Group, ELT, IGSG and FPC
16. Regular cyber awareness campaigns are conducted	16. Cyber training is provided to staff and regular phishing campaigns are conducted. These are reported as part of the KPI reports
17 IT recovery Plan does include a cyber response	17. Cyber response incorporated into IT Disaster Recovery Plan
18. Information Security Policy refreshed and approved.	

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:	07/02/2025	TREND	20 (4x5)
		Date of Next Review:	07/03/2025	↑	

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	4	5	20
Target	2	5	10

19. Suite of business continuity exercises that departments can undertake to test their plans are available via EPRR.	19.
20. The cyber risk is reviewed and monitored	20. The ongoing cyber threat to the organisation is continually monitored using daily comms feeds and automated alerts from various external sources via ICT security team and reported to AD of Digital and DPO. 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.
21. SIRO in place and ISMS evolving in line with refresh of Trust information Security Policy	**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. Lack of understanding and compliance with policy and procedures by all staff members, **continued education and awareness as per improvement plan.**	1.
2. 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. **Revised procurement guidance to be disseminated via ADLT.**	

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. **Continued implementation and** development of the Trust Cyber Improvement Plan	Senior ICT Security Specialist	Next checkpoint date **31.01.2025**	Implementation of Cyber Improvement Plan actions ongoing and regularly reported into ICT SMT, DLG, IGSG and FPC.

Risk ID 641	The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident	Date of Review:	16/12/2024	TREND	20 (4x5)
		Date of Next Review:	16/01/2025	➡	

IF the Trust has not fully implemented the MAI recommendations AND a major incident or mass casualty incident is declared	**THEN** there is a RISK that the Trust's Incident Response will be suboptimal	**RESULTING IN** avoidable patient harm and/or death, detriment to staff wellbeing, reputational damage and potentially expose the Trust to legal liability.

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	4	5	20
Target	2	3	6

IMTP Deliverable Numbers:

EXECUTIVE OWNER	Executive Director of Operations	**ASSURANCE COMMITTEE**	Finance & Performance Committee

Risk Commentary

Following the Manchester Arena Incident in May 2017, whereby twenty-two (22) innocent people were sadly killed, and the subsequent Public Inquiry (MAI), ambulance services across the UK have reviewed their ability to respond to a Major Incident. WAST has undertaken its own review and has identified sixty-eight (68) of the MAI recommendations as being pertinent to the ambulance service and/or multi-agency preparedness and response. Once these recommendations have been implemented then the risk will be mitigated to target; however, additional financial resources are required to do this.

As part of the Trust's ongoing commitment to deliver the necessary change against the MAI recommendations, a dedicated team was established in June 2023 to investigate and assure the Board that all necessary organisational processes were in place should an incident occur in Wales. Since the beginning of this project, significant progress has been made in addressing the recommendations (as identified in the 'Controls' section below) and the Trust is better prepared because of the work undertaken to date.

As part of the ongoing work, the Trust has completed a series of investigations and developed a series of 'Capability Reports' to demonstrate and explain where remaining challenges to an anticipated Major Incident could occur. The capability gaps identified are detailed in the below reports, which were shared with the Board, and are supported by a significant base of evidence produced as part of the 'R105' self-review process.

The reports are:

- **R106 Capability Report**
- **Capability to Prepare**
- **Capability to Respond**
- **Capability of Specialist Assets**

The reports identify that a significant proportion of the MAI recommendations remain outstanding, and the Trust is unable to progress these further or fully implement the identified learning without financial support. The reports highlighted what is needed to complete or significantly progress twenty (20) MAI recommendations and forms the basis of the 'Gaps in Controls' and 'Actions' sections. Transitioning these gaps and actions across into the 'Controls' section when achieved will act as a longitudinal method of tracking progress of completion against the MAI recommendations, and the associated risk reduction as this occurs. If the Trust is unable to implement the MAI recommendations fully, there remains a risk to the public, the organisation, and commissioners in the event of a mass casualty incident.

This Board Assurance Framework (BAF) extract is supported by a more detailed appendix of itemised actions required to permit greater scrutiny of remaining gaps and actions, as well as a detailed repository of control measures that have been successfully implemented.

CONTROLS	**ASSURANCES**
	Internal Management (1st Line of Assurance)
1. Forty-four (44) of the pertinent MAI Recommendations have been implemented into WAST practice through the work undertaken to date.	1. MAI recommendations that have been marked as implemented by the EPRR MAI Project are authorised and ratified by Operations Senior Leadership Team and cascaded via the approved governance route (AAA) to ELT and Trust Board. This forms a documented governance route for rationale for completion and details of this are recorded in the EPRR share drive alongside evidence of compliance. Additional details of assurance are provided in the annex to this Corporate Risk. Ongoing monitoring and assurance of lessons learned is captured through BAU processes and the established debriefing/lessons learned process such as the Organisational Learning Spreadsheet.
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Four (4) outstanding MAI Recommendations, identified as pertinent to WAST by the self-assessment, require action against to implement the associated learning **(REF: MAI recommendations 1, 26, 88, 111).** These are not included in the R106 funding request.	1. Work is progressing against these recommendations as part of the ongoing MAI project. It is anticipated that these recommendations can be implemented without additional financial support. Regular updates on these four recommendations are provided through the regular 'touch point' meetings with EPRR HoS, ADO for National Operations & ED of Ops, with periodic updates to SLT that are then cascaded via the approved governance route.

Risk ID 641	The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident	Date of Review:	16/12/2024	TREND	20 (4x5)
		Date of Next Review:	16/01/2025	➡	

IF the Trust has not fully implemented the MAI recommendations AND a major incident or mass casualty incident is declared	**THEN** there is a RISK that the Trust's Incident Response will be suboptimal	**RESULTING IN** avoidable patient harm and/or death, detriment to staff wellbeing, reputational damage and potentially expose the Trust to legal liability.

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	4	5	20
Target	2	3	6

2. Twenty (20) outstanding MAI Recommendations that have been submitted to Trust commissioners via the 'R106' process as requiring financial support to implement the learning **(REF: MAI recommendations 16, 17, 20, 23, 24, 25, 50, 53, 71, 84, 85, 86, 87, 92, 105, 106, 108, 109, 117, 124).**	2. The outstanding recommendations are not able to be implemented independently by WAST and may remain unresolved until such time that additional financial resources and practical arrangements are in place to support this work. Trust commissioners have been notified of this via the formal R106 submission completed in August 2024.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Implement the learning relating to forty-eight (48) recommendations identified in the MAI report as pertinent for WAST **(REF: Outstanding MAI recommendations 1, 26, 88, 111).**	Assistant Director of Operations, National Operations & Support	March 2025	This programme of work is underway, with nearly all recommendations completed. 4 recommendations remain outstanding, with a plan in place to implement all these recommendations.
2. Submit evidence to Commissioners demonstrating that additional funding is required to implement a further twenty (20) recommendations identified in the MAI report **(REF: MAI recommendation R106).**	Assistant Director of Operations, National Operations & Support	March 2025	A formal submission of requirements has been submitted to commissioners for consideration and approval. Commissioners have been engaged with since early 2024 to raise awareness and facilitate early discussion. The Trust is awaiting a formal response to the submission.
3. Implement the necessary amendments to Trust infrastructure, resourcing level and equipment required to address the remaining recommendations once funding has been made available. (**REF: MAI recommendations 16, 17, 20, 23, 24, 25, 50, 53, 71, 84, 85, 86, 87, 92, 105, 106, 108, 109, 117, 124).**	Assistant Director of Operations, National Operations & Support	March 2029	An assortment of 20 proposals rests with commissioners at present. As these proposals are funded, capabilities gaps will be addressed and an associated reduction in the risk score can be expected. Some of these proposals may take several years to implement (e.g. a North Wales HART Unit) which is reflected in the target date. Other proposals could be accomplished in a much shorter timeframe if funded. Once the implementation of infrastructure, resourcing and equipment has occurred, WAST will either be compliant with the MAI recommendations, or, in some circumstances, may need to undertake further work to integrate the MAI learning into practice (e.g. once the EPRR Training & Exercising Team have established, they will then need to provide sufficient levels of exercising to comply with the exercising-related MAI recs).

Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	Date of Review:	27/01/2025	TREND	16 (4x4)
		Date of Next Review:	27/02/2025	➡	

IF there is a lack of resources and available technology and infrastructure	**THEN** there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines	**RESULTING IN** negative environmental and social impacts causing reputational damage

	Likelihood	Consequence	Score
Inherent	5	4	20
Current	4	4	16
Target	2	4	8

IMTP Deliverable Numbers: 17, 18, 33

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

Risk Commentary

Challenges continue around resources and technology, and currently there is not an ability to reduce this score. Decarbonisation Programme Board **continue to** meet. Noting some progress on positive movement to actions within the DAP. **Recent progress is focussing on implementation of PHEV and BEV SRVs**.

CONTROLS	**ASSURANCES**
	Internal Management (1st Line of Assurance)
1. Oversight of implementation and delivery of Decarbonisation project and monitoring of action plan at Decarbonisation Programme Board and Capital Management Board	1. Regular meetings of the Decarbonisation Programme Board quarterly. Requirements of the Decarbonisation project have been presented to the Trust Board & Finance and Performance Committee. Challenges of the project have also been highlighted. Report goes regularly to FPC and then onto Trust Board
2. Capital and Estates directorate lead support – Director of Finance (DOF)	2. Regular briefings to DOF
3. Partnership working via Communications/Stakeholder liaison group with NHS Wales, Welsh Government and other bodies to gain support and knowledge- with the anticipation of working in collaboration.	3. Sharing of knowledge via partnership working through various forums is documented in minutes of meetings held. Requirements also form part of the action plan
4. Approach changed for heating/lighting/energy systems to become more energy efficient- replacing old inefficient plant with more sustainable technology such as natural gas boilers for air source heat pumps	4. (i) Estate Survey undertaken every 5 years. This is a 6-facet survey to understand where the back log is and the requirements for energy systems. (ii) Approved Estates SOP (iii) Estate Retrofit Guide and framework used to prepare schemes
5. Changing procurement practices for fleet, Estates, equipment, supplies, and ICT to reduce emissions	5. Fleet SOP shows move to ULEV vehicles. BJC 2024/25 details intention for move to EV for smaller and support vehicles
6. Board Development sessions with respect to Decarbonisation to raise awareness of decarbonisation requirements, additional sessions will be required.	6. Board Development session occurred on 8th November 2021 – presentation slides are available.
7. Finance & Performance Committee has oversight of decarbonisation project, decarbonisation to become a standard agenda item.	7. (i) Routine updates at every other FPC meeting (3 times a year) (ii) Annual report (which includes a Sustainability section) is approved by the Finance & Performance Committee
8. KPIs with respect to energy transmissions are communicated to Estates team annually by sustainability manager	8. KPIs to Estates team includes energy use at all WAST managed buildings
9. ISO14001 accreditation in place	9. ISO14001 – Annual audits are undertaken against the accreditation. Environmental Coordinators act as champions in the organisation.
10. Environment Strategy in place	10. Environment strategy has been approved by the Trust Board. This covers the next 5 years
11. Programme Board Risk Register	11. Programme Risk Register reviewed at every Decarbonisation Programme Board meeting
12. Reporting to WG via DCR reporting, qualitative, and quantitative reports and emissions reporting	12. Submissions to WG – quarterly DCR reporting. Annual qualitative and quantitative reporting
13. Membership of National Programme Board (WG), Transport Task and Finish Group and BELP Project Board	13. Minutes and papers of meeting
	External - Independent Assurance: • Sustainability section in Annual Report audited by Internal Audit. Annual audits by BSI on accreditation
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Establishment of further workstreams to address a Programme Plan to support strategy requirements	
2. Ability to deliver on EV infrastructure plan including electrical capacity issues for the purposes of electronic charging points for vehicles	

Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	Date of Review:	27/01/2025	TREND	16 (4x4)
		Date of Next Review:	27/02/2025	➡	

IF there is a lack of resources and available technology and infrastructure	**THEN** there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines	**RESULTING IN** negative environmental and social impacts causing reputational damage

	Likelihood	Consequence	Score
Inherent	5	4	20
Current	4	4	16
Target	2	4	8

3. Procurement of an electronic fleet of vehicles – this is not currently possible for anything other than a car/van (limited)
4. Resources to be able to deliver extent of DAP – work ongoing to establish actions required and potential cost impacts. Note detailed schemes are challenging to work up without appropriate resource which in turn allow for realistic financial estimates to be made about cost.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Establishment of potential further workstreams to address a Programme Plan to support strategy requirements: Consider further workstreams required in support of delivering DAP actions, including grouping of similar actions	Capital Development and Estates Team	Not needed. Action closed.	Workstreams were set up to manage delivery of the EFAB projects and the transport element (Transport Project Board). Links are also made into ongoing work to develop the IMTP and develop longer term strategies e.g. Fleet Vehicle Procurement Strategy 2025 – 30.
2. Ability to deliver on EV infrastructure plan including electrical capacity issues for the purposes of electronic charging points for vehicles: develop an investment strategy/prioritised list of sites where further EV charging is required. Will need further investment.	Decarbonisation Programme Board	March 2025 (in line with the IA recommendation action)	**Actions taken in line with investment provided to implement rapid charging by end of March 2025 at a small number of sites. Confirmed adequate charging provision for the replacement of 20 x PHEV and 10 x BEV in March/April 2025.**
3. Procurement of an electronic fleet of vehicles – this is not currently possible for anything other than a car/van (limited): development of specifications for vehicles considering achievable and safe ULEV options where possible. NOTE: will be dependent on confirmation of 2024/25 BJC funding	Fleet Team	March 2025	**Position remains that only vans can currently be purchased. This will be delivered by March/April 2025.**
4. NED support ended April 2022: A new NED will need to be nominated to champion this risk/project at Trust Board level	Director of Corporate Governance / Board Secretary	**Not being progressed**	To be further discussed with relevant Directors**. It is unlikely that a NED Champion role will be allocated in the near future.**
5. Resources to be able to deliver extent of DAP – work ongoing to establish actions required and potential cost impacts. Note detailed schemes are challenging to work up without appropriate resource which in turn allow for realistic financial estimates to be made about cost: Development of an investment requirements schedule (also aligned to IA recommendations). Contribute resources to support the Decarbonisation Strategy action plan	Director of Finance & Corporate Resources	31.03.25	**Discussions ongoing regarding enhanced resource requirements to implement low carbon emission vehicles. Targeted Estate Fund (TEF) bids being developed by 31st Jan 2025.**

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:	22/01/2025	TREND	15 (3x5)
		Date of Next Review:	22/02/2025	➡	

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

IMTP Deliverable Numbers: 1, 5, 6, 7,14, 15, 24

EXECUTIVE OWNER	Director of Operations	ASSURANCE COMMITTEE	Finance & Performance Committee

Risk Commentary Q1 2024/2025

The challenges across the unscheduled care system**.** Handover lost hours in **November were 20,993 and December were 25,199.** There is a direct correlation with ambulance availability and high levels of resources unavailable due to protracted waits at hospital E.Ds. Several incidents declared have failed to provide sufficient on the ground assurance that vehicles would be released. Health Boards have declined to incorporate testing of vehicle release into a recent mass casualty exercise. Further, a recent workshop undertaken by the EPRR team as part of the Manchester Arena Inquiry assurance process which has tested our ability to fulfil the PDA in North and South Wales, both in and out of hours, has confirmed that we would only meet the PDA in one of these four mass casualty scenarios.

After a thorough review and assessment of Risk 594 within the Corporate Risk Register at SLT on 02/10/2024, we propose reducing the risk score from 20 to 15 (likelihood from 4 to 3) due to the following reasons:

· Mitigation/Controls have been Implemented: We have several controls measures that directly address the identified risk and are content we have exhausted all opportunities for additional controls. These controls are embedded within the corporate risk register.

· Immediate Release Protocol: The revised version of the IR protocol v1.3 has been agreed and shared at COO group and published which has included the release schedule for ambulances at the declaration of an incident as set out below:

·50% of vehicles released within 10 minutes

· 75% of vehicles released within 20 minutes

· 100% of vehicles released within 30 minutes

· Monitoring and Review: We will continue to monitor the risk within the normal governance channels (SOT/SLT/ADLT etc) to ensure that mitigations are still in place and any emerging risks are promptly identified and addressed.

22/01/25 - In light of the critical incident declared earlier this month, a review of the risk scoring is scheduled for this at SLT on 11th February in the first instance and this will be updated following conversations.

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. V1.3 has been reviewed, updated and released (August 2024).
2. Resource Escalation Action Plan (REAP)	2. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.
3. Regional Escalation Protocol	3. Daily conference calls to agree RES levels in conjunction with Health Boards
4. Incident Response Plan	4. The Incident Response Plan has been ratified via EMT
5. Mutual Aid arrangement with NARU	5. AACE National Policy on mutual aid in place
6. Clinical Safety Plan	6. CSP adopted by EMT and operational; reviewed annually by SLT in December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU.
7. Operational Delivery Unit 24/7 cover	7. Shift reports from ODU & ODU Dashboard received by Exec, SOT, and On-Call Team at start/end of shift and cover review at weekly performance meeting
8. In hours and Out of hours command cover	8. Civil Contingency requirement as set out in the Command Policy and Incident Response Plan. Cover review at weekly performance meetings
9. Notification and Escalation Procedure	9. Published procedure in operation, reviewed 3 yearly by SLT
10. Continued escalation of risk to partners and stakeholders	10. Referenced by the Executive Director of Operations in correspondence sent to health board Chief Operating Officers dated 30 March 2023. It was further emphasised at the face-to-face COO Peer Group meeting on 14 April 2023.
	External Independent Assurance N/A
11. CEO letter to Health Boards dated 3 Jan 2023, and DOO letter to Chief Operating Officers dated 30 March 2023 to seek assurance on plans.	11. Acknowledgement and acceptance of risk by HBs and balancing the risk across the whole system. Improvement in handovers in C&VHB and ABUHB. This has been sustained form some months across C&V in a phased programme of improvement with no delays more than 2 hours. Programme of improvement underway in ABUHB commencing at 4-hour

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:	22/01/2025	TREND	15 (3x5)
		Date of Next Review:	22/02/2025	➡	

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

	tolerance with a plan to reduce over time. In other HBs there remains little or no controls with variation in both handovers and risk levels across HBs.
12. Health boards are asked to provide assurance of existing and tested plans to immediately reduce emergency ambulances on incident declaration.	12. All Health Boards responded with assurance of plans except BCU.
13. Multi Agency Exercise to be arranged.	13. This exercise has taken place although Health Boards declined to incorporate vehicle release plans
14. Meeting with Welsh Government to outline this risk; WG agreed to write to HBs seeking assurance from EPRR leads in HBs on the ability to clear EDs and release vehicles. WG agreed to incorporate testing into the forthcoming mass casualty exercise, and a timeframe for vehicle release was proposed by WAST with 30% of vehicles released within 10 minutes of an incident declaration, 50% within 20 minutes and 100% within 40 minutes.	14. WG have confirmed that they have written to HB EPRR leads. Health Board COOs approved the proposals for vehicle release as outlined.
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
Despite the controls listed, the single most limiting factor in providing a pre-determined response in line with the Incident Response Plan is the lost capacity due to hospital handover delays. In this area, WAST has no control. – link to CRR 223 on CRR.	The Trust is not assured that Hospital sites have plans in place that are trained and tested to release ambulances effectively and immediately in the event of an incident declaration.
	Following two incidents (Pembroke Dock Ferry fire on 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. Further testing of the pre-determined attendance levels has been undertaken as part of the Manchester Arena Inquiry recommendations; This tested the Trust's ability to fulfil the PDA in North Wales and South Wales in the event of a mass casualty scenario both in hours and out of hours. This simulation concluded that in three of these four scenarios, the Trust would be unable to fulfil the PDA. A further declared major incident at Treforest Industrial Estate in December 2023 following an explosion, failed to release resources from Morriston Hospital, Wales's dedicated burns unit (formal debrief still to be conducted).

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Review of Manchester Arena Inquiry	Assistant Director of Operations	March 2025	This programme of work is underway, and a workshop has confirmed that the PDA would be unable to be met in three out of four simulated mass casualty scenarios. The financial case associated with MAI is planned to be familiarised with ELT and JCC during Jan and Feb 2024, with the final outline case to ELT in March 2024. A revised timeline for the governance process for the final MAI reports has been agreed, commencing in May 2024 and finalising at Trust Board the end of July 2024. 01/10/2024 - Progress against the 68 recommendations, directly or through partnership working, that relate to the Trust continues. The Trust has undertaken a detailed review of its provision as part of its obligation under recommendations 105 and 106 and has recently produced an evidence-based series of reports aimed at addressing the identified gaps. This has been supported further by the development of three Quality Impact Assessments that have been approved by the Clinical Quality Governance Group. The work identified 20 recommendations for which there is a financial dependency. The submission to commissioners of the Trust's reports relating to these recommendations has now occurred and the Trust awaits their considered response. The remaining recommendations continue to be progressed, and it is anticipated these will conclude within the next six months. To ensure the continued visibility of these report findings within the Trust, a corporate risk is being developed for inclusion in the Trust's risk register. This will enable the alignment of outstanding MAI recommendations with a clearly defined business-as-usual framework, ensuring proper governance of capability gaps while awaiting financial decisions from commissioners and the implementation of necessary changes.

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:	22/01/2025	TREND	15 (3x5)
		Date of Next Review:	22/02/2025	➡	

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

			Jan 2025 - Progress against the 68 recommendations, directly or through partnership working, that relate to the Trust, continues. We expect to complete all recommendations that do not rely on financial investment by the end of this financial year. To ensure the continued progression and completion of the recommendations with financial dependency (18 recommendations), a corporate risk has been developed for inclusion in the Trust's Corporate Risk Register and Board Assurance Framework. As the risk progresses through the internal governance route, culminating in final approval at Trust Board in January 2025, there is an alignment of the outstanding MAI recommendations with a clearly defined business-as-usual framework, which will support the governance of capability gaps whilst awaiting financial decisions from commissioners and the implementation of necessary changes.
2. Further correspondence to Welsh Government to seek assurance of testing plans following recent mass casualty exercise where Health Boards declined to incorporate vehicle release plans	Assistant Director of Operations	November 2024	Correspondence with Welsh Government remains ongoing. 22/02/2024 - Risk 594 has also been referenced in the context of MAI presentation to Welsh Government (6th Feb 2024). Further follow up will be provided as MAI progresses. Welsh Government has been and will continue to be kept up to date on the developing case, as have the JCC.
3. Request from COO network to share Action cards related to risk	Executive Director of Operations	Q1	May24 – LB will follow up with COO network on the sharing of their action cards to WAST. March 24 – This risk was discussed at both JCC management and in the COO meeting.

Risk ID 623	Failure to comply with Data Protection Legislation	Date of Review:	21/01/2025	TREND	15 (3x5)
		Date of Next Review:	21/02/2025		

IF	THEN	RESULTING IN
the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality	the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used.	unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage

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

IMTP Deliverable Numbers: 1, 13, 14, 18, 19

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

Risk Commentary

The consequences of this risk depend on the worst-case scenario which crosses of a number Domains on the Risk Scoring Matrix e.g. Loss of, or access to mass clinical data, the reputational damage this would cause, subsequent high-level involvement of ICO, Regulatory Body and Government involvement the subsequent fall out, fines and reduction in the level of clinical care. The likelihood would be small NB Just like pandemics. However, there are lower consequences of failure of statutory compliance which would warrant a higher level of likelihood even daily but in this case like near misses they indicate the need for change/improvement to demonstrate managing the risks. Therefore, the consequences will always be 5 but improvements are needed to lower the risk, and should we demonstrate meeting Statutory Requirements even if a serious incident/event/failure arises evidence provided would reduce / mitigate against the consequences.

IIn addition, the Confidentiality Advisory Group (CAG), an independent body advising the Health Research Authority, **recently required** organisations across NHS Wales to demonstrate compliance with legislation via the IG Toolkit **, or risk** requests for using sensitive patient information for research purposes **being rejected–** further resulting in risk to WAST's academic partnerships and reputation, and strategic research endeavours.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Data Protection Expertise: **2 x** FTE Data Protection and Compliance Managers (DPCM); 1 FTE Information Governance Officer, **4 x** FTE **in the** Cyber Security **team**	1. Two Data Protection and Compliance Managers were employed on a consultancy basis to provide cover and support backlog clearance (E). Both contractors have now left the organisation (funding ceased for the first in Jun-24, and the contract ended Sep-24 for the second). Two new permanent Data Protection and Compliance Managers have been recruited and are due to start employment with WAST in November 2024, bringing capacity of this skillset up to 3 x FTE.
2. **Permanent** Data Protection Officer	2. Temporary Data Protection Officer **responsibilities held by Head of ICT up to December 2024.** A full-time, permanent DPO has been recruited and the position has been filled since December 2024.
3. Data Protection and Information Governance Policies and Procedures (Incl. DPIAs and Cloud Assessments)	3. **Procedure for auditing Welsh Clinical Portal usage (by WAST staff) updated (Jun24).** Monthly Information Governance Steering Group which includes progress DPC, DSA and DPIA reviews (I) IG Training IG Toolkit (System for providing a level of assurance of compliance (I) Incident Reporting Accountability to ELT Development of reporting (dashboard) which supports IGSG, ELT and Finance & Performance Board Committee for scrutiny.
4. Contracts and agreements: Data processing, Data Sharing and Employment & Consultancy	
5. Register of information assets and data flows (outdated)	
6. Staff training on updated training module (Apr 2023)	
7. Incident Reporting and management (DATIX)	**7. Summary statistics reported monthly via IGSG**
8. NIIAS **(national intelligent integrated audit solution)** for auditing access to personal information **across systems such as CAD and ePCR**	
9. Digital Notices / comms Ongoing (see Siren & recent Lock-screen notices)	**Regular publication of IG related comms:** Lock screen **image** issued 04/24 in relation to WhatsApp and training. This will be refreshed in 06/24. Siren notice drafted for ELT 05/24. **AI Guidance issued 01/25. Cyber & IG procurement guidance drafted for release.**

Risk ID 623	Failure to comply with Data Protection Legislation	Date of Review:	21/01/2025	TREND	15 (3x5)
		Date of Next Review:	21/02/2025	➡	

IF	THEN	RESULTING IN
IF the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality	THEN the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used.	RESULTING IN unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage

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

10. Proactive engagement outbound (not inbound to team)

GAPS IN CONTROLS	GAPS IN ASSURANCE
1. **- The third DPCM position has recently become vacant, and recruitment efforts will need to recommence in Spring 2025, however, with 2 x DPCMs in post, this is no longer considered a significant gap in control.**	1. See 21. Further Actions (1)
3. Resource capacity constraints to update, implement or monitor the controls; and lack of engagement by management and staff which either bypass the requirements or stalled engagement.	2. Even with increased capacity without engagement by managers and staff to meet their compliance requirements there will continue to be information reported to IGSG which will demonstrate low levels of assurance i.e. Reports on DPIA log, DSA log, Training Levels, IG Toolkit, and Implementation Plan
4. Personal identifiable information (PII) is being processed or shared with no data processing contracts (DPC) or data sharing agreements (DSA) when legally required; or incomplete DPC or DSA due to stalled engagement.	3. Lack of Data Protection pre procurement controls which form part of Data Protection by Design and Default means that Departments could purchase IT systems, hire document scanning companies, external data consultants and analytical firms and bypass WAST's controls for appropriate due diligence or legislative required controls in managing these risks.
5. New data, or new data processes which have either bypassed the controls or there are no information asset owner and therefore doesn't get on to the asset register or the dataflow is not mapped and creates a weakness in assurance (See 3)	4. Data Protection and Compliance Risks not fully realised. IGSG have approved the establishment of a sub-group to manage activities related to Information Asset Register and Ownership, however, due to vacancies and limited capacity in the IG team, this action will not be able to be progressed until January-25.
6. Currently not meeting levels of IG staff training.	1. Some data errors in ESR reporting for IG mandatory training has been identified, requiring manual effort to calculate Trust- wide compliance percentages.
7. Lack of Data Protection pre procurement controls which form part of Data Protection by Design and Default means that Departments could purchase **non-compliant** IT systems.	
8. The Confidentiality Advisory Group (CAG) notified WAST (via DHCW) in June 24 that for organisations with a 23-24 IG Toolkit outcome of "standards not met", any CAG approvals for research & non-research requests are likely to be rejected unless the organisations' IG Toolkit Improvement Action Plan can be met and evidenced by Nov 24 (instead of the original target date for this plan of Mar 25)..	8. The Confidentiality Advisory Group (CAG) required WAST to submit an IG Toolkit Improvement Action Plan (via DHCW) with adjusted timelines to show a path to a "minimum standards met" position by Nov 24. The Improvement Action Plan has been adjusted and shared, and internal stakeholders notified. This will be managed by ADLT and monitored via IGSG**. The Improvement Plan Actions were met by the Nov 24 deadline, satisfying the requirements of the CAG. This is no longer a gap in Controls / Assurance.**

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Recruitment of Data Protection and Compliance Manager(s)	Leanne Smith	Q2 2024/25	Two candidates expected in post November 2024. **Action complete – 2 new DPCMs in post since November 2024. Now included in Controls.**
2. Seeking funding to recruit/upskill/resource DPO who will encourage engagement**.** Additional funding into Digital for 24/25 allowed a permanent DPO position to be created within the structure.	Jonny Sammut	Q3 2024/25	JD evaluated and translated. Awaiting approval by Recruitment Control Panel to commence recruitment. Expected Recruitment and in post Q4 24/25. **Action complete – permanent DPO in position since December 2024. Now included in Controls.**
3. Ensure compliance with the appropriate IG level training across all Directorate and Departments a. Demonstrate a regular series of comms on IG and DP **- complete** b. Regular monitoring of training compliance through IGSG **– evidence of ongoing** c. Targeted training compliance reporting to line manager on individuals to ensure that 85% target is reached **by March 2025.** d. BAU on Siren training notices and specific guidance or advice	Leanne Smith	Q4 2024/25	Lock screen issued 04/24 in relation to WhatsApp and training. This will be refreshed in 06/24. Siren notice drafted for ELT 05/24. **AI guidance issued 01/25. Cyber & IG procurement guidance in development. Evidence that regular comms is being published, and so action complete, and assurances added to Controls.** IG training compliance still below 85% target **required to be evidenced by March 2025.** An Action Plan for training has been

Risk ID 623	Failure to comply with Data Protection Legislation		Date of Review:	21/01/2025	TREND	15 (3x5)
			Date of Next Review:	21/02/2025		

IF the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality	THEN the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used.	RESULTING IN unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10

			created, and a training needs analysis being progressed with L&D team. Procedures, such as audit of Welsh Clinical Portal usage, has been updated. Paper to ADLT Jun24 seeking support for increased awareness & training compliance Direct contact to individuals who have been non-compliant for a significant period of time, with escalation through their line management structures as required.
4. Report on physical security to IGSG – working with fleet and estates team	Leanne Smith and Aled Williams	Q2 2024/25	Reporting to IGSG and FPC. **A risk has been drafted by members of IGSG, but action plan to be developed in collaboration with Fleet & Estates.**
5. Assurance of "standards met" for all IG Toolkit requirements: gain support of all Directorates' leadership to complete the IG Toolkit Improvement Action Plan and ensure compliance for the 24-25 IG Toolkit submission	Leanne Smith	Nov24 for IG Toolkit Improvement Action Plan (with evidence to CAG) **- complete** **Next deadline is March for 24/25 submission**	Paper to ADLT Jun24 seeking support for completion of the IG Toolkit improvement action plan. To ensure no impact to CAG approvals for WAST research, this improvement action plan must now be met and evidenced by Nov24. **The improvement plan actions resulting from the "standards not met" results of the 23/24 IG Toolkit submission were met ahead of the Nov24 deadline to assure CAG, however, to meet the requirements of the 24/25 IG Toolkit submission, further improvement work is required before the Mar25 deadline.**

Risk ID 100	Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	Date of Review:	21/01/2025	TREND	12 (3x4)
		Date of Next Review:	21/04/2025	➡	

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

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

IMTP Deliverable Numbers: 7, 9, 11, 12, 14, 15, 20, 24, 25, 32

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

Risk Commentary

From the 01 April 2024 111, emergency ambulance and Ambulance Care are all commissioned by the Joint Commissioning Committee (JCC). This is viewed as a positive development by the Trust, supporting the development of an organisational ambition.

The ambition is appropriate levels of patient safety and good working conditions for our staff across the 111 pathway, emergency ambulance care pathway and Ambulance Care pathway. Clearly neither of these are currently being achieved in the emergency ambulance care pathway as evidenced by the long waits, shift overruns and volume of concerns and reportable incidents. The Trust is currently commissioned on the assumption of 6,000 hours of handover lost hours, with current levels at 26,000 (Jan-24). The JCC had an ambition to achieve 12,000 handover lost hours by the beginning of quarter four 2023/24, which has not been achieved, but even if it was achieved, it would still be double what the EMS rosters are predicated on. The Trust is now looking to recruit up to the modelled 153 CHARU FTEs and connected to this focus on CHARU productivity. CHARU UHP in **December** 2024 was 8**9**%, which is the highest it has achieved, and it is now seeking to close the remaining gap through the recruitment of fully qualified paramedics. Similarly, the Trust has made the decision (delivered) to recruit another intake of APPs, an additional 16 FTEs, but this is also being funded through internal movements, with a planned temporary relief gap to fund these. A further funded 32 APPs are being recruited in 2024/25 along with 2**8** FTEs to **EMSC (clinical navigators)**. The 111-call abandonment rate **has stabilised post 111 CAS go live, as the Trust has recovered it call handler staff in post to establishment**. Ambulance Care performance is stable.

The JCC **is now becoming more established. Current areas of focus for the JCC (in relation to WAST) include: a scrutiny exercise on the Trust's MAI submission, consideration of the Future Vision for NEPTS and the Ambulance Measure Review led by Welsh Government. The Trust has received the JCC draft commissioning intentions 25/26 for 111, 999 and NEPTS. These are broadly supportive of the Trust's ambitions, but the financial pressures within NHS Wales that there is unlikely to be any investment by the JCC in 25/26 in support of the Trust's ambitions.**

CONTROLS	ASSURANCES
	Internal & External Management (1st Line of Assurance)
1. JCC/WAST Forward Plan for EMS and NEPTS in place and monitored at JCC meetings	1. Minutes of meetings and a standard agenda item
2. JCC and its 2 sub-committees established as a forum to discuss WAST's strategy (sub-committees currently under review as part of move into JCC).	2. Minutes of meetings and a standard agenda item
3. Weekly catch up between Interim Director of 111 & Ambulance Commissioning /CEO	3. Meetings are diarised every week
4. Collaboration between JCC and WAST on specific projects e.g.	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 (currently paused as part of move into JCC).	5. Formal meeting with agendas, minutes, and action logs available.
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced	6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholder's fortnightly
7. Commissioning intentions.	7. In year progress reported each quarter to the relevant commissioning meeting and 24/25 commissioning intentions approved for 111 Wales and expected to be approved by Mar-24 JCC (approved).
8. Governance arrangements for 111 commissioning: 111 Board, 111 Commissioning Board + 111 DAG etc.	8. Minutes of meetings and a standard agenda item
	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**

Risk ID 100	Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	Date of Review:	21/01/2025	TREND	12 (3x4)
		Date of Next Review:	21/04/2025		

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

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

1. JCC remit is wider than just ambulances and will reduce the agenda time dedicated to WAST's three patient pathways.	1. A shorter provider brief will go to the JCC with more detailed discussions taking place at its sub-committees.
2. Governance coordination between the JCC) and WAST to be improved.	2. Identified need for a governance meeting between JCC and WAST to manage the overall commissioner/provider interface. Actioned, but has lapsed due to capacity and resourcing in NCCU team. This will be further reviewed as the JCC goes live in April-24 (period of transition likely to extend through Q1). This has lapsed at this time, but request to re-establish it sent to commissioners.
3. WAST's ability to influence hospital handover delays (this is outside of the Trust's control and a Health Board responsibility)	3. Ministerial direction on handover reduction with significant pressure being applied to health boards through the NHS Leadership Board and NHS Executive accountability arrangements. The Welsh Government target is no waits > one hour, which equates to 7,000 lost hours.
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 JCC in Q2 2024/25, with initial findings already shared. On advice from the CASC, formally reporting the findings of the review has been re-programmed into Q2 2024/25, for the new JCC. JCC dates to be determined.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Agree and influence JCC/Health Boards that sufficient funding to be provided to WAST	CEO WAST	**As part of 25/26 budget setting process in Q4 this year (18/03/25 F&P Committee)**	26.06.24 Funding for a 32 FTE APPs secured for 2024/25 and 23.2 FTEs into Integrated Care. 06/08/24 WAST briefing on evolved CRM and 2023 EMS Demand & Capacity Review to JCC Board Development session in Aug-24. **21/01/25 ELT has considered the draft commissioning intentions and responded to the Director of Commissioning.**
2. Agree and influence JCC/Health Board of the need for significant reduction in hospital handover hours	CEO WAST	**IQPD 12/02/25**	26/04/24 This modelling has been further supplemented by modelling the Ministerial target of no handovers of more than one hour. 26/06/24 May-24 levels at 24,000, which is higher than 2023 and concerning as an indicator of the winter the Trust may expect. Trust moving at pace to evolve clinical response model, with Welsh Government full sighted on impact of handover hours on the Trust. **21/01/25 The Trust experienced 26,000 ambulance unit hours lost to hospital handover in December 2025, in line with its prediction, but significantly above the WG target of no waits over one hour, which equates to approximately 7,500 hours.**
3. Increased understanding of NEPTS by JCC	Executive Director of Strategy Planning and Performance	02/08/23 30/06/24 20/08/24 **21/02/25**	16/04/24 Workshop arranged for April 2024 (completed). 26/06/24 Workshop results reported to newly established Interim Ambulance Commissioning Committee. 06/08/24 The WAST briefing to the JCC Board Development session in Aug-24 includes coverage of five workstreams, one of which is Health Transport, which includes NEPTS and UCS. **21/01/25 Consideration of Future Vision for NEPTS at JCC meeting on 21/02/25**.
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface	Assistant Director Commissioning & Performance	02/08/23 Checkpoint Date	30.09.22 Meeting in place and meeting regularly. 12/01/23 Meetings continue. 02.05.23 These have lapsed due to pressures and sickness absence in the NCCU. HB to reboot, subject to ability of NCCU to undertake. 28.07.23 Availability remains a challenge, but there is regular informal dialogue between WAST and NCCU. 18.01.24 This specific meeting remains lapsed, but the Trust is currently meeting every two weeks with the NCCU on the development of the IMTP. As the Trust moves into the new JCC from 01 April 2024 there will be a further opportunity to address this control. 16/04/24 The new commissioning arrangements are in transition and still quite fluid at the moment. 26/06/24 Request to commissioners to re-establish this meeting. 06/08/24 Meeting now re-established. **21/01/25 Meeting continues to operate.**
5. Develop and roll out the Stakeholder Influencing Plan	Director of Partnerships & Engagement AD Planning & Transformation	Q2 24/25 onwards	15/03/24 This action is captured in Risk 201 on the CRR. The reputation audit being repeated in Q1 will inform the development and roll out of this plan in Q2.

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:	07/01/2025	TREND	8 (2x4)
		Date of Next Review:	07/04/2025	➡	

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

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

IMTP Deliverable Numbers: 9, 12, 15, 18, 24, 25, 30, 31, 32

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

Risk Commentary: Q3 2024/25 The risk has now been further reviewed in conjunction with the level of financial risk detailed in the Trust's financial monitoring returns submitted to WG year to date to Month 9 of the 2024/25 Financial Year. The score is consistent with that of **Qtr. 2 2024/25** due to a presented opening balanced financial plan for 2024/25 and the Month 9 2024/25 financial performance and positive savings delivery. It must be noted though that clear monitoring of a potential financial risk around workforce re-banding of EMT staff **has been mitigated for 2024/25 financial year** the ability to fund / receive income may impact on the delivery of the financial plan for 2025/26. The current challenging financial climate for all public sector organisations may also impact on WAST financial performance especially as the financial year progresses.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Financial governance and reporting structures in place	1. Risk is reviewed quarterly at FPC, and a report is submitted bi-monthly to Trust Board
2. Financial policies and procedures in place	
3. Budget management meetings	3. Diarised dates for budget management meetings
4. Regular financial reporting to ADLT, EFG, ELT, FPC and Trust Board in place	4. Diarised dates for EFG and FPC and monthly reports
5. Welsh government reporting	
6. Monthly review of savings targets	6. ADLT monthly review
7. Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.	
8. Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.	8. Diarised dates for ICMB meetings with regular monthly report
9. PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications	9. Regular PSPP communications (Trust wide) on Siren
10. Forecasting of revenue and capital budgets	a) Monthly monitoring returns to ADLT, EFG, ELT and FPC (b) Reliance on available intelligence to inform future forecasting.
11. Business cases and benefits realisation (both revenue and capital)	11. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, ELT, FPC prior to Trust Board for approval as appropriate according to value.
	External Assurances Management (1st Line of Assurance)
	5. Monthly Monitoring Returns to Welsh Government
	7. JCC management meetings. Monthly meetings with 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**
1. Lack of formalised service contracts between Commissioner and WAST as a commissioned body	1. None identified.

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:	07/01/2025	TREND	8 (2x4)
		Date of Next Review:	07/04/2025	➡	

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

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

THEN there is a risk that the Trust will fail to achieve all its statutory financial obligations, and the requirements as set out within the Standing Financial Instructions (SFIs)

RESULTING IN potential interventions by the regulators, qualified accounts, and impact on delivery of services and reputational damage

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Continuing negotiations with Commissioners	Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance	31/03/24 31/03/25	In line with the recent WAST financial position and monthly monitoring letter sent to WG, WAST can resource the cost of the EMS staff itself. In addition, discussions continue with commissioners to ensure WAST continue to obtain funds in relation to 111 on a spend and recover basis.
2. Embed a transformative savings plan and ensure organisational buy in	ADLT and Savings subgroup	31/03/24 31/03/25	The Financial Sustainability Program (FSP) continues to be a key vehicle for the Trust to fully identify its savings program. Over delivery was achieved for the 23/24 financial year and the point of strong delivery is further highlighted with the programs ability to fully identify the 24/25 £6.4m savings plan before the start of the financial year.
3. Embed value-based healthcare working through the organisation	Executive Leadership Team and Value Based Healthcare Group	31/03/24 31/03/25	Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.
4. 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 31/03/25	The organisation utilises the NWSSP Shared Services Procurement framework to ensure contracts tendered provide best value for money while ensuring criteria within the tender docs ask bidders to highlight their ability to serve the aims of FE, Decommissioning, Decarbonisation and social as well as the economic wellbeing of Wales. Ad hoc reports are received from Shared Services on WAST's progress in switching more expenditure to Welsh suppliers to keep the Welsh pound in Wales.

Key - List of Strategic and IMTP objectives

Strategic Objective 1: Providing the right care or advice, in the right place, every time		***BAF risks***
1.	A modern, easily accessible, user-friendly and integrated digital offer	223, 224, 623, 260, 201,163, 424
2.	Rapid (111) call answering, initial triage and onward referral	223, 424
3.	Timely, high quality clinical assessment, advice and referral	223, 224, 424
4.	Seamless transfer of 111 callers to wide range of available pathways	223, 424
5.	Immediate 999 call answering, and efficient and effective dispatch of the right resource	223, 424
6.	High quality, timely, clinical triage, assessment and consultation, with personalised response	223, 424
7.	High quality, immediate or timely on scene assessment, care and conveyance where needed	223, 100, 424
8.	A range of 24/7 pathways available for further assessment or treatment, closer to home	223, 224, 424
9.	A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	100,139, 424
10.	A dedicated and timely transfer & discharge service supporting HBs with their transformation agendas	223, 424
11.	A clear vision for Ambulance care services that supports wider health and care transformation	100, 201, 424
12.	A high quality, safe (NEPTS) service with improved patient experience	100, 139, 424
Strategic Objective 2: Enabling our people to be the best they can be		
13.	Culture: • Enhance and strengthen internal capacity for delivering culture change • Develop amplify employee voice to increase employee engagement • Continue the implementation of our compassionate practices approach	160, 558, 623, 201, 163, 424
14.	Capacity: • Implement our Strategic Workforce Plan • Continue to embed a culture of positive attendance management • Continue our focus on 'getting the basics right.'	100, 160, 163, 223, 224, 424, 558, 594, 623
15.	Capability: • Grow and develop our leadership and management capability • Reinforce and promote career pathways and professional development. • Create an environment centred around effective, ongoing conversations ('Check Ins')	100, 139, 160, 223, 224, 260, 594, 424
16.	Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish	201, 424
Strategic Objective 3: Being at the forefront of innovation and technology		
17.	The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	542, 424
18.	The right fleet in the right place, enabling our staff to provide the best and safest care across Wales	139, 542, 623, 424
19.	Develop & agree Digital Plan • Everyday essentials • Security, Safety & Cyber • Digital Pioneers • Transformation • Data, Information & Insight	163, 260, 623, 424
Strategic Objective 4: Developing services in collaboration		
20.	Well-placed to influence system thinking / strategy development	100, 223, 424
21.	Meet the requirements of the Wellbeing of Future Generations Act	558, 424
22.	University Trust Status in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation	160, 163, 223, 224, 424
Strategic Objective 5: Being quality driven and clinically led		
23.	Systems that meet the requirements of the Duty of Quality and Duty of Candour	224, 424
24.	Excellent clinical leadership	100, 139,160, 223, 224, 260, 594, 424
25.	A culture of quality improvement with robust quality management systems	100, 139, 160, 201, 223, 224, 424
26.	High quality Putting Things Right, Safeguarding and Health & Safety systems	160, 224, 558, 424
27.	Meaningful engagement and co-production with communities	223, 224, 424
28.	A risk management framework as a key enabler of our long-term strategy and decision making	No corporate/principal risks
29.	An integrated governance framework	No corporate/principal risks
Strategic Objective 6: Delivering exceptional value		
30.	Sustainable savings & efficiencies	139, 163, 224, 424
31.	Generate income alongside our core commissioned functions	139, 224, 424,
32.	A Value-Based approach across the organisation which is embedded in culture	100, 139, 163, 424
33.	Developing and implementing our plans for Environmental Sustainability and Adaptation	542, 424

AGENDA ITEM No	**17**
OPEN or CLOSED	**Open**
No of ANNEXES	**1**

Committee Priorities and Cycle Monitoring Report

MEETING	Finance and Performance Committee
DATE	18 March 2025
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary Alex Payne, Corporate Governance Manager
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report updates the Committee on progress against the priorities it set for 2024/25 and progress against the agreed cycle of business for the Committee.

2. It is noted that the Value Based Healthcare item has been deferred for a second time to the May meeting of the committee. There is additional detail on this matter in paragraph 12.

RECOMMENDATION

3. **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 2024/25

SITUATION

4. This report updates the Committee on progress against the priorities it set for 2024/25 and progress against the agreed cycle of business for the Committee.

5. It is noted that the Value Based Healthcare item has been deferred for a second time to the May meeting of the committee. There is additional detail on this matter in paragraph 12.

BACKGROUND

6. 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 2024 and will be tracked quarterly.

7. The Committee's cycle of business was approved by the Committee in May 2024. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks.

8. The monitoring report is at Annex 1. The 'pre-agenda setting' key indicates that items in green show where 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.

9. The 'post-agenda setting' key indicates that items in blue were either on the agenda as scheduled or is an *ad hoc* item which was discussed in agenda setting and scheduled. The orange indicates where an item was programmed for receipt but has been deferred to a future meeting.

ASSESSMENT

10. The Committee priorities, and progress against them is as follows:

Priority	Progress
PRIORITY HAS BEEN FULFILLED • The development and approval of the Digital Plan.	2024/25 Progress • At its meeting on in May 2024 the Committee received the Digital Plan Refresh 2024-29 and considered the options presented. The Committee noted that the funding for this Plan was included in the digital revenue allocation approved by the Executive Finance Group and included in the 2024/25 IMTP submission. • At its meeting in July 2024 the Committee received final Digital Plan 2024-29 which was endorsement, and it was approved by the Trust Board on the 25 July 2024. This priority has been fulfilled by the Committee. 2023/24 Progress • 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 2023 meeting the Committee also endorsed the related metrics as presented by the Interim Director of Digital Services. The metrics for digital systems infrastructure will be received (in line with the agreed reporting) on 13 November 2023. • In September 2023 the Committee noted that the recent appointment of the new Director of Digital Services may affect the strategy implementation timeline. • In November 2023 the Committee noted that an update on the progress against the Digital Strategy would likely be programmed for either the January or March 2024 meeting of the Committee.

	• Receipt of an update on the implementation of the Digital Strategy was programmed for the March 2024 meeting of the Committee (a position confirmed with the Director of Digital Services early in 2024).
• Oversight of the potential commercialisation streams in the Financial Sustainability Programme.	• An update on the Financial Sustainability Programme was received at the Committee meeting in January 2025. It was noted that the interviews were intended to be held in late January 2025; however, the Trust is in the process of going back out to advert for the role. • At the September 2024 meeting of the Committee an update was given on the development of a Head of Commercial role, whose responsibilities will include developing a commercial strategy for the Trust. It was noted that there has been some slippage in the recruitment for this role. • It has been agreed that an update on the Financial Sustainability Programme will be received at every other meeting of the Committee, and as such has been programmed for September 2024 and January 2025 (on the Committee Cycle of Business). • It is noted that no report was programmed for the July 2024 meeting; a related update was included in the Finance presentation. The update at the May 2024 meeting noted that commercialisation workstream will be progressed later in 2024/25.
• Focus on the new elements of its terms of reference relating to Information Governance and Information Security.	• Receipt of the Information Governance Toolkit and Information Governance (IG) Reports have been included on the Committee's Cycle of Business for 2024/25. The IG Report has / will be received at each meeting of the Committee in open session. The Data Quality Internal Audit Report will be received by the Committee in November 2024.

	• The Committee received a deep-dive item on cyber-security risks in closed session at its meeting in July 2024. It is noted that the wider cyber-security and resilience reporting is in development and will be considered through the meeting agenda setting meetings throughout the year.

11. It is noted that two items of business that were due to be received by the committee in March 2025 have been deferred to May 2025; the 2025/26 Annual Capital Budget and the Value Based Healthcare (VBH) Report. The VBH report was programmed for January but also deferred.

12. The owner of the VBH item, the Executive Director of Quality and Nursing, has advised that the Trust has commissioned other bodies to support the Trust with its approach and it is therefore not appropriate to bring an update to the committee in March, as planned. It is on this basis that the business has been deferred to May 2025.

RECOMMENDATION

13. **The Committee is asked to note the update.**

PAPER	PRE-C'EE FORUM	FREQUENCY	MAY	JUL	SEP	NOV	JAN	MAR	LEAD	PURPOSE	COMMENT/COMPLIANCE
FINANCE AND PERFORMANCE COMMITTEE - CYCLE OF BUSINESS 2024/25											
TERMS OF REFERENCE NOTED IN RED TEXT											
FINANCE											
3.1 Oversee and contribute to the medium and long term financial strategy, in relation to both revenue and capital											
Annual revenue budget	ELT	Annually							EDOF	Endorsement	SFI 4.2.2 - Boards must approve balanced revenue and capital plans before the start of the year
Annual capital budget	Capital M'ment Board	Annually							EDOF	Endorsement	Private session
3.2 Monitor the Trust's in-year and forecast revenue financial position against budget and review and make appropriate recommendations for corrective action to address imbalances											
3.4 Monitor progress against the Trust's capital programme, scrutinise, approve or recommend for approval (where appropriate) business cases for capital investment. This will include those then submitted to Welsh Government for approval via Trust Board											
3.5 Receive assurance that a business case post implementation review is in place and is effective; review post implementation reviews on specific business cases and capital investment schemes from time to time											
3.6 Receive, review and ensure mitigation of financial risks of delivery of plans											
3.8 Review performance against the relevant Welsh Government financial requirements											
3.3 Review progress against the Trust's annual operating framework and make recommendations to the Board in relation to development of the annual financial plan and budget setting and long term financial strategy and financial sustainability programmes, efficiency review implementation and required savings targets											
Financial report	ELT	Each meeting							EDOF	Assurance	Financial sustainability report may be included in this report or separately throughout the year; year end report May
Year end M12 report (same time as M1 in new year)	ELT	May meeting							EDOF	Assurance	
Business cases over £500K	TBC	As required							EDOF	Endorsement	To include pre-tender estimate and variance commentary where applicable (in reference to VRP internal audit recommendations).
IMTP financial plan	STB/ELT	Annually							EDOF	Endorsement	
3.5 Ensure delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting											
Value Based Healthcare Report	TBC	Every other meeting							EDOF	Assurance	See Note 2
3.7 Monitor progress against a range of key developments and capital schemes, either in development through the business case process or in implementation											
3.5 Assurance that a business case post implementation review is in place and is effective; review post implementation reviews on specific business cases and capital investment schemes from time to time											
3.9 Receive assurance on delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting;											
Assurance paper on PIR process	TBC	One off and then cyclical							EDSPP	Assurance	To demonstrate the PIR process is embedded in planning cycle and business planning, with cyclical reviews.
Post Implementation Reviews	TBC	As required							Relevant Director	Assurance	
Monitoring of key projects as requested from time to time	TBC	As required							Relevant Director	Assurance	
Financial Sustainability Report	TBC	Each meeting							DPC	Assurance	Agreed at 18.09.23 FPC to include quarterly updates on the Financial Sustainability Programme (FSP) for future meetings.
PLANNING											
3.18 Hold a central overview of all service or directorate specific long term plans that align to the long term strategy. These plans will be reviewed for alignment by the relevant Committee first and their implementation will be guided by the IMTP or relevant local directorate plans;											
3.15 Oversee and contribute to the development of the Trust's long term strategy 'Deliverinig Excellence: Our Vision for 2030' and make recommendations to the Board for its approval/amendment											
Refreshes of 2030 Delivering Excellence	ELT	Ad Hoc							EDSPP	Endorsement	
Service or Directorate Specific Plans: New & Refreshes	ELT	Ad Hoc							EDSPP	Endorsement	Long term service or directorate specific plans from time to time See Note 9
3.16 Oversee and contribute to the development of the Trust's Integrated Medium Term Plan (IMTP) and ensure alignment of that plan with Delivering Excellence: Our Vision for 2030											
IMTP for following year	STB/ELT/Board	Annually							EDSPP	Endorsement	NB: IMTP will also go to Board Committees such as PCC and Quest for areas within their remit prior to FPC
3.17 Monitor the effectiveness of commissioning arrangements with the Local Health Boards via the appropriate commissioning forums;											
3.10 Review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance quality indicators											
Report on commissioning	TBC	TBC							EDSPP	Assurance	Scope of this element to be developed - see Note 3
3.20 Review and consider matters relating to demand and capacity including proposals for reviews in this area and recommendations arising from such reviews											
Demand and capacity reviews	ELT	Ad Hoc							EDSPP	Endorsement	See Note 6
PERFORMANCE											
3.13 Endorse and monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets											
3.14 Monitor and review plans to recover areas of underperformance, reviewing where appropriate associated KPIs as part of any deep dives, and providing assurance to the Board and escalating as required - See Note 4											
Monthly Integrated Quality Performance report	ELT	Each meeting							EDSPP	Assurance	
MIQPR review of metrics	ELT/Board Committees	Annually							EDSPP	Endorsement	KPIs relevant to PCC and Quest reviewed by those Committee in Q4 prior to presentation to FPC
Annual HART KPI report	TBC	Annually							EDO	Assurance	HART Internal Audit Nov 22 recommended annual reporting of HART KPIs which was accepted. See July FPC on HART KPIs
3.11 Monitor and review progress against the Trust's Integrated Medium Term Plan and obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams											
3.16 Obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams											
IMTP progress updates	STB/ELT/Board	Each Meeting							EDSPP	Assurance	IMTP outturn position in May
3.12 Review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework, noting that in 2024/25 the Audit Committee will receive assurance on the implementation of the framework											
QPMF update report	QPMF Steering Group	Bi-annually							EDSPP	Assurance	Assurance on the value of outcomes produced by the framework and effectiveness. TBC reporting as implementation going to AC in 24/25
ESTATES AND FLEET											
3.20 Oversee, contribute to, and receive assurance on monitor the implementation of, the Estate Plan.											
3.21Oversee, contribute to, and monitor receive assurance on the implementation of, the Fleet Plan.											
3.22 Review proposals for acquisition, disposal, and change of use of land/buildings.											
Estates Condition and Backlog Maintenance Update [EFPMS Data/Rep	TBC	Annually							EDOF	Assurance	This was added in as a future requirement (following initial receipt in September 2024) by CorGov.
Estates and fleet strategy refreshes	TBC	Periodically as required							EDOF	Approval	Estates and Fleet strategies refreshed Mar 21. Potential fleet re-write 24/25 and estates 25/26
Fleet replacement programme	Capital M'ment Board	Annual BJC see notes							EDOF	Approval/Endorsement	2018/19 ten year fleet strategic outline proposal (SOP) with annual business justification cases calls down on that SOP (private session)
Fire safety annual report	ELT/Board	Annually							EDOF	Assurance	Timing of annual report TBC (annual compliance report was presented in Jan 24). By exception reporting outside cycle.
Fire safety exception report	TBC	Periodically as required							EDOF	Assurance	By exception outside of annual report
ENVIRONMENTAL AND SUSTAINABILITY											
3.23 Oversee, contribute to, and receive asurance on the implementation of the Environmental Strategy											
3.24 Receive assurance on compliance with environmental regulations and national targets											
Decarbonisation Update	Decarb Programme Board	Every other meeting							EDOF		Progress also against WG action plan and Trust Plan; metrics in development. Annually to include update on waste management. See Note 7
Waste Management Update	Decarb Programme Board	Annually							EDOF	Assurance	Annual update aligned with Internal Audit recommendations. First report in September 2023.
Sustainability Report	Decarb Programme Board	Annually							EDOF	Assurance/Endorse	Annual update - as per Manual for Accounts. See Note 7. Also approved by Board and audited(?)
DIGITAL SYSTEMS AND STRATEGY											
3.25 Oversee, contribute to, and receive assurance on the implementation of, the Digital Plan;											
3.26 Review projects and monitor implementation and delivery of benefits of major digital and information/reporting projects											
Digital Plan - new and refreshed	STB	Periodically as required							DD	Review and Endorse	Implementation through IMTP; strategy/plan refreshes as required - See Note 1
Metrics for digital systems infrastructure	TBC	Three times a year							DD	Assurance	Digital reporting first presented to Sept 23 meeting and will be presented at each meeting - see note 1.
Review/Monitor of major projects	TBC	Ad Hoc							Relevant Director	Assurance	Including WG PARs and gateway reviews
BUSINESS CONTINUITY AND CYBER											
3.27 Oversight and scrutiny of the Major Incident Plan and Business Continuity Plan and receive assurance that such plans are effective											
WG Annual Emergency Planning Report	ELT/Board	Annually							EDO	Assurance	Report provides for compliance with Civil Contingencies Act 2004; exercises carried out; learning from incidents/exercises/debriefs.
Incident Response Plan Report [closed session]	ELT	Annually							EDO	Assurance	Externally reported - See Note 5
Business Continuity Annual Report	ELT	Annually							EDO	Assurance	See Note 5
3.28 Oversight and scrutiny of cyber resilience including assurance on awareness and training of WAST staff and volunteers; maintenance of upgrades/updates of systems, and replacement of legacy/high-risk systems											
3.29 Oversight and scrutiny of cyber security including assurance of regular monitoring of risks and threats, business continuity planning and engagement with national cyber centres and stakeholders											
Cyber Resilience and Cyber Security Reporting	TBC	TBC							DD	Assurance	Reporting developing in 23/24 - start off at 3 times a year reporting; intention to bring to every meeting if possible.
INFORMATION GOVERANANCE AND INFORMATION SECURITY											

3.30 Receive assurance the information governance and information security arrangements are appropriately designed and operating effectively to ensure the reliability, integrity, safety, and security of information to support the delivery of high quality, safe healthcare across the organisation.											
3.31 Review progress of measures to improve information security and adherence to Caldicott principles against the Information Governance Toolkit, Network and Information Systems (NIS) Directive (2018), Data Protection Act (2018), and receive assurance on compliance with relevant standards, legislation and regulations.											
3.32 Receive assurance on, and review effectiveness of the Trust's information security protocols.											
3.33 Review performance of the Trust in relation to statutory and mandatory information requests and reporting requirements including but not limited to freedom of information requests, data breaches, police requests and subject access requests.											
Information Governance Toolkit	IGSC	Annually							DD	Assurance	
Information Governance Report	IGSC	Each meeting							DD	Assurance	
POLICIES											
3.34 Approval of policies within the remit of the Committee											
Report from policy group	Policy Group	Annually							BS	Assurance	
Policies for review and approval	Policy Group	Ad Hoc							BS	Approval	
CORPORATE RISKS AND AUDIT											
3.35 The Committee will monitor the principal risks relevant to its remit and consider the controls and mitigations of ~~high level~~ related risks and provide assurance to the Board that such risks are being effectively controlled and managed.											
3.36 The Committee will receive and gain assurance from internal and external audits in their remit. It will also monitor management actions to address recommendations via the audit tracker and where appropriate scrutinise the impact of actions in response to audit recommendations.											
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							EDO	Information/Discussion	Only received in quarter, not at every FPC meeting (if it would otherwise be a duplicate from previous meeting)
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-committees - but may set up task and finish groups from time to time
PROMPTS											
External Reports	N/A	Ad Hoc							TBC	TBC	

EDOF - Exec Director of Finance and Corporate Resources
EDO - Exec Director of Operations
EDSPP - Exec Director of Strategy, Planning and Performance
DD - Digital Director
BS - Board Secretary

Cycled for each meeting
Ad hoc item - prompt for agenda setting
Reporting developing

1	**Digital**	IA raised need to be explicit and define intended timescales for delivery of digital strategy phases. Digital strategic outline case September 2022; focus on baseline and business usual in November 2022; SOP and resourcing September 2022 (in IMTP); digital governance Digital reporting presented to Sept 23 meeting and will be presented bi-monthly. Includes data and analytics status, ICT systems status, service provision and quality, summary of IMTP contributions, spotlight item, and people FPC = reporting on technology & process related metrics i.e. where Digital Directorate is responsible oE.g. Provision of training, provision of exercises / campaigns, infrastructure, physical barriers etc. oThis would include near misses related to software, suppliers, network, technology.
2	**Value Based Healthcare**	VBH is part of the financial sustainability programme and deliverables for IMTP 23-26 set out. Includes PLICS, PROMS and PREMS. Could be part of IMTP reporting generally, but propose a bi-annual update.
3	**Commissioning**	Review of commissioning standards is the commissioning intentions met as part of IMTP. AQIs published monthly to EASC. Key AQIs included in the 28 KPIs.
4	**MIQPR**	FPC is primary Committee for review of performance across all four quadrants of the MIQPR. The Committee will commission deep dives or refer such deep dives to other Committees
5	**Emergency Preparedness**	The Trust is classed as a category one responder under the Civil Contingencies Act (2004) and as a result there is a legislative obligation for us to address 6 key responsibilities, which are - Assess local risks and use this to inform emergency planning - Put in place emergency plans - Put in place Business Continuity Management arrangements - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency - Share information with other local responders to enhance co-ordination - Co-operate with other local responders to enhance co-ordination and efficiency CCA Part one devolved to Wales. WAST is a category 1 responder under the Civil Contingencies Act (2004) and Regulations (2005). Category 1 responders are required to maintain plans for preventing emergencies; reducing, controlling or mitigating the effects of emergencies in both the response and recovery phases, and has a duty to ensure business continuity plans are in place. Trust is working towards ISO22301 accreditation. Internal Audit on Major Incidents - September 2022 AC - raised F&P review of incident response plan when reviewed next. NHS Emergency Planning Annual Report: return that is signed by JK. Comes to FPC for assurance. One element is assurance the board has received the IRP which FPC does on behalf of the board. WG compile into an All Wales return and in September 2024 the first meeting of the Health Executives for EPRR has been called by WG and likely they will be the primary reviewer of these. Incident Response Plan Report: WG report accompanied by assurance that Incident Response Plan (IRP) in place and approved by ELT. SBAR includes detail of staff training in place, compliance levels, and resourcing for assurance; list of plans that underpin IRP are in date and regularly reviewed. IRP provides guidance and support to commanders on a range of incidents. Moved from July to November as that is the date of review. Taken in closed session due to sensitivities
6	**Demand and Capacity**	May 2023 paper to FPC foreshadowed the development of a demand and capacity framework (as per EASC commissioning intentions) however there are current capacity issues. Strategic D&Cs are key documents for the Trust providing a modelled route map of how the Trust can most effectively meet patient demand. D&Cs are not plans or business cases, but are an important aid for senior decision makers inside and
7	**Decarbonisation**	WAST Decarbonisation Action Plan (DAP) supports delivery of the national NHS Wales Decarbonisaton Strategic Delivery Plan. IMTP sets out DAP details. Every second year IMTP must include copy of DAP and update - next 24-27. Decarbonisation reporting to WG as follows, however the reporting to FPC will draw from these reports and may or may not append them: (a) WG Public Sector Carbon Report (annual quantitative report). Demonstrates progress against plans and targets through annual quantitative reporting. Deadline is first Monday of September. This is the Trust carbon emissions for the previous financial year - set guidance for completion and timelines for reporting. Reliant upon data from NWSSP. No requirement for this report to be 'approved' by FPC. Can be signed off by internal governance at discretion of WAST. (b) 2 x Qualitative reports. Narrative update - no data. The qualitative reporting submitted by NHS organisations provides the National Programme Board with assurance on the progress underway at organisational level. Usually complied by Jo Williams who takes the report through FPC. Looks like there may be a move for an annual qualitative report for 23/24 aligned to IMTP timetables. (c) 4 x Decarbonisation Coordination Reporting (DCR). This is reporting on our decarbonisation action plan (DAP) this is a new requirement where we will need to report updates to our DAP via NWSSP who collate and send to WG as a whole of NHS update. This report is being agreed by the Decarbonisation project Board. There are discussions relating to the need of any further governance routes - this is new. (d) Sustainability Report contained in the Performance Report if the data is available. Amalgamation of quantitative and qualitative reports. Otherwise it is a separate report with a reference to the report being on the publication sectoin of the website. This developed from the data provided in the Quantitative Report above.
8	**Fire safety reporting**	Updated in January 2024 following compliance report to Committee. Report will be annual report from 24/25 (timing TBC) with exception reporting outside of that where appropriate.
9	**Service or Directorate Plans**	Committee with related remit to gain assurance on alignment of specific plans to Delivering Excellence. FPC to maintain overall view of aligned strategies. Suggest this is by way of an organogram showing the various plans aligned to the long term strategy and their revision dates

10 **Information Governance**

Information Governance (IG) is a framework for managing information processes and procedures in accordance with the law and associated standards. It describes the approach within which accountability, standards, policies and procedures are developed, implemented and maintained to ensure that all types of information used in the Trust are sourced, stored and used appropriately, legally, and securely.

The Information Governance Steering Group oversees the Information Governance and Security strategy, policies, systems, processes and practices across the Trust and provides assurance that the organisation is compliant, and managing any risk to compliance. The strategic management of Information Governance forms part of the Digital Directorate under the leadership of the Director of Digital Services who holds the position of Senior Information Risk Owner (SIRO). Includes FOI (targeted percentage); Subject Access Request and Access to Health Records Requests (targeted percentage); Police Requests (no regulatory target).Data security and protection incidents: must notify ICO of personal data breaches within 72 hours.

WG notified of significant impact on continuity of essential services under the Network and Information Systems Regulations (NIS Regs). H&C Standards x 3 related to IG and identified metrics against these (see annual report).

The Welsh IG Toolkit for NHS is an assessment tool that allows organisations to measure their performance against agreed national information governance and data security standards and legislation. All organisation that have access to NHS patient data and systems must use the toolkit to demonstrates compliance with DPA 2018; expected data security standards for health and social care for processing personal data; and readiness to access secure health and digital methods of information sharing such as NHS Email, Welsh healthcare records and systems and local information sharing solutions and agreements. The Trust is required to demonstrate whether it complies with each of the 225 evidence items with each item weighted and a level of compliance generated (foundation stage; satisfactory stage; competent stage). IGSG monitors the toolkit improvement plan. Information Commissioner's Office (ICO) monitors compliance with key legislation (DPA 2018, UK GDPR and FOIAct).