

## Bundle Finance and Performance OPEN 16 January 2025

### Agenda attachments

- ITEM 00 FPC Agenda – 16 January 2025 – Open
- 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: 19 November 2024
  - ITEM 03 2024-11-19 Draft OPEN F and P Minutes
- 4 Action Log & Matters Arising
  - 4.1 – *19 November 2024 Committee AAA Report (alerts)*
    - ITEM 04 FPC Action Log open
    - ITEM 04.1 Finance and Performance Committee Highlight Report November 2024
- 5 09:35 – Operations Update Q3 (October – December 2024)
  - ITEM 05 Operations Quarterly Report for Committee 24-25 Q3 FINAL
- 5.1 FOR APPROVAL, ASSURANCE AND DISCUSSION
- 6 09:55 – Financial Position for Months 8 and 9,24/25
  - NB – Item 6.2 circulated by e mail*
  - Month 9 update – Presentation on the day*
    - ITEM 06 Finance Report Month 8 24-25 Final
    - ITEM 06.1 Month 08 2024-25 – Welsh Ambulance Services NHS Trust – Monitoring Return – FINAL
- 7 10:10 – Financial Sustainability Report
  - ITEM 07 FSP FPC Paper 16 Jan 2025
- 8 10:20 – IMTP Delivery/Assurance – Progress Update – 2024/27 and IMTP 2025/28
  - 8.1 *IMTP 2025/28 Update*
    - ITEM 08 IMTP Delivery & Assurance Report FPC January 2025
    - ITEM 08.1 Executive Summary – IMTP Planning Progress Jan 25 v0.2
- 9 10:35 – Monthly Integrated Quality Performance Report
  - ITEM 09 MIQPR SBAR FPC Oct Nov 24
  - ITEM 09.1 MIQPR FPC Oct Nov 24
- 9.1 10:45 – COMFORT BREAK
- 10 11:00 – Digital Reporting
  - 10.1 *Metrics for digital systems infrastructure*
  - 10.2 *Internal Audit 111 Digital Operations*
    - ITEM 10 Digital Reporting January 2025 – Cover Paper
    - ITEM 10.1 Digital Reporting January 2025 – Metrics
    - ITEM 10.2 WAST\_2425-14\_111 Digital Operations Final IA Report v2
- 11 11:10 – Information Governance Reporting
  - ITEM 11 Information Governance Reporting January 2025
- 12 11:25 – Environment, Decarbonisation and Sustainability Update – as at December 2024
  - ITEM 12 Decarb and sustainability update Dec 24 FINAL
- 13 11:40 – Fire Safety Compliance Annual Report
  - ITEM 13 Fire Safety Compliance Report – FPC January 2025
- 14 11:50 – Risk Management and Board Assurance Framework Report
  - ITEM 14 Executive Summary Risk Management Report FPC 160125
- 14.1 CONSENT ITEMS
- 15 Committee Priorities and Cycle Monitoring Report
  - ITEM 15 FPC Priorities and Cycle Monitoring Report – January2025
  - ITEM 15.1 FPC Monitoring report
  - ITEM 15.1a Cycle Notes
- 15.1 12:05 – CLOSING ITEMS
- 16 Reflections and Summary of Decisions/Actions
- 17 Any Other Business

18 Date & Time of the Next Meeting: 18 March 2025

Length of Meeting:	02:45	Agenda Status:	[OPEN] FINANCE AND PERFORMANCE COMMITTEE - 16 JANUARY 2025	Deadline: 07/01/25				
Time	Mins allotted	Agendum	Title	Format	Item for	Item requested by	Paper prepared by	Item presented by
<b>OPENING ITEMS</b>								
		1	Chair's Welcome, Apols and Quorum	Verbal	Information	Standing	n/a	Chair
		2	Declarations of Interest	Verbal	To State Conflicts	Standing	n/a	Chair
09:30	00:05	3	Minutes of the Last Meeting: 19 November 2024	Paper	Approval	Standing	n/a	Chair
		4	Action Log & Matters Arising	Paper	Discussion	Standing	n/a	Chair
		4.1	19 November 2024 Committee AAA Report (alerts)	Paper	Discussion	Standing	n/a	Chair
09:35	00:20	5	Operations Update Q3 (October - December 2024)	Paper	Information	CoB	Ops	Lee Brooks
<b>FOR APPROVAL, ASSURANCE AND DISCUSSION</b>								
09:55	00:15	6	Financial Position for Month 8, 24/25 Financial Position for Month 9, 24/25	Paper Presentation	Assurance	CoB	FinCor	Chris Turley
10:10	00:10	7	Financial Sustainability Report	Paper	Assurance	CoB	People	Carl Kneeshaw
10:20	00:15	8	IMTP Delivery/Assurance - Progress Update - 2024/27 IMTP 2025/28	Paper	Assurance	CoB	SPP	Rachel Marsh
10:35	00:10	9	Monthly Integrated Quality Performance Report	Paper	Assurance	CoB	SPP	Rachel Marsh
10:45	00:15	<b>COMFORT BREAK</b>						
11:00	00:10	10	Digital Reporting Metrics for digital systems infrastructure Internal Audit 111 Digital Operations	Paper	Assurance	CoB	Digital	Jonny Sammut
11:10	00:15	11	Information Governance Reporting	Paper	Assurance	CoB	Digital	Jonny Sammut
11:25	00:15	12	Environment, Decarbonisation and Sustainability Update - as at December 2024	Paper	Assurance	CoB	FinCor	Chris Turley
11:40	00:10	13	Fire Safety Annual Report	Paper	Approval	CoB	FinCor	Chris Turley
11:50	00:15	14	Risk Management and Board Assurance Framework Report	Paper	Assurance	CoB	Gov	Trish Mills
<b>CONSENT ITEMS</b>								
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.								
12:05	00:00	15	Committee Priorities and Cycle of Business Monitoring Report	Paper	Information	CoB	Gov	Trish Mills
<b>CLOSING ITEMS</b>								
		16	Reflections and Summary of Decisions/Actions	Verbal	Discussion	Standing	n/a	Chair
12:05	00:10	17	Any Other Business	Verbal	Discussion	Standing	n/a	Chair
		18	Date & Time of the Next Meeting: 18 March 2025	Verbal	Information	Standing	n/a	Chair
<b>12:15</b>	<b>02:45</b>	<b>CLOSE</b>						

#### LEAD PRESENTERS

Name	Position
Jayne Beeslee	Chair and Non-Executive Director
Lee Brooks	Executive Director of Operations
Carl Kneeshaw	Director of People
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources

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 (Barsoed) 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 - Glyncomrd 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	<b>Non-Executive Director &amp; Vice Chair of the Trust Board</b> * 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	<b>Chief Executive</b>	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	<b>Director of People</b>	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		
		NI Declaration				
LEWIS, Angela	<b>Director of Culture Change</b>	NI Declaration				
MARSH, Rachel	<b>Executive Director of Strategy, Planning and Performance</b>	NI Declaration				
MILLS, Patricia (Trish)	<b>Director of Corporate Governance/ Board Secretary</b>	NI Declaration				
PARRY, Hugh	<b>Trade Union Partner</b>	NI Declaration				
ROWAN, Hannah	<b>Non-Executive Director</b> * 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)	<b>Director of Digital Services [appointed 26.09.2023]</b>	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		
		Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
SWINBURN, Andrew (Andy)	<b>Executive Director of Paramedicine</b>	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
TURLEY, Christopher	<b>Executive Director of Finance and Corporate Resources</b>	NI Declaration				
TURNER, Damon	<b>Trade Union Partner</b>	NI Declaration				
WILLIAMS, Liam	<b>Executive Director of Quality and Nursing [from 01 August 2022]</b>	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		



GIG  
CYMRU  
NHS  
WALES

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

**MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE  
(OPEN SESSION) HELD ON 19 NOVEMBER 2024 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
Bethan Evans	Non-Executive Director

**IN ATTENDANCE:**

Hugh Bennett	Assistant Director Commissioning and Performance
Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations
Alex Crawford	Assistant Director of Planning and Transformation (Joined for Items 87/24 and 88/24 only)
Fflur Jones	Audit Wales (Joined at Item 86/24)
Carl Kneeshaw	Director of People
Osian Lloyd	Head of Internal Audit
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
Liam Williams	Executive Director of Quality and Nursing (Joined at Item 86/24)

**OBSERVER:**

Lisa Trounce	Head of Compliance and Assurance
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**APOLOGIES:**

Rachel Marsh	Executive Director of Strategy, Planning and Performance
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## 82/24 PROCEDURAL MATTERS

Jayne Beeslee welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's Register of Interests. The apologies of Rachel Marsh were recorded.

### Minutes

The minutes of the open session held on 17 September 2024 were considered by the Committee and confirmed as a correct record.

### Action Log

75/24: Waste Management Update and Estates Condition and Backlog Maintenance: *To consider with the Chair of FPC how best to present any further updates to the Committee and to consider any Committee development that may be required on this subject matter.* Chris Turley explained that going forward the annual reporting mechanism in terms of waste management and estates would be the most suitable method to update the Committee, adding that the level of detail in these reports would be considered. In the meantime, any interim issues if escalated will be reported to Committee as and when. Trish Mills advised this would be detailed on the Forward planner to consider whether it was a committee specific development or wider. It was agreed for these actions to be closed.

78/24: Risk Management and Board Assurance Framework: *To share the Risk paper and BDO presentation at the ARAC meeting on 12 September with Bethan Evans, Hannah Rowan and Jayne Beeslee (as NEDS who did not attend the Audit, Risk and Assurance Committee (ARAC) meeting: The information (the risk paper and BBO presentation given to ARAC in September 2024) has been shared with the NEDs as described. The Action was completed and agreed for closure.*

### RESOLVED: The

- (1) **Minutes of the meeting held on 17 September 2024 were confirmed as a correct record.**
- (2) **The Action log was considered and updated as described above.**
- (3) **The apologies of Rachel Marsh were recorded.**

## 83/24 OPERATIONAL UPDATE QUARTER 2

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

Manchester Arena Inquiry: Progress has been made, with 23 recommendations from the Grenfell report cross-referenced to the Manchester Arena inquiry work. A report supplementing the evidence has been submitted to the Commissioners.

Major Incidents: The updates on the recent major incidents in Cardiff and Powys, with debriefs and learning opportunities which were being processed through the regular reporting channels.

Quality and Support Days: There has been a focus on performance, including multiple attendance ratios and compliance with diesel mitigation concerning vehicles outside hospitals.

Medical Emergency Response Incident Team (MERIT): The skill set within the ambulance service now exceeds that of nurses trained for MERIT, and this position has been shared with Welsh Government.

Medical Priority Despatch System (MPDS) Accredited Centre of Excellence: The remedial status has been lifted, indicating a sustained improvement.

Estates and Infrastructure: Progress continued on the control room work in Carmarthen and the planned work at Ty Elwy, with staff managing to accommodate any disruptions.

Electronic Timesheets: An initial scoping meeting has been held with representatives and Trade Union partners.

Medical Transfer Protocol Suite (MTPS): Initial non-compliance has reduced from 23% to 17%, with ongoing monitoring.

Emergency Medical Service Lost Hours: This continued to be a significant challenge, impacting on red and amber performance.

Urgent Care Service (UCS) Transition: This has been ongoing for several months, with the concluding focus now on the appropriate activity for UCS staff and their skill set. There has been a current dip in utilisation which was being monitored and addressed through various strategies.

Bethan Evans raised a question about overtime not being fully used by staff. Lee Brooks explained there were several factors behind this which included: Staff may be reluctant to take overtime due to the challenging working conditions, particularly the time spent outside emergency departments. Additionally, recent pay rises and financial improvements for staff might have reduced the need for overtime. It was felt that less reliance on overtime was healthier for both the Trust and staff, and despite reduced overtime uptake, production has remained reasonable.

Peter Curran asked about electronic timesheets, specifically that if the pilot for electronic timesheets was successful, whether it would be rolled out across the Trust and whether

there been any lessons learned, or insights gained from staff visiting the Southwest Ambulance Trust.

Lee Brooks confirmed that the first scoping meeting for electronic timesheets had taken place and highlighted the potential benefits, including improved managerial oversight, accuracy, and reduced payroll corrections. The programme was due for implementation in the next financial year, with a deployment and build period of about six to nine months. In terms of lessons from the Southwest Ambulance, Lee Brooks clarified that the visit to the Southwest Ambulance Trust was related to the single allocator model in the EMSC reconfiguration, not electronic timesheets, and was nevertheless positive.

**RESOLVED: The Q2 operations update was noted.**

## **84/24 FINANCIAL POSITION FOR MONTH SIX AND MONTH SEVEN 2024/25**

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

Revenue Position: The cumulative position was a small underspend of £42K, and the Trust was continuing to forecast a break-even revenue position.

Savings Delivery: The Trust was overachieving on some savings delivery, which was important for managing and mitigating potential risks. The Trust was overachieving more in recurring schemes, which will be beneficial for next year's financial planning.

Cash Flow: There were no cash flow issues, and the Trust continued to pay bills in line with the public sector payment policy.

In terms of risks Chris Turley advised the Committee of the following:

Band 5 Technician Implementation: The initial risk was £4m, but it has been reduced to £0.5m due to managing vacancies, slippage in other spending, and overachieving savings. The recurring impact will need to be addressed in next year's financial plan. Several other risks have been managed down to zero as the year has progressed, including the non-achievement of savings, which was no longer a risk due to overachievement.

There was an assumption that the government would fully cover the impact of the pay award funding for this year. However, there was emerging modelling work from Welsh Government (WG) suggesting it might not cover 100% of the actual costs incurred. This was still being worked through, and the Finance Director from NHS Wales has indicated that WG would be sympathetic if the modelling showed consistent shortfalls across all NHS organisations.

In terms of the Capital programme Chris advised that considerable progress had been made on several projects and explained that a fuller update would be given later in the private meeting.

Peter Curran commended Chris Turley and his team for the tight financial control, evidenced by the minimal change between months six and seven. He emphasised the importance of communicating to Commissioners and Welsh Government that the costs for the EMT Band 5 funding will increase in the coming years and that the current year's absorption of costs was not sustainable. He inquired about the implications of the recent increase in employers' National Insurance contributions from the recent budget.

Chris Turley commented that the increase in employers' National Insurance contributions will not have an immediate impact for this year, as the changes will take effect next year. He further mentioned that the impact on public sector organisations was still being worked through at the UK Treasury level, but the assumption was that it will be covered as had been confirmed by the Finance Director from NHS Wales at a recent meeting.

**RESOLVED: That the Finance & Performance Committee noted the Month six and Month seven updates.**

## **85/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT**

Hugh Bennett updated the Committee on the main points from the report: It should be noted there were still some data issues being worked through, and these had been flagged where applicable within the report.

1. In terms of the specific performance metrics for the 999 call answering, the 95th percentile was 25 seconds, which was longer than previously reported but still compared well with English counterparts. The 65th percentile and median performance were above target.
2. The NHS 111 service achieved a 5% abandonment rate target for the first time in nine months.
3. The performance metrics for Priority1, P2, and P3 in the 111 service were very robust, with 100%, 91.6%, and 87% respectively, against a target of 90%.
4. EMS red performance was 50.4% for the 8-minute target, with demand continuing to increase.
5. The Cymru High Acuity Response Unit (CHARU) production was the best achieved to date in October at 84%.
6. Amber one median response time was much longer than desired, at 1 hour and 46 minutes, with the 95th percentile over 7 hours.
7. Handover delays in October were 21,880 hours, slightly better than the same time last year but still at extreme levels.

Trish Mills mentioned that the MIQPR report has also been recently reviewed by the Quality, Patient Experience and Safety (QuEST) and People and Culture Committees.

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

## **86/24 DIGITAL REPORTING**

Jonny Sammut provided the Committee with an update on the following areas:

1. The average turnaround time for non-trivial requests had spiked to 40 days, which was higher than seen in recent times. Recruitment was underway to address this, with four end-user support roles due to be advertised soon.
2. Records requests continued to be high and offers have been made to two new records officers who will join in December and January to help manage the demand.
3. System availability has been good, with performance above the UK industry standard of 99.9%, despite a minor issue with LifeX in September.
4. The Infection Prevention Control (IPC) audit tool was being scoped to devise a more automated tool for conducting IPC audits.
5. The procurement for surveillance drones with the Hazardous Area Response Team (HART) team was underway, and training for pilots was planned in the coming months.
6. The Short Messaging Service (SMS) cancellation functionality for Ambulance Care and EMS was underway. Following the Southeast Coast Ambulance Service deployment, technical requirements have been provided to the Trust's Computer Aided Despatch (CAD) supplier, with work scheduled to commence in early 2025.
7. The Power BI migration was nearly complete, with the final Commissioner dashboard being developed to support the Joint Commissioning Committee (JCC).
8. Recruitment progress included the appointment of a new Chief Clinical Information Officer (CCIO), an Assistant Director of Digital Transformation joining in January, and several other roles being filled or advertised.

Following a query in terms of the impact of the Clinical Transformation Programme on the digital plan, Jonny Sammut mentioned that the programme was running at a fast pace, and it was challenging to keep up with the technical requirements. He added his team have a regular monthly planning cycle involving senior management and planning team members to ensure synergy across all functions. The transformation work will take priority, and he assured the Committee his team could scale up or down other programmes as needed.

Bethan Evans asked Jonny Sammut about the recruitment process in general, highlighting the progress and the importance of finding the right skill set and experience for various initiatives. Jonny Sammut responded positively about the recruitment process, mentioning there had been a good uptake of talented people and the positive impact of diversity and inclusion activities. He added that technical roles might be harder to recruit due to salary competition within the private sector.

Peter Curran inquired about the potential for the Trust to explore collaboration with industry partners, particularly around Drones. Jonny Sammut added that collaboration with the Welsh Blood Service and other system partners to develop a Drone highway network across Wales was progressing well. Trish Mills mentioned there was a short presentation in the closed Academic Partnership Committee papers in Ibabs, which covered this detail further.

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

## **87/24 INTEGRATED MEDIUM TERM PLAN DELIVERY/ASSURANCE - PROGRESS UPDATE**

Alex Crawford drew the following key points for the Committee's attention:

The Trust was meeting the Accountability Conditions set by Welsh Government at the approval of the IMTP.

1. Clinical Model Transformation Programme: The programme was progressing well, with a cautionary status due to the pace and the need to catch up on governance. The core flow and core categorisation group has completed its part of the work and moved to the next phase.
2. Urgent Community Response: There were some legacy issues with advanced practice work, including supervisory arrangements for advanced practitioners and ongoing work around independent prescribing.
3. Directorate-Led IMTP Priorities: Significant work continued outside the clinical model transformation programme, with many priorities on track in operations.
4. People Section: Progress on timesheets and other ongoing work was noted, with detailed updates having been provided to the People and Culture Committee.
5. Digital Plan: The current year's action was to implement the plan, with more detailed priorities expected next year.
6. Quality and Clinical Plan: Most areas were on track, with some work needed on training around putting things right and safeguarding, as well as engagement with communities through Civica.

**RESOLVED: The Committee:**

- (1) Noted the CMT 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.**

**88/24 INTEGRATED MEDIUM TERM PLAN 2025/2028**

Alex Crawford gave the Committee a presentation which explained that the planning cycle for the next Trust IMTP, the work for which began in June and started with gathering intelligence and engagement to identify priorities for the upcoming year. He stressed the importance of balancing the Clinical Model Transformation Programme with the ongoing daily operations and other work within the Directorates.

The Committee noted that the focus included maintaining the pace of transformation while considering the operational context and associated risks. He highlighted the need for integrated technical planning, which involved aligning digital, workforce, and finance plans, including capital investments.

In terms of next steps, this would involve refining the priorities and ensuring they were well-balanced between transformation and operational needs; with further discussions with the Trust Board planned for upcoming Board Development sessions.

Chris Turley added that the draft Welsh Government budget was expected to be published on 10 December 2024. Furthermore, there was a Finance Directors meeting scheduled for 20 December 2024, which could involve detailed technical discussions about the NHS Wales allocation letter, dependent on the progress of the budget.

Bethan Evans drew attention to a potential contradiction between the need for consolidation and embedding of changes, and the ambitious nature of the Transformational programmes.

Alex Crawford acknowledged this was a deliberate contradiction, emphasising the need for a discussion on balancing consolidation with the Trust's ambitions. He highlighted the importance of understanding what was meant by embedding and consolidating changes while maintaining the Trust's drive for improvement and transformation. He suggested that this discussion would be further explored in the upcoming Board Development session.

**RESOLVED: The update on the Integrated Medium Term Plan 2025/28 was noted.**

**89/24 INFORMATION GOVERNANCE REPORT**

Jonny Sammut highlighted the following areas for the Committee's attention:

In terms of the Information Governance (IG) Toolkit the Trust was at a "standards not met" status, however the Committee was assured there was an improvement plan in place.

The IG Training compliance rate was 76.5%, an improvement from the previous year's 75% target. The new target was 85%, and there was ongoing debate nationally about whether this was an appropriate target.

In August, 21 Freedom of Information (Fol) requests were received, with 72.2% compliance within the 20 working day timeframe. Further improvements were expected following an Organisational Change Policy and process review.

Although some progress has been made with actions in the Records Improvement Plan (e.g. Review of the Records Management Policy), timelines have been impacted by long-term sickness in the Corporate Governance Team. To provide assurance and visibility, a check against the original audit actions will be carried out in readiness for the November meeting of the Information Governance Steering Group (IGSG) to check for any potential risks emerging from delays in progress. The next recruitment was under way for the Data Protection Officers, with two new Data Protection Managers joining this November.

The Data Quality Internal Audit report was received with reasonable assurance, and two high-priority recommendations identified: 1) reviewing the information asset register, and 2) improving data quality reporting. These recommendations aligned with existing plans to set up an information asset owners' group as agreed by IGSG. The small Data Quality function already has plans to develop data quality metrics for IGSG, coinciding with the audit recommendations. It has been agreed that IGSG will monitor progress of the actions for this audit via an extract of the Trust's audit tracker and will be a standard agenda item going forward. The Committee were advised that the report would be presented at the next Audit, Risk and Assurance Committee (ARAC) meeting.

Trish Mills commented that the previous alert around data quality issues sent to the Board after the September meeting should be updated. She suggested adding that while there were still some highlighted data quality issues, the internal audit on data quality has provided assurance on the actions to address these issues. Osian Lloyd acknowledged the positive assurance from the report and highlighted the focus on the EMS Computer Aided Despatch (CAD) system. He also noted the need to strengthen data quality processes across other data sets and systems.

There was a question regarding recruitment which asked Jonny Sammut if he envisaged or was already seeing challenges with recruiting for some key posts, given the importance of getting the right skill set and experience, especially in the context of the digital function. Jonny explained there were challenges but assured the Committee this was a focus for him. Having said that two posts have recently been advertised, a Data Quality Manager and a Data Quality Analyst. Furthermore, two new Data Protection Managers have recently joined the Trust.

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

## 90/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

Julie Boalch provided an update on the risks under the Committee's remit and noted that the data presented was the same as that shown to the Trust Board in September. She assured the Committee that each risk had been reviewed according to its schedule and navigated through the appropriate governance.

The next round of risk data would be presented to the Audit, Risk Assurance Committee (ARAC) and Trust Board at their respective meetings in November. Julie Boalch also highlighted that 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) had reduced in score and this would be reflected in upcoming reports.

Julie Boalch informed the Committee of the next phase of the Risk Transformation Programme, overseen by the ARAC, and noted that an initial workshop was planned for December 2024 on developing risk appetite statements followed by a Board Development session in February 2025.

**RESOLVED: The Committee noted the contents of the report.**

## 91/24 AUDIT TRACKER 2.0 – JUNE 2024 (Q2)

Trish Mills provided an update on the audit tracker, highlighting the following points: There has been good engagement this quarter, with approximately 67% of intended items closed.

There was one open action on its third revised date which was yet to be complete - action 567 (Hazardous Area response Team (HART) internal audit). This action was discussed by the Committee and the ARAC at their respective meetings in September 2024.

Trish Mills noted the Real Asset Management (RAM) system internal audit from 2021/22 (action reference 470) is an example of historical audit actions that have been difficult to close off. It has been mutually agreed in consultation with Internal Audit colleagues that it is acceptable to close the action on the basis that this work has been accounted for within the Trust's current Digital Plan and subject to the following actions:

1. That the position be clearly articulated on the Tracker and be brought to the attention of the ARAC and FPC in the next reporting period.
2. That this position clearly state that the work is subject to funding of the relevant Tranche 2 of the Digital Plan.
3. That the associated risks be held in the Digital Directorate Risk Register, in lieu of the action's inclusion on the Tracker.

4. That the Corporate Governance Team ensure that the action is scheduled for review by the FPC and ARAC in September 2025 (which is the date of completion on the Tracker).

There were no open external audit actions assigned to the Committee. The current version of the tracker was now open for Directorate review for actions due in October, November and December 2024. These updates will then be reported to the Committee at its meeting in March 2025.

**Overtime Controls Internal Audit** (Reasonable Assurance) – Lee Brooks commented that the audit had provided good assurance on the approach being continually deployed within the Operations Directorate. He added that the audit had identified the benefits that electronic timesheets would provide, although achieving this would take some time.

Following a query on the cost and funding of the electronic time sheet, Chris Turkey advised there was some resource to cover it in the plan for this year.

**Integrated Quality and Performance Management Framework Internal Audit** (Reasonable Assurance) – Hugh Bennett reflected that the Trust might have set a high bar by asking about the extent to which the Quality Performance Management Framework (QPMF) was embedded, rather than the quality of the framework itself.

It was noted that the audit provided reasonable assurance but only limited assurance on the embedding arrangements, primarily due to the small size of the team, which impacted on their ability to do developmental work.

He mentioned that the team has overhauled the work programme and established a Quality and Performance Management Steering Group, which meets monthly and reviews the work programme.

Hugh Bennett acknowledged that the reporting of Alert Assure Advise (AAA) reports into the Executive Leadership Team (ELT) has been intermittent due to time pressures but were now more consistent.

Hugh Bennet stressed the need to be more precise on governance and acknowledged that development work often loses out to mandatory reporting due to the sheer volume of tasks.

Trish Mills reminded Members that the Committee's remit was to review the effectiveness and monitor the outcomes of the QPMF. She expressed hope that the ARAC would be assured of the implementation of the QPMF during their upcoming meeting, as they had received reports in the last meeting, and would receive another report in the current meeting.

Trish advised that the Committee would need to consider how best to report on the effectiveness of the QPMF and the value of the outcomes. This can be addressed during the 2024/25 overall Committee effectiveness review discussions.

**Review of Cost Savings – All Wales Audit** - Chris Turley explained that the report was positive and identified a small number of recommendations. He stated that one of the recommendations had already been completed. He confirmed that all recommendations were on track to be completed by the assigned dates.

Fflur Jones supported Chris Turley's comments and noted that it was a positive report. She acknowledged that the management responses had been accepted and that they met the recommendations set out in the audit.

Peter Curran queried about the recruitment process for the Head of Commercial and the development of the commercial team, expressing concern about the importance of getting the right person in place. Carl Kneeshaw acknowledged there were delays in the recruitment process and mentioned that additional resources had been put in place to mitigate risks, such as having jobs evaluated faster. He stressed the importance of looking at the end-to-end recruitment process to reduce time and improve the overall time to hire. He also highlighted the need to ensure the Trust was an attractive place to work by advertising in the right places, using networks, and having a strong employee value proposition.

Trish Mills suggested that the Committee might wish to flag the data quality audit actions for closer attention. She proposed that this could be a good way to see how the importance of the discussion around recruitment and data quality might be addressed. It was agreed that the Committee would 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 Committee to monitor the discussions / progress on recruitment in Digital and how issues of data quality might be addressed. The Corporate Governance Team (CGT) will ensure that the Audit Tracker is annotated to reflect this focus, and the Committee's CoB/Planner will be updated to reflect this agreed focus.

**RESOLVED: The Committee received and took assurance from the Audit Tracker June 2024 (quarter 2 2024/25) update report.**

## **92/24 MOBILE DATA AND VEHICLE SOLUTION FEEDBACK INITIATIVE**

Jonny Sammut provided an update on the Mobile Data Vehicle Solution (MDVS). He noted that after implementing the technology, a staff survey was conducted to gather feedback on how the system was progressing. The Trust received over 100 responses, which were generally positive, with some constructive feedback. The project team tested the feedback with operational crews to identify core issues, which included routing, graphical user interface (GUI) design, mapping, incident management, and voice notifications.

Jonny Sammut also highlighted that the Ambulance Radio Programme (ARP) which sat under the auspices of the Association of Ambulance Chief Executives (AACE), had engaged with operational teams across 14 locations in Wales during CEO roadshow events, gathering 154 feedback items that aligned with staff survey findings, all of which were documented and reviewed.

The next steps involved working with ARP to determine the top ten issues and developing an action plan for future improvements. Additionally, it was planned to enhance communication and training, including video guides to support colleagues.

Bethan Evans asked if the type of feedback received on the MDVS project was as expected. She also inquired about the level of confidence in being able to address the issues raised to improve the overall perception of the staff. Jonny Sammut explained that receiving only 100 responses was seen as positive because it indicated there was not a large volume of negative feedback. Jonny Sammut added that many of the issues raised were already on the long-term development plan and that the feedback allowed his team to prioritise and address these issues.

The Chair acknowledged the importance of addressing the feedback and demonstrating effective responses to staff concerns. She stressed the need to communicate effectively to ensure staff understood the limitations and improvements being made.

Hugh Parry mentioned that Trade Unions have been involved in the MDVS project from the beginning. He acknowledged that it was expected to be controversial among staff due to the nature of change. He indicated a preference to discuss further details with Jonny Sammut offline rather than in the open session.

**RESOLVED: The Committee acknowledged that the valid issues that operational crews have raised were being addressed but accept that to comply with the Road Traffic Act, some changes to practice, perception and colleague satisfaction cannot be met within the constraints of the Act.**

#### **93/24 POLICIES FOR COMMITTEE ATTENTION**

The following policies were received by the Committee:  
Records Management Policy. This was received for noting.

NHS Wales Procedure for the Recovery of Overpayments – Salary & Expenses (September 2024). This was received for adoption.

**RESOLVED: The Records Management Policy was noted and the NHS Wales Procedure for the Recovery of Overpayments – Salary & Expenses (September 2024) was adopted.**

#### **94/24 COMMITTEE PRIORITIES AND CYCLE MONITORING REPORT**

The report was presented for information. No matters from the Cycle of Business Monitoring Report were escalated for the Committee's attention. The updates regarding the Committee Priorities were noted.

**RESOLVED: The Committee noted the Committee Priorities and Cycle Monitoring Report update.**

**95/24 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS**

Members noted that the room configuration and the chairing of the meeting worked well, especially for hybrid meetings. They appreciated the restricted use of the chat and commended the Chair for moving the meeting along at a great pace.

**Meeting concluded at 12:00**

**Date of Next Meeting: 16 January 2025.**

DRAFT

**ACTION LOG - CURRENT  
FINANCE AND PERFORMANCE COMMITTEE**

Action Number	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
91/24	19 November 2024	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 CGT will ensure that the Audit Tracker is annotated to reflect this focus and the Committee's 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 Jonny Sammut	16 January 2025	<u>Update for 16 January 2025</u>	Open



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## 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.

<b>Trust Board Meeting Date</b>	29 November 2024
<b>Committee Meeting Date</b>	19 November 2024
<b>Chair</b>	Jayne Beeslee

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. The board was alerted in September that certain **Key Performance Indicators** were not populated in the Monthly Integrated Quality and Performance Report (MIQPR) for that meeting. Whilst the 111 clinical triage callback times (P1) data issues have now been rectified, data quality issues remain for some metrics. However, members were assured that a 111 Measures Task and Finish Group has been established between WAST, its commissioners and Digital Healthcare Wales with the focus on development of a nationally reportable 111 data set. Additionally, the **Data Quality Internal Audit** report reviewed by members sets out the actions being taken to address data quality issues, including strengthening reporting arrangements and resourcing in this area. This was a reasonable assurance rated audit, with only 2 of the 10 recommendations being high priority. The committee will continue to monitor this cross-cutting issue.
2. Issues of **recruitment to key positions**, particularly for our digital and commercialisation ambitions, was a theme that ran through the meeting. Whilst job evaluation process improvements are now in place and the overall time to hire process is a priority for review by the new Director of People, the committee will continue to monitor recruitment in what is a competitive market at the next meeting.

#### ADVISE

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

3. 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 2024 to finalise priorities. The Committee welcoming the upcoming focus in board development sessions on the IMPT. Discussions with Commissioners will take place once the financial allocations are known, and the draft plan will be presented to the January meeting.



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4. Members received the **Operations Update Q2**, noting it had been reviewed by the Quality, Patient Experience and Safety Committee (QuEST) and the People and Culture Committee earlier in the month. Additional highlights from a performance perspective noted by members were as follows:
- Quality and support days are developing well with a performance focus on multiple attendance ratios and compliance with diesel mitigation outside hospitals.
  - First scoping meetings on electronic timesheets are highlighting potential benefits once deployed.
  - Financial savings are on track for the directorate; however, there is an issue with the overtime budget not being utilised by staff noting overall reasonable production, less reliance on overtime and a stable position for the Trust because of several financial improvements for staff in place.
  - Urgent Care Service transition - monitoring the reduced utilisation of UCS resources and implementing measures to increase this including messaging to EMS staff to request UCS when appropriate.
  - Single allocator model with dispatch boundary changes in the EMSC reconfiguration project shall be fully implemented later this month with staff having periods of time proofing the approach beforehand aiding deployment.
  - Accredited Centre of Excellence remedial status for the Medical Priority Dispatch System (MPDS) has ended having achieved and sustained improvement.
  - The Medical Transfer Protocol Suite is a new MPDS triage approach for interfacility movement and will need time to embed before the non-compliance rate improves with early work showing improvement is occurring.
5. The **NHS Wales Procedure for Recovery of Overpayments (Salary and Expenses)** was adopted, and the amended **Records Management Policy** was noted.
6. Members **reflected** that the hybrid meeting worked well with a different in room configuration and limiting the chat function. The papers were of good quality in both public and private sessions and provided a good level of assurance.

## ASSURE

(Detail here assurance items the Committee receives)

*The following items will also be presented to board at their 26 September meeting however members may benefit from the following points of discussion from the committee:*

### **Financial Position for Months 6 and 7 2024/25**

7. The EMT band 5 business case risks are highlighted, with a reduced residual risk of £500K for the year now being reported due to factors such as education and training requirements shifting to Q3/4, the holding of certain vacancies, over achievement of savings, some slippage in additional spend in year and using overtime budget. The Trust will seek to cover this year's costs with adjusted year-end spending forecasts, but this approach is unsustainable for 2025/26 and beyond.



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8. The in year financial planning and forecast position assumption remains that the impact of the pay award costs for this year for NHS Wales bodies will be covered in full by Welsh Government. The executive will keep a close eye on the modelling work and any risks this may bring to covering the entirety of the pay award and will escalate where necessary. Assumptions are that the increase to employer National Insurance will be covered by the Welsh Government and details will be included in next year's plan.
9. Members noted that the outcomes continue to demonstrate strong and robust financial management given the challenging financial savings position. The Audit Wales Review of Cost Savings Arrangements relates to this and is shown below.
10. An update on the 2024/25 capital programme was discussed in more detail in private session, with no issues to escalate to board.
11. The Chair's Action recently approved by the board with respect to works at Ty Elwy was noted.

#### **Monthly Integrated Quality and Performance Report (MIQPR) for September/October 2024.**

12. The indicators highlight that NHS 111 Wales has stabilised post the CAS implementation with the coming months seeing a focus on recruiting back up to the establishment, which was affected by the implementation of the new system.
13. The 5% NHS 111 Wales abandonment rate was achieved in October, and clinical response times for P1 and P2 achieved targets this month, with P3 slightly off target at 87% against a 90% target.
14. EMS is stable, but likewise off target for Red performance with the primary cause being handover lost hours. The Trust has largely exhausted traditional approaches to improving EMS performance and therefore is now focused on clinical model transformation.
15. Ambulance Care is stable; however, dialogue has commenced with commissioner on future demand and recovery of planned care. Recent investment announcements to improve planned care does need transport to be factored into plans.
16. **The Integrated Medium Term Plan (IMTP) Delivery and Assurance Report** included the confirmed end of Q2 2024/25 position. The Board will receive the assurance report at its November meeting; however, committee noted as follows:
  - The Clinical Model Transformation program is progressing well and moving to the next phase, focusing on five core workstreams and integrating governance structures.
  - Urgent Community Response Service has a cautionary status due to implementation challenges; however, the Executive Director of Operations offered assurances that the Organisational Change Process (OCP) for the Advanced Paramedic Practitioner and their clinical leadership will support the work back on track early in the new year.
  - There is a significant amount of directorate-led IMTP priorities being developed to ensure structured planning outside of the Clinical Model Transformation programme.



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- Progress was noted against the Cabinet Secretary's priorities for NHS Wales, with specific milestones for primary and community care, urgent and emergency care, planned care, and mental health.
- The NHS Wales allocation letter is expected in late December 2024 and the importance of having agreed planning assumptions was emphasised to develop plans through Q4.

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

17. The **Audit Wales Review of Cost Savings Arrangements**, which was carried out across all NHS bodies, looked at their approaches 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.
18. The Internal **Audit on the Quality and Performance Management Framework** follows the Audit Wales Review of Quality Governance in 2022/23 which focused on quality governance arrangements, with this internal audit looking at embedding of the framework. The review returned an overall reasonable assurance rating, and one high priority recommendation related to the work programme and local frameworks. The Audit, Risk and Assurance Committee has been overseeing the implementation of this framework during 2025/26 and will consider this review at this meeting on 21 November.
19. The **Internal Audit on Overtime Controls** related to the process adopted for the allocation of planned overtime and returned a reasonable assurance rating across all objectives and no high rated recommendations.
20. 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 simplicity of the visual presentation of the digital KPIs was appreciated.
  - The CMT is the Trust's priority currently and whilst risks to the Digital Plan are not fully known at this stage given the pace of that programme, the committee was assured that there are monthly planning meetings to manage this and there are no escalations to the board at this point.
  - The average turnaround time for non-trivial requests to the IT service desk has increased to 40 days. Recruitment for four end-user support roles is imminent to bolster support desk provision.
  - High volume of records requests continues. Two new records officers will join in December and January to help manage the workload.
  - Good system availability performance was reported, with minor issues in September but generally above the UK industry standard of 99.9%.
  - Scoping is underway to devise and build a more automated tool for conducting IPC audits.
  - SMS cancellation functionality for Ambulance Care and EMS was discussed. Following the Southeast Coast Ambulance Service deployment, technical requirements have been provided to our CAD supplier, with work scheduled to commence in early 2025.



- The procurement of surveillance drones for the HART team is underway, with training for pilots scheduled in the coming months. Committee members noted that the Academic Partnerships Committee reviewed this programme in closed session the previous day due to its commercial sensitivities and it was well received and a good example of collaboration with industry partners.
  - Members commented on the criticality of recruitment to key posts in the digital team. This theme ran through this report as well as the Data Quality Internal Audit. Members were assured that recruitment is progressing well, with excellent interest and quality of candidates for many of the roles advertised. Work with the People Services Team on inclusive recruitment has been particularly welcomed. The new Chief Clinical Information Officer and Assistant Director of Digital Transformation roles have been filled.
21. The **Information Governance Report** 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:
- Issues related to data quality and the Data Quality Internal Audit is shown in the alert section above.
  - On the IG toolkit the organization is at a "standards not met" status, however the committee was assured there was an improvement plan in place.
  - IG Training compliance rate is 76.5%, an improvement from the previous year's 75% target. The new target is 85%, and there is ongoing debate nationally on about whether this is an appropriate target.
  - In August, 21 freedom of information requests were received, with 72.2% compliance within the 20 working day timeframe. Further improvements are expected following an OCP and process review.
  - Progress has been made on the records improvement plan, but timelines are impacted by long-term sickness in the team. A re-baseline of the plan will occur in the next Information Governance Steering Group meeting.
  - Recruitment is under way for the Data Protection Officers, with two new data protection managers are joining this month.
22. In July 2024 the **Mobile Data Vehicle Solution** (MDVS) Project Team shared a survey with all operational colleagues to gather feedback about the solution. The Ambulance Radio Programme (ARP) which sits under the auspices of AACE, engaged with operational teams across 14 locations in Wales during CEO roadshow events, gathering 154 feedback items that aligned with staff survey findings, all of which were documented and reviewed. For some areas the new solution had been in situ for some time and in other it was still very new. 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, this feedback has helped move this at pace with a focus on issues at WAST. ARP will work with WAST to prioritise and implement the top 10 feedback items in future deployments, with an action plan for future developments. A training package highlighting agreed product features through communications and video demonstrations will also be completed; noting however that some changes, such as screen visibility over 7mph, remain constrained by legislation. Further discussions are to be held with Trade Union Partners on this issue and any improvement plans.



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- 23. The Committee received the report on Q2 2024/25 of the **Audit Tracker**. It was noted that of the internal audit actions relevant to the Committee 67% due in quarter were closed in quarter, with 5 actions on third and final dates. The importance of scrutinising the reasons and rationale for change where revised dates are proposed was noted.
- 24. Members received the **Committee Cycle of Business Monitoring Report and Committee Priorities** update with no escalations.
- 25. In **closed session** members received an update on the cyber KPIs and audit recommendations, as well as an update to the 2024/25 capital programme.

## RISKS

**Risks Discussed:** 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 September 2024.

Risk 594 has reduced in score in the latest review and will be drawn out in the reporting to ARAC and Board in November 2024.

Members were informed of the next phase of the Risk Transformation Programme, overseen by ARAC, noting an initial workshop is planned for December 2024 on developing risk appetite statements followed by a Board Development session in February 2025.

### COMMITTEE AGENDA FOR MEETING

COMMITTEE AGENDA FOR MEETING		
Operations Update Q2	Financial position Months 6 & 7 2024/25	Monthly Integrated Quality and Performance Report
Digital KPIs	IMTP Delivery/Assurance progress update IMTP 2025-2028 update	Information Governance Report
Risk Management and BAF	Audit Tracker Q2 Data Quality Internal Audit Overtime Controls Internal Audit Integrated Quality and Performance Management Framework Internal Audit Audit Wales Review of Cost Savings Arrangements	Mobile Data and Vehicle Solutions Feedback Initiative
Records Management Policy NHS Wales Procedure for the Recovery of Overpayments	Committee Priorities and Cycle Monitoring Report	



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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		
Angie Lewis						
Carl Kneeshaw						
Jonny Sammut						
Trish Mills	Julie Boalch					
Hugh Parry						
Damon Turner						

	Attended
	Deputy attended
	Apologies received
	No longer member



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## **OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2024-25 Q3 (October – December 2024)**

### **National Operations & Support**

#### **General Update**

#### **Specialist Operations Response Team (SORT) Enhancement**

Following the successful award of funding from Welsh Government earlier this year on the SORT enhancement business case, work is progressing well to roll out the enhancement across Wales. A Senior Paramedic has been recruited who will join the team shortly, making a welcome addition to the HART and SORT clinical capabilities. A SORT Operations Manager has also been recruited and is due to take up post in January. SORT awareness sessions have taken place across North and South Wales and the equipment funded as part of the business case has been procured and is therefore complete. Vehicles however could not be secured in year with the time available since the award was confirmed, and colleagues are actively engaged on rolling capital budget forward.

#### **Volunteering**

The Volunteer team has successfully completed an Organisational Change Process (OCP) and is now operating in the new Function Based Model. This will bring efficiency across the team and streamline recruitment and onboarding as the new model of working takes effect. Additionally, our new Volunteer Management System "GO Assemble" has now been configured and is live across the volunteer team, with a phased launch to volunteers scheduled to roll out from January.

In October we held our Volunteer Conference 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.

## **Grenfell Fire Inquiry Report**

The EPRR team have undertaken a review of the two published Grenfell Inquiry reports. The fire at Grenfell Tower in West London in the early hours of 14 June 2017 spread rapidly, tragically causing the death of seventy-two people. Our assessment of the recommendations from the two Inquiry reports have been presented and compared with the recommendations from the Manchester Arena Inquiry (MAI). Our review found no additional actions that the Trust need consider, with the Grenfell recommendations mirroring the recommendations from MAI. This output however has been considered by the Executive Leadership Team and subsequently submitted as supplementary evidence to the MAI submission to commissioners.

## **Manchester Arena Inquiry (MAI)**

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, 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.

## **Resourcing, EMS Coordination and Quality**

### **Challenges**

#### **HM Coroners (HMC)**

The Operations Quality team continues to receive coroner requests meaning that the backlog of statements remains present. Capacity within Operations Quality (OQ) continues to be realigned where possible to support with the construction of statements and a robust quality assurance process is in place to ensure that accurate statements can be reviewed and signed by the Locality/Service Managers in EMS Coordination for serving to HMC. Any requests from HMC to prioritise or final deadlines are prioritised dynamically. Following the EMS Coordination (EMSC) reconfiguration, more capacity from EMSC Service Managers will now be aligned to coroner statement completion, which it is anticipated will help to manage the ongoing demand from HMCs across Wales.

## **Red Code Breathing Problem**

The Operations Quality team has been examining the increase in incidents related to ineffective breathing (Red) 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. There has been a sustained increase in Red calls related to breathing problems since 2019, with a further notable escalation occurring in 2024. Previous SBARs identified issues with call coding and recommended measures, such as training EMS Coordination staff and clarifying call processing post-Red Review.

Detailed analysis targets the top five MPDS determinants for breathing problems, especially the 06E01 code, and examines age-related variations, focusing on the 0-4 age group. Several process changes may have contributed to the increase in ineffective breathing Reds, including modifications to Echo determinant codes, the introduction of Red Review, and pandemic protocol adjustments. An extensive MPDS audit revealed a significant proportion of non-compliant calls, identifying instances of over-coding. Concerns also exist regarding under-coding within this chief complaint, which is a challenge reported by other ambulance Trusts as well.

The analysis indicates a decline in the proportion of 06E01 incidents resulting in hospital transport, with a rise in those treated at the scene or using their own transport after ambulance arrival. There has been a notable increase in 06E01 incidents originating from 111 calls, particularly within the 0-4 age group, suggesting possible over-triaging. Immediate actions have been taken for clinical validation before such incidents are transferred from 111 to 999, and efforts are ongoing to understand the issue between the Integrated Care and EMS Coordination teams.

## **IMTP**

### **E-Timesheet Workshop**

In November stakeholders from across the Trust and partner organisations, including Trade Union Partners, met to discuss the implementation of the electronic timesheet within our current rostering system. This project has been on the agenda for some time, but this date marks a significant step forward, moving into the scoping phase of the project with implementation planned for 2025. It was useful to understand the key issues and challenges, but with a clear focus from all present that this is an area that we need to progress for the benefit of all colleagues. The inaugural Project Board will be in January 2025 with the Assistant Director of Operations, Resourcing and EMSC as the Senior Responsible Owner. The project documentation is currently being drafted to ensure that all the requirements, benefits and risks to the project are clearly set out.

## General Update

### EMS Coordination Restructure and Reconfiguration

The restructure and reconfiguration programme went live on the week of the 25 November 2024. This is probably the most significant change our control rooms have experienced in decades and marks the start of a new era for EMS Coordination with improved ways of working, a much-needed progressive career structure, and capacity to better support our people. Over the last few months, the team have been actively recruiting into the centres and have appointed four new Locality Managers, which includes one for each EMSC centre and the fourth to manage the Clinical Navigators. Alongside this we have also appointed seven Operations Managers to provide 24/7 coverage across the 3 centres and to be the first point of contact for any significant or critical incidents which may occur.

### Rapid Clinical Screening

On 4 November 2024, we welcomed nineteen Clinical Navigators into EMS Coordination. These roles are vital as we move into the first phase of our Clinical Services Model. Our new Clinical Navigators commenced their training ready for the Rapid Clinical Screening go live on 18 November. This was the first cohort of Clinical Navigators, and we will welcome a further six colleagues who join us from other NHS organisations in January 2025. This marks the first major step forward into our new model and will be an exciting time for the Trust as we start to shape the future service offer.

### Medical Transfer Protocol Suite (MTPS)

MTPS is a suite of three Medical Priority Dispatch System (MPDS) protocols for interfacility (hospital) transfers for use by health care professionals. A review of the success of these protocols is ongoing and analysis of the non-emergency protocols so far has been positive. The emergency protocol (Protocol 45) has shown a high ratio of reds. Whilst these meet the operational performance target for reds, a paper is being refined with the findings and options to address any identified issues.

## Emergency Medical Service

### Challenges

### Powys Major Incident Train Crash

WAST declared a Major Incident on 21 October 2024 for a train crash at Stay Little (Talerddig) Powys. The crash involved two passenger trains with initial reports indicating a high number of casualties. WAST declared a level 5 Major Incident and mobilised over 20 resources to the

scene including EMRTS and HART. As the incident progressed and more information was available from the scene, it became apparent that the patient numbers were not as high as initially thought and some resources were stood down.

WAST treated 15 casualties, the majority of which were minor injury patients with 1 deceased patient on scene. An internal debrief has been held and WAST has hosted the multiagency debrief. Both reports are being collated, but initial lessons identified include the challenges associated with a rural location, access for commanders to the scene and the need to activate the command groups promptly. Unsurprisingly, there are some synergies with some recommendations made to commissioners following our work focussed on the MAI.

### **December Critical Incident**

On Monday 30 December, the Trust experienced high activity following the Christmas break, compounded by significant lost capacity due to handover delays, which severely hampered our ability to respond effectively. As the day progressed, the number of waiting incidents escalated, leading to increased community wait times. In response, the Trust initially escalated to REAP Level 4 (Extreme Pressure), prioritising all available capacity to front line services. However, this proved insufficient to meet the demand levels, necessitating the declaration of a Critical Incident. At the peak, more than 400 calls were awaiting ambulance response, and consistently over 50% of emergency ambulances were unavailable due to handover delays. The situation was further exacerbated by high rates of respiratory illness, resulting in extremely high hospital bed occupancy and reduced patient flow.

Command arrangements were established and remained in place until the incident was stood down in the early hours of 1 January. Activity on 31 December offered some respite, allowing the team to recover the waiting incident numbers. The evening of New Year's Eve, while busy, was fortunately uneventful and this may have been helped by the high profile and proactive media engagement.

## **IMTP**

### **Advanced Paramedic Organisational Change Process**

Operations and Clinical teams are working together to align the APP structure as part of the Trust's transformational work which will see a senior APP role at Band 8a and other APP roles including prescribing at Band 7. An OCP is currently underway for this work. The 24/25 APP recruitment process is well underway with applicants being appointed from both internal and external environments with final advert being released for the March term.

## **EMT Transition Programme**

Further to the Trust's EMT transition programme to enhance the training and education of EMT2 to Emergency Ambulance Practitioners, we are now working closely with the Learning and Development team to ensure that all EMT 2s who are eligible and wish to undertake the EAP training is allotted a place on an available course. Courses are running into 2026.

### **General Update**

#### **Quality & Support Days**

The Operations Directorate completed an operational effectiveness Quality and Support Day on Monday 28 October to further work to improve compliance against key performance indicators and to provide feedback to operational staff. While overall results were positive, the feedback did highlight a need for further consolidation of the hospital dual pin handover processes. Heads of Service and Service Managers have secured time on new starter courses and next year's MIST courses to reinforce and refresh all operational effectiveness items such as key performance indicators and dual PIN handover.

#### **End of Shift OVERRUNS EMS**

To further support the work to reduce end of shift overruns, another end of shift handover POD is operational in Glangwili Hospital, Carmarthen. Due to the rurality of Hywel Dda it is hoped that this will make a difference to staff wellbeing and prevent lengthy end of shift overruns. This is a milestone for Hywel Dda, and once a brief period of evaluation has taken place, the local team will look to roll out similar infrastructure on Witybush and Bronglais sites.

#### **Palliative Care**

To further consolidate the End of Life Care work in the Swansea Bay Health Board area, Hywel Dda has established a 6 month trial of a Palliative Care Paramedic response car to provide essential advanced knowledge and treatment regimes for the complex needs of End of Life Care patients.

## Ambulance Care

### Challenges

#### **NEPTS Roster Review**

Work has continued to progress a service wide review of NEPTS rosters. This is the first ever national review of the services rosters and should hopefully deliver improved performance and efficiency. ORH have produced roster keys, which have gone through internal validation and the review will now move to the engagement and consultation phase.

#### **Service Performance**

Maintaining recent performance levels has become more challenging in the face of increasing pressures in planned care activity and the need to operate within the available resource envelope. Engagement with the commissioners has begun to identify solutions to address these challenges and to ensure the service remains in a robust position to continue to support planned care recovery in the future. The Trust is holding out not to return to our previous overspend position.

#### **Recruitment Following Transition**

Following recent EMT recruitment and many of the successful candidates being from ACA2 roles, this has left a reduced workforce in a number of areas. As EMT transition courses continue, this has limited the the availability to source additional training capacity. While there are pre-planned ACA courses, these were planned over 12 months ago to cover normal recruitment and attrition and will not provide adequate capacity to meet the required demand. Where budget is available, the service will utilise alternative resource options to address areas of sub-optimal resourcing.

### IMTP

#### **End of Shift OVERRUNS UCS**

The Ambulance Care team have been focused on reducing shift end over runs for the Urgent Care Service line. Initial focus was on reducing overruns greater than 2 hours, this was refocused to 90 mins+ in the summer after significant improvements were observed and 2hr+ overruns were almost eradicated. Following further improvements in the 90+ sector, the team will further reduce this target to 60 minutes from January 2025.

## **Ambulance Care Practice**

Work to focus the Urgent Care Service on its core purpose, and ensure that UCS staff work only within their scope of practice, has progressed well and the calls allocated to the service are now much more aligned. Further work will commence in early 2025 to introduce a number of ambulance care practice development roles that will help review and develop Ambulance Care practice across all service lines. This will be a first for this area of the business and will also complement succession planning and service integration across operations.

### **General Update**

## **Quality Assurance**

The NEPTS service has continued to utilise and develop its balanced scorecard approach to performance management. This is gathered via a dashboard which includes activity, performance, staff compliance, patient experience and management compliance measures. The dashboard is informed not only by data from WAST systems, but also from patient feedback gained via online, postal and text patient surveys and annual birthday calls for regular travellers. The outcomes of the dashboard are used to identify areas of development for the service that can improve experience and outcomes.

#### **Establishment**

Recruitment for 111 call handlers across Wales has presented ongoing challenges, but we are committed to addressing these obstacles and improving our staffing levels. Despite difficulties, we've successfully recruited 65.4 full time equivalents to join the 111 Call Handling Team resulting in much improved levels of resourcing going into the winter period.

The establishment of clinicians has faced some challenges due to staff transitioning into new roles within the Clinical Navigation team. However, we have maintained a stable UHP despite these changes. To address this, we are actively recruiting and have enhanced our recruitment strategy to ensure we attract the best candidates.

The recruitment plan for band 6 clinicians is progressing well, with the three planned cohorts already advertised. Cohort one will start on 6th January 2025, cohort two on 24th February 2025, and cohort three on 7th April 2025. Additionally, two more inductions are planned for the summer months, with these still to be advertised. We're confident that these efforts will strengthen our team and support continued growth.

The Duty Operations Manager (DOM) team establishment is also challenged, and we are actively recruiting to backfill these positions. There are three vacancies to fill, two have now been recruited into with a start date of 20th January 2025. The third vacancy is actively looking to be backfilled.

#### **Sickness**

Sickness absence remains a cause of concern across Integrated Care despite considerable efforts to target the causes of sickness absence. Integrated Care is taking the necessary steps to understand the key drivers and develop meaningful interventions. Integrated Care has commenced a trial with Occupation Health to allow those colleagues who are unwell to get access to immediate occupational health and wellbeing support.

### **Mental Health Response Vehicle (MHRV)**

Following a successful trial, the availability of the MHRV has been expanded across 3 Southeast health boards, 7 days a week between the hours of 1300-0100. A Senior WAST Mental Health Practitioner and Emergency Medical Technician will work together on the vehicle to assess and treat patients in the community for a timelier response, and to reduce avoidable hospital admissions.

The Mental Health Response Vehicle (MHRV) has been active since the 3rd of November 2024. Recent recruitment has increased the number of Mental health practitioners (MHP) from 8 to 10, with the 2 additional remaining in training until 17th January 2025. The MHRV has responded to 144 patients where 40.2% of those patients were treated at scene. and a further 9.38% conveyance rate. The average time on scene for the MHPs has been 41:08 minutes.

### **Clinical Model Transformation**

The Clinical Model Transformation has continued to be a significant focus throughout this quarter. Below are some of the recent works and upcoming implementations:

- **Rapid Clinical Screening** includes high acuity live review, queue safety, remote clinical support, and green call screening, all of which are operational. Screening of Amber 2 calls is scheduled to go live the week commencing 16th December. Screening of Amber 1 calls is set to go live at the end of January, coinciding with the commencement of the remaining appointed clinical navigators.
- **Call Categorisation** is currently with WG for approval and undergoing review. Findings will be communicated once available.
- Remote Integrated Care Service has **Care Planning** now live and the **CPSS winter desk** is now also live. Capacity has been freed up in CSD to conduct remote clinical assessments on 999 screened calls. 111 access to 999 pathways is available and live, providing greater access to urgent primary care appointments.
- Urgent Community Response Service has developed an appointment scheduling SOP, which will be presented to STB with recommendations. APP OCP is underway.

## **Welsh Improvement Plan 2024**

The 111 Service Welsh Improvement Plan 2024 addresses 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. Integrated Care was very honoured to receive a Trust award for the work that has been completed to increase access ongoing.

## **Quality & Support Days**

Integrated Care has successfully introduced monthly Quality and Support Days across Wales, with four highly successful events already completed. During these days, Integrated Care Managers have met with as many staff members as possible, fostering open conversations and increasing their visibility within the workforce. These events have generated valuable insights and data, with key themes covered across the days:

- Day 1: Performance and Understanding Performance
- Day 2: Communication and Workplace Morale
- Day 3: Sexual Safety and Reporting
- Day 4: 'You Said, We Did' – A review of feedback from the previous quarter

The feedback has been overwhelmingly positive, and we are excited to continue this model, aligning it with the excellent results from our recent staff survey. This initiative is helping to strengthen communication, improve staff morale, and ensure that we continue to evolve in line with the needs and suggestions of our teams.

<b>AGENDA ITEM No</b>	<b>6</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>3</b>

<b>Financial Performance as at Month 8 – 2024/25</b>
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<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	16 <sup>th</sup> January 2025
<b>EXECUTIVE</b>	Chris Turley (Executive Director of Finance & Corporate Resources)
<b>AUTHORS</b>	Edward Roberts (Interim Assistant Director of Finance) Steph Taylor (Assistant Head of Capital Planning)
<b>CONTACT</b>	Chris.Turley2@wales.nhs.uk

<b>EXECUTIVE SUMMARY</b>
<p>This paper presents to the Committee for completeness the Financial Performance Report of the 2024/25 financial year, the reported position as at Month 8 (November 2024), a high level presentation will be provided to Committee on the Month 9 position.</p> <p>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.</p>

<b>KEY ISSUES/IMPLICATIONS</b>
<p>Key highlights from the report for the Committee to note are:</p> <ul style="list-style-type: none"> <li>• The Trust is reporting a small revenue surplus (£42k) for month 8 2024/25;</li> <li>• 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;</li> <li>• Capital expenditure plans are being finalised with plans to fully achieve in year;</li> <li>• In line with the financial plans that support the IMTP, gross savings of £5.086m have been achieved in month 8 against a target of £4.640m;</li> <li>• Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.7% for the number, and 98.6% of the value of non NHS invoices paid within 30 days.</li> </ul>

### REPORT APPROVAL ROUTE

- FP&C – 16<sup>th</sup> January 2025 – for noting (Month 9 to be provided as verbal/presentation)

### REPORT APPENDICES

**Appendices 1 – 2** – Monitoring returns submitted to Welsh Government for month 8 – 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 8 2024/25

#### INTRODUCTION

1. This report provides the Committee with a summary of the revenue financial performance of the Trust as at 30<sup>th</sup> November 2024 (Month 8 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 8 2024/25** (1<sup>st</sup> April 2024 – 30<sup>th</sup> November 2024) 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 **£5.086m** have been achieved against a target of **£4.640m**. The future phasing of residual savings requirements as we progress through 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 98.6% 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 also note the following assumptions that were made at the outset of the financial year within the balanced financial plan and budget set, in reporting this current and forecast position:
  - The in-year recovery of all of the income assumptions in the financial plan including growth predictions and that the current changes in commissioning

have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS services;

- The ability to deliver a minimum of c£6.421m in savings and efficiencies in year. This equates to c2.2% of the Trusts discretionary income;
  - No other developments, enhancements or cost increases not currently funded within budgets will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. These included at the time:
    - I. Any costs relating to the banding change for EMT / technician level posts, *note however the update below in relation to the ongoing discussions and in year mitigating actions associated with this cost pressure, which as Committee members will recall is now progressing with initial implementation costs paid in November 2024;*
    - II. Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, and
    - III. Any and all costs associated with the recently submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.
  - Despite an element of additional funding provided, some cost elements are still hard to predict through the 2024/25 financial year (and beyond) and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2024/25 to manage any such variations;
  - The ability to manage in year cost pressures as they arrive, within the small contingency the Trust continues to hold, as per the IMTP / 2024/25 financial plan.
4. As such, and as Committee members will be aware, the Trust did escalate one financial risk in its reporting to Welsh Government 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, in light of the Trust 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 was reduced to zero in month 8.
5. Discussions continue with commissioners over the support required for the impact of the EMT3 / Band 5 implementation costs, including the now more significant recurring impact of future years funding required. Whilst the position is currently that no in year additional funding for these costs has been assumed, the residual risk as included in last month's position and WG reported returns has

now been reduced to zero, with costs being managed through controlling other variable spends.

## REVENUE FINANCIAL PERFORMANCE – MONTH 08 2024/25

6. The table below presents an overview of the financial position for the period 1<sup>st</sup> April 2024 to 30<sup>th</sup> November 2024.

Revenue Financial Position for the period 1st April - 30th November				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-307,677	-200,061	-200,075	-13
<b>Expenditure</b>				
Pay	223,277	145,450	144,285	-1,165
Non-pay	63,322	40,560	42,121	1,561
<b>Total pay &amp; non-pay expenditure</b>	<b>286,599</b>	<b>186,010</b>	<b>186,406</b>	<b>396</b>
Depreciation & Impairments / interest payable & receivable	21,078	14,052	13,627	-425
<b>Total</b>	<b>0</b>	<b>0</b>	<b>-42</b>	<b>-42</b>

### Income

7. Reported Income against the initial budget set to Month 8 shows an overachievement of **£0.013m**.

### Pay Costs

8. Overall, the total pay variance at Month 8 is an underspend of **£1.165m**.

### Non-pay Costs

9. The overall non-pay position at Month 8 is an overspend of **£1.136m**.

### Savings

10. 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.
11. Month 8 in month performance was plan of £0.516m and £0.512m achieved, therefore an underachievement of £0.004m (recurrent underachievement of £0.019m and non recurrent overachievement of £0.015m). Cumulative performance was plan of £4.640m and £5.086m achieved, therefore an over achievement of £0.447m\* (£0.476m recurrent and -£0.029m non recurrent), as per the below table.

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Recurrent Schemes / Themes	3,646	304	285	-19	2,695	3,171	476	3,646	4,147	501
Non Recurrent Schemes / Themes	2,775	211	226	15	1,945	1,915	-29	2,775	2,570	-205
<b>Overall Total</b>	<b>6,421</b>	<b>516</b>	<b>512</b>	<b>-4</b>	<b>4,640</b>	<b>5,086</b>	<b>447</b>	<b>6,421</b>	<b>6,716</b>	<b>295</b>

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

12. Hence, 72% of the plan has been phased in for Month 8 which is slightly higher than flatline and 79.2% of the 2024/25 overall plan value of £6.421m has been achieved.

13. Forecast year end position is an overachievement of £0.295m, this is made up of planned underachievement of non recurrent savings of £0.205m and a planned overachievement in year on recurrent savings of £0.500m.

14. **Appendix 3** provides the overall detail for Month 8 by theme. This is now further split over recurring and non-recurring schemes.

15. Main variances by scheme in Month 8 are as follows.

- Interest receivable overachieved in M8 by £0.020m, YTD now overachieved by £0.401m. FYF is an over achievement of £0.466m based on cashflow projections.
- Over achievement on corporate vacancies in M8 was £0.006m, YTD overachieved by £0.186m. FYF is assumed a slight overachievement of £0.024m due to the assumption that posts will be recruited into.
- Fuel forecourt prices continue to be lower than budgeted and hence has overachieved target by £0.030m for M8, YTD overachieved by £0.311m. FYF is an over achievement of £0.431m.
- For the planned apprenticeship programmes, higher than anticipated income was received again in M8 which showed an overachievement of £0.019m, YTD is now overachieving by £0.044m. FYF is assuming an over achievement of £0.071m as planned income each month is dependent on new contract arrangements and are not yet finalised to determine any income streams.
- Workforce efficiencies in M8 was an under achievement of £0.016m with YTD under achievement of £0.020m and FYF underachievement of £0.087m.
- Non pay local schemes in Corporate and Operations combined underachieved in M8 by £0.047m so YTD still an underachievement of £0.186m with a FYF of £0.253m.
- Fleet repair position continues to be challenging with current limited capital investment in vehicles so underachieved in M8 by £0.007m, with a YTD underachievement of £0.044m and FYF underachievement of £0.057m.
- Due to the HMRC review via DHCW, the income from the MS Office VAT Rebate is no longer anticipated in 2024/25 so the in-year saving has been forecasted as zero.

## Financial Performance by Directorate

16. Whilst there is a small surplus reported at Month 8 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.

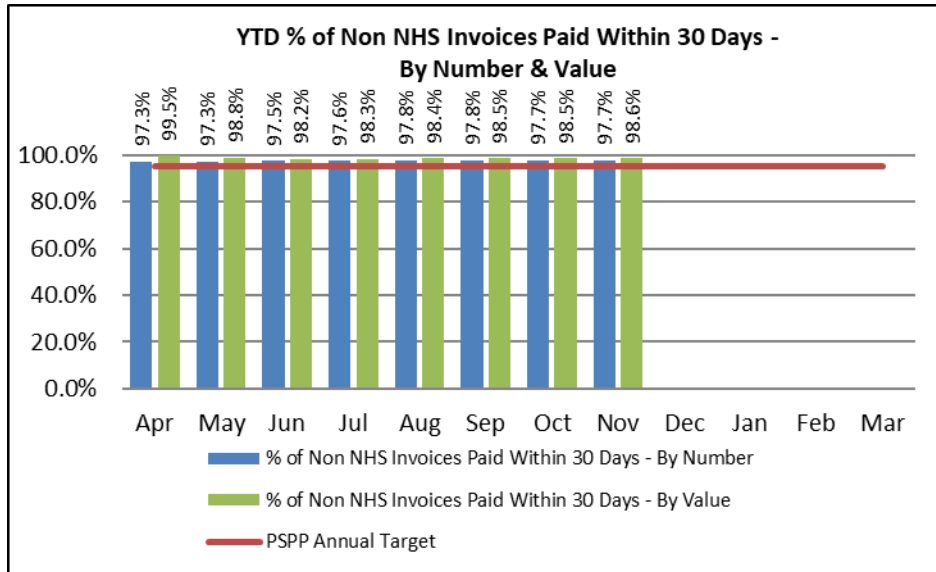
Financial position by Directorate @ 30th November	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
<b>Directorate</b>					
Operations Directorate	210,812	137,808	136,972	-836	-0.6%
Chief Executive Directorate	1,927	1,303	1,389	85	6.5%
Corporate Governance	667	422	422	0	0.1%
Partnerships & Engagement Directorate	520	347	341	-7	-1.9%
Finance and Corporate Resources Directorate	35,660	23,872	24,311	439	1.8%
Planning and Performance Directorate	2,897	1,938	1,977	38	2.0%
Quality, Safety and Patient Experience Directorate	6,480	4,178	4,248	70	1.7%
Digital Directorate	14,385	8,849	8,835	-13	-0.2%
People and Culture	5,665	3,608	3,449	-159	-4.4%
Medical & Clinical Services Directorate	3,779	2,389	2,399	10	0.4%
Trust Reserves	3,265	279	609	330	118.3%
Trust Income (mainly JCC)	-286,057	-184,993	-184,993	0	0.0%
<b>Overall Trust Position</b>	<b>0</b>	<b>0</b>	<b>-42</b>	<b>-42</b>	

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

- Most directorates broadly in line with budget plan for Month 8;
- 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;
- 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;

## PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

18. Public Sector Payment Policy (PSPP) compliance to Month 8 was **97.7%** against the **95%** WG target set for non-NHS invoices by number and **98.6%** by value.



## 2024-25 CAPITAL PROGRAMME

19. At Month 8, 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.
20. The breakdown of the current confirmed All Wales Capital funding and to date expenditure is shown below:

	2024-25 Planned Expenditure	2024-25 Expenditure To Date
	£'000	£'000
<b>All Wales Capital Programme:</b>		
ESMCP - Control Room Solutions	-27	-27
Efab - Infrastructure	303	75
Efab - Fire	333	22
Efab - Decarbonisation	596	0
MDVS	-104	-104
2024-25 Ambulance Vehicle Replacement Programme	12,828	5,077
Maintenance Backlog 2024-25	635	0
Special Operational Response Teams (SORT) Enhancement Equipment	430	0
<b>Sub Total</b>	<b>14,994</b>	<b>5,043</b>

21. 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 as expected 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.
22. The current total expenditure against the discretionary allocation is **-£0.051m**. However, this included a large VAT recovery, had this been excluded the total expenditure would have been **£0.743m**.

## **RISKS AND ASSUMPTIONS**

23. 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 next few months, we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Depending on the outcome of some of the issues highlighted, we may be moving towards higher risks having to be reported in due course, alongside ensuring that Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.
24. However, there are a number of risks that need to continue to be documented within this reported financial position, 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.
25. 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 will remain under review and will be assessed each month.
26. Included in the reported risks is one 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 remain volatile therefore a low risk has been included for these, following an assessment this has been reduced by a further £0.400m in month.
27. 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 will remain under review and subject to changes as we progress through the financial year.
28. A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) of £1.000m. Matched funding for this highly volatile area is provided by WG on an annual basis.
29. As already described above, the risk in relation to costs associated with revised EMT / Technician level posts has been reduced in month to zero.
30. Now included in the table is a low risk around the pay award funding of £11.108m, this has been included as the Trust has incurred these costs and accrued the income but is yet to receive confirmation of the amount that can be invoiced.
31. Also included are two remaining unquantified risks, aligned to some of the income and funding assumptions previously highlighted, and which 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.
32. These are also 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.
33. 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:**

- a) **Notes** and gains **assurance** in relation to the Month 8 revenue financial position and performance of the Trust as at 30<sup>th</sup> November 2024;
- b) **Notes** the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust;
- c) **Notes** the capital programme update for 2024/25, and
- d) **Notes** the Month 8 Welsh Government monitoring returns submission included within **Appendices 1 – 2** (as required by WG);

**Appendix 1**

Month 8 Monitoring return

**Appendix 2**

Month 8 Monitoring return tables (Circulated by e mail)

## Appendix 3

### Welsh Ambulance Services NHS Trust

#### Savings Performance by Theme 24-25

Reporting Month

8

	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
Apprenticeships	200	17	36	19	133	178	44	200	271	71
Fleet Repair	80	7	0	-7	53	23	-30	80	23	-57
Fuel Efficiencies	249	20	50	30	165	476	311	249	680	431
HEIW CPD Provision	140	12	12	0	93	93	0	140	140	0
Interest Receivable	300	25	45	20	200	601	401	300	766	466
MS Office VAT Rebate	300	10	0	-10	260	0	-260	300	0	-300
Non-pay Local Schemes - Corporate	600	58	30	-29	366	219	-147	600	390	-210
Non-pay Local Schemes - Operations	515	43	25	-18	351	312	-39	515	472	-43
Vacancy Management Corporate Teams	2,275	184	191	6	1,551	1,738	186	2,275	2,299	24
Workforce Efficiencies & Transformation	1,062	81	73	-8	997	973	-24	1,062	1,038	-24
Workforce Efficiencies & Transformation Variable	700	59	51	-8	469	473	4	700	637	-63
<b>Totals</b>	<b>6,421</b>	<b>516</b>	<b>512</b>	<b>-4</b>	<b>4,640</b>	<b>5,086</b>	<b>447</b>	<b>6,421</b>	<b>6,716</b>	<b>295</b>

#### Savings Performance by Theme 24-25 - Recurrent

Reporting Month

8

	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
Apprenticeships	0	0	0	0	0	0	0	0	0	0
Fleet Repair	80	7	0	-7	53	23	-30	80	23	-57
Fuel Efficiencies	249	20	50	30	165	476	311	249	680	431
HEIW CPD Provision	140	12	12	0	93	93	0	140	140	0
Interest Receivable	300	25	45	20	200	601	401	300	766	466
MS Office VAT Rebate	0	0	0	0	0	0	0	0	0	0
Non-pay Local Schemes - Corporate	600	58	30	-29	366	219	-147	600	390	-210
Non-pay Local Schemes - Operations	515	43	25	-18	351	312	-39	515	472	-43
Vacancy Management Corporate Teams	0	0	0	0	0	0	0	0	0	0
Workforce Efficiencies & Transformation	1,062	81	73	-8	997	973	-24	1,062	1,038	-24
Workforce Efficiencies & Transformation Variable	700	59	51	-8	469	473	4	700	637	-63
<b>Totals</b>	<b>3,646</b>	<b>304</b>	<b>285</b>	<b>-19</b>	<b>2,695</b>	<b>3,171</b>	<b>476</b>	<b>3,646</b>	<b>4,147</b>	<b>501</b>

#### Savings Performance by Theme 24-25 - Non Recurrent

Reporting Month

8

	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
Apprenticeships	200	17	36	19	133	178	44	200	271	71
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	260	0	-260	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	184	191	6	1,551	1,738	186	2,275	2,299	24
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
<b>Totals</b>	<b>2,775</b>	<b>211</b>	<b>226</b>	<b>15</b>	<b>1,945</b>	<b>1,915</b>	<b>-29</b>	<b>2,775</b>	<b>2,570</b>	<b>-205</b>

Please note figures are rounded to the nearest whole number



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Ymddiriedolaeth Brifysgol GIG  
Gwasanaethau Ambiwylans 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

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

12<sup>th</sup> December 2024

Your ref:

Dear Claire,

**Re: NOVEMBER 2024 (MONTH 08 2024/25) MONITORING RETURN**

Please find attached the Monitoring Returns for the Welsh Ambulance Services University NHS Trust for November 2024.

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 08 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.

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

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

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

Pencadlys Rhanbarthol  
Ambiwylans a Chanolfan  
Cyfathrebu Clinigol

Regional Ambulance  
Headquarters and  
Clinical Contact Centre

Beacon House  
William Brown Close  
Llantarnam  
Cwmbran NP44 3AB  
Ffôn/Tel  
01633 626262

The resulting reported performance at Month 8 as per Table B, is a small underspend against budget / surplus of **£0.042m**

The reported total pay variance against plan as at Month 8 is an underspend of £1.165m, set against the budgets.

The non-pay position at Month 8 is a reported overspend of £1.136m.

Income at Month 8 shows an over achievement of £0.013m.

## 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 next few months we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Depending on the outcome of some of the issues highlighted elsewhere in this return, we may be moving towards higher risks having to be reported in due course, alongside ensuring that the Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

However, there are a number of 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.

Given the current planned overachievement of our saving schemes the Trust had in month 7 reduced this risk around non achievement of identified savings to zero, this risk will however remain on the table and will be assessed each month.

Included in the table is 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 has been included for these, following an assessment this has been reduced by a further £0.400m in month.

The benefit of the estimated energy cost saving has already been reflected within the Trusts saving table and is therefore already included within the Trust's forecasted position **(Action Point 7.2)**

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 has been reduced to zero in month 4, this will remain under review and subject to changes as we progress through the financial year.

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

Conversations are ongoing with the commissioners around the support for this year's impact of the EMT3 Band 5 implementation costs, along with the more significant impact of future years funding pressure previously reported in detail through these monthly monitoring returns. Whilst the position is currently that no in year additional funding for these costs has been assumed, the residual risk as included in last month's returns has now been reduced to Zero, with costs being managed through controlling other variable spends. **(Action Point 7.1)**

Now included in the table is a low risk around the pay award funding, this has been included, as the Trust has incurred these costs and accrued the income but is yet to receive confirmation of the amount that can be invoiced.

Also included within the risk table are 2 remaining unquantified risks at this stage, 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 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).
- 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 returns, these are also 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.

As noted above, whilst there are therefore no current individually assessed high financial risks at present, however when this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed within the IMTP, this will likely be another challenging financial year, despite the reported good financial performance in M08, based on the assumptions made in reporting this.

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.

Please note that the income included in the WG line assumes the full costs of the pay award, which was paid out in month, this is yet to be invoiced to WG, but will be done so in the coming months, along with the costs of the yet to be paid award for the 8a and above additional spinal points.

We will raise the invoice for the IFRS 16 DEL baseline Depreciation during month 9. **(Action Point 7.4)**

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

Agency costs for Month 8 totalled £0.138m. 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 8 the Trust is reporting planned savings (including Income generation) of £4.640m and actual savings of £5.086m.

As can be seen from Table C3, the Trust overachieved its savings target in month 8 and is now forecasting to overachieve the total savings target for the year by £0.295m, this is made up of planned underachievement of Non recurrent savings of £0.205m and a planned overachievement in year on recurrent savings of £0.500m.

## **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 8 there was 1 credit note over 17 weeks, which is just awaiting an invoice to come in to be able to clear this from the system. There were 2 invoices and 1 credit note over 11 weeks, however one invoices included in the month 8 return is past the arbitration dates, this has subsequently had a credit note raised against it so is excluded from the total. **(Action Point 7.3)**

## 11. Cash flow (Table G)

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

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
<b>RECEIPTS</b>													
<b>other (specify in narrative)</b>													
CRU Income	16	13	13	9	14	14	11	12	12	12	12	12	150
Other Non NHS Income	242	144	278	253	449	127	189	156	355	355	355	349	3,252
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	400	350	427	4,591
Risk Pool Refund	0	0	975	0	55	0	40	0	0	0	0	0	1,070
<b>Total</b>	<b>1,012</b>	<b>157</b>	<b>1,378</b>	<b>462</b>	<b>1,040</b>	<b>595</b>	<b>547</b>	<b>517</b>	<b>1,083</b>	<b>767</b>	<b>717</b>	<b>788</b>	<b>9,063</b>

## 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 2 cumulative percentage of Non-NHS invoices paid within 30 days by number was 98.1% against a target of 95%. This will again be updated in the December return.

## 13. Capital (Tables I, J and K)

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

Detailed work is ongoing with Programme managers to establish updated cash flows that reflect the profiles of approved projects now for this financial year.

## 14. Committee to receive Financial Monitoring Return

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

The Month 8 Financial Monitoring Return will be presented to the Finance and Performance Committee on 16<sup>th</sup> January 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 Edward Roberts, Interim Assistant Director of Finance and Jason Killens, Chief Executive.

## 15. Other Issues

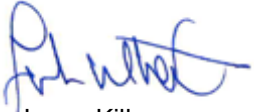
There are no other matters of major significance to draw to your attention at this stage.

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

A handwritten signature in black ink, appearing to be 'E. Roberts', with a long horizontal flourish extending to the right.

Edward Roberts  
Interim Assistant Director of Finance

A handwritten signature in blue ink, appearing to be 'J. Killens', with a long horizontal flourish extending to the right.

Jason Killens  
Chief Executive

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



**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth Brifysgol GIG  
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Welsh Ambulance Services  
University NHS Trust

<b>AGENDA ITEM No</b>	<b>7</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>0</b>

**FINANCIAL SUSTAINABILITY PROGRAMME POSITION PAPER**

<b>MEETING</b>	Finance and Performance Committee
<b>DATE</b>	16 January 2025
<b>EXECUTIVE</b>	Carl Kneeshaw, Director of People Chris Turley, Executive Director of Finance and Corporate Resources
<b>AUTHOR</b>	Gareth Taylor, Project Manager
<b>CONTACT</b>	<a href="mailto:Gareth.Taylor3@wales.nhs.uk">Gareth.Taylor3@wales.nhs.uk</a>

**EXECUTIVE SUMMARY**

1. This paper sets out the M8 position of the Financial Sustainability Programme and highlights key areas of progress against key schemes within Achieving Efficiency and Income Generation.
2. Competing priorities with the Clinical Model Transformation 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.

**RECOMMENDATION: The Finance & Performance Committee are asked to note the content of this M8 Position Report.**

**KEY ISSUES/IMPLICATIONS**

Not applicable.

**REPORT APPROVAL ROUTE**

Not applicable.

**REPORT APPENDICES**

None



**GIG**  
CYMRU  
**NHS**  
WALES

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

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



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Welsh Ambulance Services  
University NHS Trust

## 1. Context

1.1 This paper sets out the M8 position for the Financial Sustainability Programme and highlights key areas of progress against key schemes within Achieving Efficiency and Income Generation.

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

## 2. Current Areas of Focus

2.1 As noted in the March 2024 FPC update, Achieving Efficiency has focussed on four key areas of delivery.

- **Service and Provision Reviews:** This area looks to provide an evidence-base for long-term efficiency across the organisation by undertaking an audit of Administrative and Support Staff provision, and an audit of Service provision across the organisation which will establish the basis for an annual review process.
- **Short-term Efficiency Savings:** Identify, scope, and deliver opportunities for cash-related savings in the short-term, contributing to the FY23/24 financial savings target.
- **Long-term Efficiency Savings:** Identify, scope, and deliver opportunities for long-term cash-related savings, contributing to targets beyond the FY23/24 financial savings target.
- **Process Efficiencies:** Identify, scope, and deliver opportunities for non-cash-related savings opportunities.

2.2 Income Generation is currently focussing on three key areas of delivery:

- **Income Generation Schemes:** *Scope and deliver 'small-wins' to support the delivery FY23/24 financial savings target.*
- **Commercial Structures and Long-Term Planning:** *Scope potential dedicated structure for delivery and oversight of commercial opportunities beyond 23/24 and to support long-term financial sustainability.*
- **Commercial and Financial Mindsets – Training and Development:** *Explore opportunities for commercial and business training and embed a culture of commercial capability across the organisation.*



### **3. Achieving Efficiency**

- 3.1 State of Play Report presented to Executive Leadership Team (ELT) 23<sup>rd</sup> October 2024.
- 3.2 Individual 1-2-1 meetings with ELT members are being conducted to refine and prioritise ideas using techniques such as Cost-Benefit Analysis, Input and Output Measures, and the Low Effort–High Impact framework.
- 3.3 Outcomes from these discussions will inform an ELT workshop to be arranged in February, where a focused Action Plan will be developed.
- 3.4 Work is underway to present the 330 identified opportunities in a clear, summarised format that outlines effort, anticipated benefits, and implementation costs, ensuring the proposals are meaningful and easily digestible for decision-makers.

### **4. Income Generation**

- 4.1 Income Generation has focused on assessing the structures and opportunities for delivering on future commercial ventures.
- 4.2 As noted in the August report, an extensive review of options and the potential viability of increasing income generation / commercialisation was undertaken, followed by the decision to progress this area of work with increased focus and dedicated resource over the coming year.
- 4.3 Focus since March 2024 has been on developing a Head of Commercial position, whose responsibilities will include developing a commercial strategy for the Trust.
- 4.4 As of December 2024, a Job Description has been written and evaluated to an 8B band. Support from the communications team has also taken the form of targeted advertisements and visuals for platforms such as LinkedIn.
- 4.5 Interviews are due to take place in January 2025. As of the 6<sup>th</sup> January, we have received six applications.

### **5. Financial Position**

- 5.1 Following feedback, the Trust's overall savings approach has been divided into recurrent and non-recurrent for 2024/25, allowing better understanding of the year-on-year planning required to achieve our set savings targets.
- 5.2 The Trust was targeting approximately £6.421m savings ahead of the new year, with approximately £3.646m of non-recurrent schemes and £2.775m in recurrent schemes.



5.3 With regards to recurrent schemes, as of M8 FY2024/25, there is a total overperformance of £476,000 (£3.171m) against the established planned M8 position (YTD) of £2.695m.

5.4 With regards to non-recurrent schemes, there is an underperformance of £30,000 (£1.915m against the established M8 position (YTD) of £1.945m). The overperformance of vacancy management and apprenticeships have been mitigated by the not-yet-received £260,000 Microsoft VAT rebate, planned for M8.

5.5 This signifies a total overperformance of £446,000 (£5.086m) against the established planned M8 position (YTD) of £4.640m. This equates to approximately 79% of the 2024/25 savings target.

Welsh Ambulance Services University NHS Trust										
Savings Performance as at Month 8 24-25										
	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	304	285	-19	2,695	3,171	476	3,646	4,146	500
Non Recurrent Schemes / Themes	2,775	211	226	15	1,945	1,915	-30	2,775	2,570	-205
<b>Overall Total</b>	<b>6,421</b>	<b>515</b>	<b>511</b>	<b>-4</b>	<b>4,640</b>	<b>5,086</b>	<b>446</b>	<b>6,421</b>	<b>6,716</b>	<b>295</b>

5.6 Forecast Year End position is an anticipated £295,000 recovery.

5.7 Example YTD overachievements include,

- Interest receivable overperformed by £401,000 YTD however continued interest rate falls, expected to move scheme back into breakeven position.
- Fuel spend has overachieved by £311,000 due to lower than anticipated fuel spends. Monitored monthly.
- Fleet repairs remain challenging with minor savings of £30,000 YTD.

**RECOMMENDATION: The Finance & Performance Committee are asked to note the content of this M8 Position Report.**



**GIG**  
CYMRU  
**NHS**  
WALES

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

<b>AGENDA ITEM No</b>	<b>8</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>3</b>

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

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	16 January 2025
<b>EXECUTIVE</b>	Rachel Marsh - Executive Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Alexander Crawford - Assistant Director of Planning and Transformation Heather Holden – Head of Transformation
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### EXECUTIVE SUMMARY

The purpose of this paper is to provide Finance & Performance 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 quarter 3 (Q3) position on the Directorate-led IMTP portfolio, including the Ministerial (now Cabinet Secretary) Priorities set by Welsh Government.

**RECOMMENDED:**

That the Finance & Performance Committee:

1. **Notes** the CMT programme progress update;
2. **Notes** the confirmed Directorate-led IMTP end of Q2 position
3. **Notes** the update against the Cabinet Secretary’s priorities set out in the 2024-27 planning framework.

### 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**

Delivery and assurance arrangements for the CMT programme are steadily embedding, with the Board having approved the risk management and escalation approach, the benefits realisation framework, and the methodology for programme-level and workstream-level impact assessments. Planning is underway for a two-day workshop in January 2025, which will offer an opportunity to reflect on progress to date and refocus on Phase 2 priorities. This will be followed by a series of workstream-level planning sessions throughout February 2025 to develop detailed Phase 2 plans for FY25/26, including key milestones.

The Programme Definition Document (PDD) has been developed and was endorsed by the CMT Board in December. It will now be submitted to the STB for formal approval in January 2025. Additionally, a series of programme leadership behaviours, aligned to 'Our Best' WAST behaviours, has been approved by the Board. These behaviours will guide our leadership approach across the programme – see Appendix 2 for accompanying infographic.

From a management perspective, the overall status of the programme remains **YELLOW** (cautionary). While the programme is broadly on track, challenges persist in certain areas, particularly concerning the documentation required across the programme, given the pace and scale of the planned changes.

### **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).

The assurance report in Appendix 1 sets out the end of quarter 3 position (i.e. end of December position). A number of deliverables at directorate level remain **AMBER** (in progress, off track). However, there are a number of key pieces of work progressing well, including (but not limited to) the progress of the Integrated Governance Framework, Digital Plan refresh, telephony upgrades in 999 and replacement of mobile data terminals across EMS and NEPTS. (i.e. **COMPLETE**) and progress, on track (**GREEN**) in a number of areas.

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

### Outcomes measures

In the last update to Finance & Performance Committee and Trust Board, the assurance report did not include the measures that were set out in this year's IMTP as 'what good looks like'. Whilst this report has drawn on available data from the MIQPR there remain areas where data is not available internally or across the system. At the last Board Development session, the 'what good looks like' statements and metrics were discussed and the aim is to enhance these for the next iteration of the IMTP, alongside work to develop a more visual dashboard which shows the impact of IMTP delivery and work to develop a set of key metrics demonstrating overall impact of our long term strategy. This is supported by ongoing and detailed work at programme and workstream level in the Clinical Model Transformation Programme to finalise benefits realisation plans and benefits monitoring using a logic model evaluation approach.

### REPORT APPROVAL ROUTE

**Strategic Transformation Board 09 October 2024**

### REPORT APPENDICES

**Appendix 1 – IMTP Delivery Assurance Report**

**Appendix 2 – CMT Leadership behaviours**

**Appendix 3 - 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 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 are steadily embedding, with the Board having approved the risk management and escalation approach, the benefits realisation framework, and the methodology for programme-level and workstream-level impact assessments. Planning is underway for a two-day workshop in January 2025, which will offer an opportunity to reflect on progress to date and refocus on Phase 2 priorities. This will be followed by a series of workstream-level planning sessions throughout February 2025 to develop detailed Phase 2 plans for FY25/26, including key milestones.
3. The Programme Definition Document (PDD) has been developed and was endorsed by the CMT Board in December. It will now be submitted to the STB for formal approval in January 2025. Additionally, a series of programme leadership behaviours, aligned to 'Our Best' WAST behaviours, has been approved by the Board. These behaviours will guide our leadership approach across the programme – see Appendix 2 for accompanying infographic.
4. From a management perspective, the overall status of the programme remains **YELLOW** (cautionary). While the programme is broadly on track, challenges persist in certain areas, particularly concerning the documentation required across the programme, given the pace and scale of the planned changes. The programme team are working through this incrementally and will continue to update the Board on progress.

### ASSESSMENT

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

##### CORE CLINICAL MODEL TRANSFORMATION (CMT) WORKSTREAMS

##### DIGITAL FRONT-END

↓ **Amber**

**Amber overall:** The **RoboticsAI** (Chatbot functionality) **procurement process is nearing completion**, with the supplier currently reviewing the contract for an anticipated late-December sign-off. However, the completion date is later than planned as additional time was required to review and refine contractual arrangements, which reflects the overall **Amber** status of the workstream.

A **critical supplier meeting on December 16<sup>th</sup> 2024 reviewed the Online Symptom Checker (OSC) Specification and the procurement process will now move forward**, inviting tender applications from potential suppliers. Updates to the OSC represent a critical improvement to the NHS 111.Wales website as current protocols are outdated and highly limited in terms of digital integration opportunities, reporting, and accessibility.

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.**

Finally, 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.

## RAPID CLINICAL SCREENING

↔ Green

**On Track:** The Call Flow Implementation Group recently approved go-live for screening of Green calls on December 2<sup>nd</sup>, with the operations order promptly communicated. **On December 3<sup>rd</sup>, Green call screening was successfully launched, marking a significant milestone in the evolution of our clinical services model.** Supporting these changes, modifications to the dispatch system have been implemented for Green calls, with further enhancements aligned to Amber 2 calls go-live.

**While Amber 2 Calls were initially scheduled for December 10<sup>th</sup>, after careful consideration a decision was made to defer go-live by one week to December 17<sup>th</sup>.** This additional time allowed for the refinement of the Clinical Safety Plan (CSP), which has since been approved by Operations Senior Leadership Team, Clinical Quality Governance Group, and an extraordinary CMT Board convened on December 12<sup>th</sup>.

Looking ahead, **the Clinical Navigator team is preparing for a further cohort of training commencing on January 6<sup>th</sup>,** marking another critical step forward in strengthening the team.

The Welsh Government-led Task & Finish Group is still considering the validity of the existing Red category. Should any changes be agreed and approved, the preferred implementation date is 1<sup>st</sup> April 2025. Introducing any change to the current categorisation would require reconfiguration of the 999 CAD system, with an estimated lead time of up to 16 weeks. Consequently, **the Board agreed to initiate discussions with MIS, the CAD system supplier, to obtain an accurate statement of work and arrange for the required configuration to begin in early January 2025.** This decision was made with a clear directive from the Board that no changes would be implemented in the live environment without explicit approval from Welsh Government. However, proceeding with the configuration ensures no delays to the 1<sup>st</sup> April 2025 start date if a mandate is given.

## URGENT COMMUNITY RESPONSE SERVICE (UCRS)

↑ Green

**On Track:** Significant progress has been made in advancing APP Scheduling with the **7<sup>th</sup> cycle of testing conducted on 7<sup>th</sup> November, successfully trialling scheduling processes across multiple sites**, and demonstrating the value of a dedicated Urgent Community Response Service hub for improved allocation. **The APPNAV model launched in Powys on 9<sup>th</sup> December**, including training of 7 APPs in use of the Emergency Communication Nurse (ECNS) remote consultation system. Additionally, 23 APPs have been recruited, with structured MSc training underway and further recruitment planned for March 2025. **The Mental Health Response Vehicle service has been operational since 4<sup>th</sup> November**, with positive feedback on its impact on patient outcomes. Finally, ongoing education and training initiatives, including ECN-Q (Auditor) and ECNS courses, are set to enhance clinical capabilities, with **32 ECNS-trained APPNAVs anticipated by year-end**.

### 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

At this stage, the timing of implementation of the actions within this plan together with external factors mean that these areas haven't yet seen the anticipated improvements across the three operational targets (red 65%, unmet demand and care at home). However, there has been some improvement in ROSC rates through clinical and operational improvements (e.g. nudges in ePCR) which support the implementation of IMTP actions.

It should also be noted in the period (and seen below) that CHARU establishment has increased to 128 FTEs (target is 153 FTEs) although whilst UHP is increasing for this specialised resource, it is still below the 95% target at 84%.

## REMOTE INTEGRATED CARE SERVICE (RICS)

↓ Yellow

**Yellow (cautionary status) overall: An improved call transfer process for clinicians in 111 to transfer calls to 999 went live successfully on December 5<sup>th</sup>**, enabling 999 outcomes to be received in the 999 system with the appropriate prioritisation. **Access to the Welsh Demographic Service was also launched successfully in early-November**, enabling accurate and up-to-date patient demographic information to be retrieved.

While **the Care Planning Desk was initially scheduled to launch at the end of November, a decision was reached to defer go-live to week commencing December 9<sup>th</sup>** to allow additional time to increase clinician confidence. Meanwhile, **the Call Prioritisation Streaming System (CPSS) 'Winter Initiative' went live successfully week commencing December 16<sup>th</sup>**. This initiative involves the management of Green 3 calls by 111 Call Handlers and has been informed by the completion of two highly successful trials that demonstrated a high percentage of call

closure by 111 Call Handlers using pathways such as Emergency Department, Urgent Primary Care, Dental, Pharmacy, and self-care.

On December 5<sup>th</sup>, **a workshop brought together key experts to align the programme team's purpose and vision**, focusing on both immediate and long-term goals. This collaborative session produced a detailed plan for Year 1 deliverables, explored resource requirements, and considered the feasibility of timescales. The outputs of the workshop were presented to the CMT Board, including a detailed update on progress across RICS since May 2024, highlighting the significant pace and scale of delivery. It was noted that, following the implementation of Rapid Clinical Screening, there had been a 23% increase in triages completed within Integrated Care, despite a 10% reduction in Clinical Service Desk (CSD) staff in post.

The high-level plan for Phase 2 was recognised by the Board as highly ambitious, particularly regarding the planned work during Q4 FY24/25 and early FY25/26. The Integrated Medium-Term Plan (IMTP) prioritisation session in early January 2025 was identified as critical for refining the delivery plan. **The Board acknowledged that the workstream would either require significant reprioritisation of certain elements or additional investment in resources to deliver the proposed changes within the desired timescales.**

#### **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

At this stage, the timing of implementation of the actions within the transformation programme has focussed on the Clinical Support Desk element of Integrated Care. However, there are actions within the IMTP focussed on 111 website improvement, pathways and skill mix which should start to turn some of the dials.

Call abandonment rate has seen signs of improvement going into Q3. However, patient satisfaction with the service is challenging but the sample size of respondents is small within the MIQPR metrics.

More calls are being 'stopped at source'.

Direct booking metrics not yet available.

Finance & Performance Committee is able to scrutinise this data in more depth in the MIQPR.

**HEALTH TRANSPORT**

**↓ Yellow**

**Yellow (cautionary status) overall: Work on the initial vision for Ambulance Care Services is underway** and will be advanced during the overarching clinical model workshops planned for

January. However, the current **Yellow** status is reflective of the current lack of clarity on the scope and objectives of the workstream.

The latest ORH modelling report has been shared with the Transfer & Discharge project team. 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 preparing a proposal and potential service improvement plan.

### **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

Oncology journeys continue to meet the timeliness target where improvement has been seen, albeit this is offset by a drop in performance in Renal. The IMTP actions to implement the roster review will address the demand and capacity alignment which should impact positively on this metric

Actions to improve on the day cancellations are not yet driving the improvement required, however this remains an IMTP and operational priority.

Following the introduction of MTPS through the Transfer and Discharge project there had been some improvement in timeliness during October but this has dropped off again in November. It remains significantly below target and work will need to be undertaken to evaluate the correlation between actions within the project to date and outcome in this particular metric.

Patient satisfaction is mixed but 94% of people who responded were happy with the transport received. IMTP actions around process efficiency and roster alignment are anticipated to improve satisfaction around waiting times for transport.

Finance & Performance Committee is able to scrutinise this data in more depth in the MIQPR.

## **CHANGE ENABLING WORKING GROUPS**

### **QUALITY & PERFORMANCE METRICS**

↔ **Green**

**On Track:** The group has been required to work at pace, prioritising development of performance dashboards for the Mental Health Response Vehicle and Rapid Clinical Screening. The CMT Board reviewed two early data sets related to these projects, while both were recognised as highly informative, challenges were noted regarding data quality and limited availability. Looking ahead, there is a commitment to producing more comprehensive data sets that incorporate qualitative measures. A **meeting will be arranged in the New Year to discuss the overall programme**

**approach to quality and performance metrics, and the opportunity to improve coordination of data flows moving forward.**

**The Board reviewed various options for procuring a 1-3 year independent evaluation of the CMT programme and endorsed a recommendation to pursue an Open Competition.** It is anticipated that a supplier will be in place by the end of FY24/25, providing an opportunity to gather data and improve data quality in readiness for the evaluation of recent changes to commence.

Progress has been made in relation to the programme's approach to Benefits Realisation and **Logic-Benefits Maps (LBMs) have now been drafted for each of the core CMT workstreams in collaboration with Senior Responsible Owners.** A small group will meet in January 2025 including, QSPE representation, to complete a holistic review of the LBMs and to agree next steps.

### CHANGE MANAGEMENT

↔ Yellow

**Yellow (cautionary status) overall:** Good progress has been made formalising the programmes Change Management approach. **Change Leads have been identified and will be allocated to workstreams, supported by a robust induction package and comprehensive tools and resources.** However, the implementation of Rapid Clinical Screening has increased call flow into the Clinical Support Desk (CSD), placing strain on managers working extended hours to provide support. Exceptional circumstances have been acknowledged, and additional support for managers is being considered, including identifying activities to pause or deprioritise to create capacity.

**To address previously highlighted risks around pace, capacity, workload, and burnout, a survey will be launched to gather feedback on programme setup, culture, psychological safety, and its impact on colleagues.** This feedback will inform actions to improve support, mitigate risks, and shape the January workshops.

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: Executive Sponsors have agreed to convene a series of face-to-face meetings with key political and clinical system leads, beginning in January 2025.** These sessions will offer a vital opportunity to proactively collaborate with system partners, ensuring consistency in messaging and a shared understanding of the evolved Clinical Services Model. Additionally, the a range of communication and engagement materials is being developed to provide key messaging, supporting Trust colleagues in discussing the evolved model in their day-to-day roles.

Regular engagement continues with Llais, re-confirming their supportive position that formal consultation is not required. The Programme Engagement Plan continues to be refined following feedback and has been well-received by Llais.

## **Directorate-led IMTP Delivery & Assurance Approach**

5. 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.
6. Existing Directorate Business Meetings will be utilised, and assurance will be provided to the STB and onward to the Committee and Board.
7. This process will be facilitated by the Integrated Strategic Planning & Development Group (ISPD), formerly Integrated Strategic Planning Group (ISPG), 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.
8. The current update in this paper is the end of quarter 3 position, following an interim updated position provided to the Strategic Transformation Board in December.

## 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	<ul style="list-style-type: none"> <li>Fully roll out CHARU</li> </ul>	Q3	<ul style="list-style-type: none"> <li>87% UHP achieved in Nov-24. Benchmark 95%. Ongoing recruitment. Currently recruiting FQ Paramedics to fill remaining gaps.</li> </ul>	<ul style="list-style-type: none"> <li>Transition to core business</li> </ul>
Immediate 999 call answering, and efficient and effective dispatch of the right resource	<ul style="list-style-type: none"> <li>New management structure EMSC</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Appointed new Locality Managers including clinical navigators, &amp; operational managers. Backfill recruitment continues</li> </ul>	<ul style="list-style-type: none"> <li>Will be completed</li> </ul>
	<ul style="list-style-type: none"> <li>Implement single allocator model, dispatch roster review &amp; boundary changes</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Go Live date w/c 25th November. Wider communications with internal/external (EMRTS) stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>Will be completed</li> </ul>
	<ul style="list-style-type: none"> <li>Deliver targeted support around culture &amp; change</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Workshops held in November, awaiting output</li> </ul>	<ul style="list-style-type: none"> <li>Transition to core business</li> </ul>
Excellent clinical leadership	<ul style="list-style-type: none"> <li>New remote clinical assessment service clinical leadership team</li> </ul>	Q3	<ul style="list-style-type: none"> <li>In process of recruiting clinical navigators and locality manager.</li> </ul>	<ul style="list-style-type: none"> <li>Will roll over to 2025/26</li> </ul>
Rapid call answering, initial triage and onward referral	<ul style="list-style-type: none"> <li>Maintain commissioned staffing levels throughout the year</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Demand and capacity review, tender out November.</li> </ul>	<ul style="list-style-type: none"> <li>Transition to core business</li> </ul>
A flexible, user centred Non Emergency Patient Transport Service with the right capacity in place to meet demand	<ul style="list-style-type: none"> <li>Complete NEPTS roster review and commence benefits realisation</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Significant progress but longer timescale to implement, project established</li> </ul>	<ul style="list-style-type: none"> <li>Will roll over into Q1</li> </ul>
	<ul style="list-style-type: none"> <li>Develop and implement an enhanced oncology joint plan</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Significant work with cancer centre liaison to develop national checklist to maximise service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Will roll over into Q1</li> </ul>
	<ul style="list-style-type: none"> <li>Reduce cancellations through system</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Text messaging options developed,</li> </ul>	<ul style="list-style-type: none"> <li>Will be completed. Further phases potential</li> </ul>

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
	redesign with health boards		paper to SLT to consider funding	
	<ul style="list-style-type: none"> <li>Increase proportion of discharge &amp; transfers booked in advance</li> </ul>	Q3		<ul style="list-style-type: none"> <li>Transition to core business</li> </ul>
	<ul style="list-style-type: none"> <li>Implement a revised Liaison Service Model</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Significant progress</li> <li>Engagement sessions planned Jan 25</li> </ul>	<ul style="list-style-type: none"> <li>Completed</li> </ul>
	<ul style="list-style-type: none"> <li>Develop the Ambulance Care co-ordination function</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Function established</li> </ul>	<ul style="list-style-type: none"> <li>Completed</li> </ul>

### 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.	<ul style="list-style-type: none"> <li>Implement plan to improve CHARU effectiveness</li> </ul>	Q3	<ul style="list-style-type: none"> <li>On track</li> </ul>	<ul style="list-style-type: none"> <li>To be completed</li> </ul>

### 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	<ul style="list-style-type: none"> <li>Ongoing work: People Development plan, People Management Essentials and PADR check ins</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	Further focus on PADR in 25/26 plan. Continual development and implementation of people development plan, embedding into organisation
Capacity	<ul style="list-style-type: none"> <li>Delivery of Strategic Workforce Plan (Q1 milestone)</li> <li>Ongoing work: Health &amp; Wellbeing Plan, Retention work plan, eTimesheets</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Plan was presented at People &amp; Culture Committee where it was endorsed</li> </ul>	Action plan of implementation in development – reporting structure developed in readiness for 2025 reporting
		Q3	<ul style="list-style-type: none"> <li>Ongoing work progressing towards Q4 deadlines, albeit there may be some delay on eTimesheets due to</li> </ul>	Initial E-timesheets workshop taken place in Q3 – project group set up following session

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
			sickness of key staff working on delivery.	
Culture	<ul style="list-style-type: none"> <li>No specific milestones in Q3</li> <li>Ongoing work: Allyship and Bystander training, Employee offer, Culture Champions &amp; Change Network, impact of culture toolkit</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Ongoing work progressing towards Q3 &amp; Q4 deadlines</li> </ul>	Ongoing work

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

Sickness absence is coming down but remains above 6% and fluctuates with seasonality. Staff turnover rates are falling and at the lowest rate since 2021. The completion rate for the latest NHS Staff survey exceeded 35%, a significant increase on the 23% last year.

Metrics for regular check ins with staff have not yet been established, however PADR rates have been used as a proxy in this report. These rates are improving but still remain below the target set for the organisation of 85%.

Finance & Performance 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: <ul style="list-style-type: none"> <li>• Everyday essentials</li> <li>• Security, Safety &amp; Cyber</li> <li>• Digital Pioneers</li> <li>• Transformation</li> <li>• Data, Information &amp; Insight</li> </ul>	Q3	Completed refresh and Board sign off.	Delivery of elements of this plan in 2024  Implement digital plan 2024-2029 as 25/2028 IMTP delivery.
Patient Access	<ul style="list-style-type: none"> <li>• Consultant connect access</li> </ul>	Q3	Rollover into 2025/26	Rollover into 2025/26

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
	<ul style="list-style-type: none"> <li>Video Triage Calls</li> </ul>	Q3	Two trials Cardiff & Swansea - early involvement	Planned for 2025/28
Rapid progress of technology	<ul style="list-style-type: none"> <li>Telephony upgrade for 999</li> </ul>	Q3	Successfully delivered w/c 11 November	Complete
	<ul style="list-style-type: none"> <li>MDVS project conclusion EMS and NEPTs replacement of mobile data terminals and associated hardware/software</li> </ul>	Q3	Completed Phase 1 complete project closure report to be tabled at next Programme Board in January 2025 (Q4 update)	Caveat - Review the MDVS Phase 2 Outline Business Case underway.  OBC through governance by the end of 24/25 FY

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

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.

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IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Developing and implementing our plans for Environmental Sustainability and Adaptation*	<ul style="list-style-type: none"> <li>No Q3 milestones</li> <li>Delivery of EFAB funded schemes through year</li> </ul>		Reported through Decarbonisation Programme Board, CMB and F&P (as summaries)	
The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	<ul style="list-style-type: none"> <li>Prioritised estates capital schemes delivered through year and across IMTP years</li> </ul>		Reported through Capital Management Board to ELT, timelines impacted by AWC prioritisation process.	
The right fleet in the right place, enabling our staff to provide the best	<ul style="list-style-type: none"> <li>Prioritised fleet capital schemes delivered through year and across IMTP years</li> </ul>		Reported through Capital Management Board to ELT. Fleet SOP development underway	

and safest care across Wales				
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## 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	<ul style="list-style-type: none"> <li>No specific Q3 milestone – delivery of wellbeing objectives published by end Q4</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Draft Objectives developed – to be socialised 8<sup>th</sup> Jan at Prioritisation workshop</li> </ul>	Wellbeing objectives drafted, socialisation and sign off to be sought in Q4
University Trust Status in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation	<ul style="list-style-type: none"> <li>Academic Partnership priorities updated and published</li> </ul>		<ul style="list-style-type: none"> <li>Paper presented at APC in November. Generally supportive with some final work to do to finalise the priorities</li> </ul> <p>Commitment to learning Academic and industry partnerships Establishment of a centre of excellence</p>	High confidence that priorities will be included in the IMTP 2025-28 <a href="https://ambulance.nhs.wales/files/committee-meetings/people-and-culture-committee-files/pcc-papers-30-august-20241/">ambulance.nhs.wales/files/committee-meetings/people-and-culture-committee-files/pcc-papers-30-august-20241/</a>
Well-placed to influence system thinking/strategy development	<ul style="list-style-type: none"> <li>Structured engagement commenced with stakeholders &amp; public</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Partnerships &amp; Engagement workstream established for Clinical Model Transformation Programme, and a framework for relationship management with Health Boards and key stakeholders being developed by</li> </ul>	Continued ongoing work being worked up alongside CMT development - working in collaboration with strategy and transformation team

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
			Assistant Director of Planning & Transformation  <ul style="list-style-type: none"> <li>RPB engagement continues with WAST on 6 out of 7 RPBs with a seat around table at GASP in Gwent</li> </ul>	

The Engagement Framework and CMT Engagement plan are 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

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	<ul style="list-style-type: none"> <li>Establish a Quality Improvement Hub</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Life QI purchased and implemented within small number of teams including (EMSC, Quality Directorate and Remote Care).</li> <li>Projects are being tracked and supported.</li> <li>Meetings held with Transformation team to identify opportunities to utilise software for transformation tracking of PDSA test of change data.</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Transformation Programme (CMT) at pace / delays - individuals not had opportunities to link into platform and test.</li> </ul>

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
A culture of quality improvement with robust quality management systems	<ul style="list-style-type: none"> <li>WAST Quality plan</li> <li>Draft plan for Approval</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Quality engagement held by Directorate.</li> <li>Task &amp; finish group established to support draft content.</li> <li>Governance Approval routes identified</li> </ul>	<ul style="list-style-type: none"> <li>Initial draft due end Q4</li> </ul>
Meaningful engagement and co-production with communities	<ul style="list-style-type: none"> <li>CIVICA enhancement</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Report completed Surveys in CIVICA to Welsh Government</li> <li>Launched the SMS Text Service</li> <li>Continue to expand the reach 'wider patient experience capture' DPIA being progressed for Information Commissioner approval.</li> </ul>	<ul style="list-style-type: none"> <li>Lower confidence for completed 24/25 delivery due to Information Governance dependency. Rollover 25/26</li> </ul>

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

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
Developing and implementing our plans for Environmental Sustainability and Adaptation	<ul style="list-style-type: none"> <li>Establish a cross-organisational Adaptation Planning group</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Delayed. Awaiting national toolkit from WG to progress but discussed at ADLT on 02.09.2024.</li> <li>Agreed attendance at national Adaptation</li> </ul>	

			Planning event in October before convening Adaptation Planning Group internally within WAST. Reset Milestone to Q3.	
Rapid call answering, initial triage and onward referral	<ul style="list-style-type: none"> <li>Undertake demand &amp; capacity review</li> </ul>	Q4	<ul style="list-style-type: none"> <li>At procurement stage</li> </ul>	<ul style="list-style-type: none"> <li>Completion expected in Q4</li> </ul>
A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	<ul style="list-style-type: none"> <li>Re-rostering across NEPTS</li> </ul>	Q4	<ul style="list-style-type: none"> <li>Demand &amp; capacity completed and roster keys</li> <li>Third party appointed</li> </ul>	<ul style="list-style-type: none"> <li>Roster review implementation by end of Q2 25/26</li> </ul>

## SO6 Delivering exceptional value – Financial Sustainability Programme

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Sustainable savings & efficiencies	<ul style="list-style-type: none"> <li>Service Review across the Trust completed with recommendations by Q3</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Business area summaries have been produced for each service line and presented to ELT</li> </ul>	<ul style="list-style-type: none"> <li>Further ELT discussion in February 2025 to determine priorities for 2025-28 IMTP</li> </ul>
Generate income alongside our core commissioned functions	<ul style="list-style-type: none"> <li>Develop commercial strategy based on outcome of market analysis exercise in Q3</li> </ul>	Q2	<ul style="list-style-type: none"> <li>Decision made to recruit proposed new Head of Commercial Development to undertake development of commercial strategy</li> </ul>	<ul style="list-style-type: none"> <li>Roll over to 2025-28 IMTP</li> </ul>

## 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	<ul style="list-style-type: none"> <li>Implementation of Strategic BAF by end of Q3</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Ongoing –will be finalised in Q4 for roll out in 2025/26</li> </ul>	<ul style="list-style-type: none"> <li>Transition to core business</li> </ul>
	<ul style="list-style-type: none"> <li>Suite of risk appetite statement implemented &amp; issued</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Sessions in diaries Dec &amp; Feb Board Development Days</li> </ul>	<ul style="list-style-type: none"> <li>Transition to core business</li> </ul>
	<ul style="list-style-type: none"> <li>Risk training rolled out &amp; Level 1 training package on ESR</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Design ready to be published on LM365</li> </ul>	<ul style="list-style-type: none"> <li>Transition to core business</li> </ul>
An integrated governance Framework	<ul style="list-style-type: none"> <li>Governance structures mapped out</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Completed</li> </ul>	<ul style="list-style-type: none"> <li>Completed</li> </ul>
Strengthen Welsh Language compliance	<ul style="list-style-type: none"> <li>Toolkit for senior leaders &amp; board developed</li> </ul>	Q3	<ul style="list-style-type: none"> <li>Initial draft, to be added into Welsh Language Policy – on track, February BDD will include suite of documents</li> </ul>	<ul style="list-style-type: none"> <li>To be completed</li> </ul>

## RECOMMENDATION

9. That the Finance & Performance Committee:
- **Notes** the CMT programme progress update;
  - **Notes** the confirmed Directorate-led IMTP end of Q2 position.



GIG  
CYMRU  
NHS  
WALES

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

## OUR BEST Programme Leadership Behaviours

### **Broaden Our Understanding**

We foster curiosity, collaboration, and adaptability, building sustainable, integrated services that meet current needs and anticipate future demands.

### **Show Belief in Each Other**

We empower teams closest to the issues to make informed decisions, fostering agility while staying aligned with our strategic goals.

### **Continually Improve Our Services**

We prioritise patient needs and outcomes, continuously refining our approaches to enhance care quality, efficiency, and experience.



### **Take Ownership**

We will take ownership of maintaining open lines of communication, providing regular updates and ensuring information is accessible.



### **Respect Others**

We value and engage with all stakeholders, creating an environment where everyone's contributions are respected, and inclusivity drives our collective success.



### **Practice Ethically**

Clear escalation paths and accountability structures ensure efficiency, effective risk management, and timely issue resolution.



### **Be Inclusive of the Whole Team**

Success relies on teamwork across all areas; by working together, we enhance our ability to overcome challenges and achieve high-quality patient outcomes.

## Appendix 3

### 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 and the Committee.

#### **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).

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
Primary and Community Care, with a focus on improving access and shifting resources into primary and	111 Skill Mix	<ul style="list-style-type: none"><li>Group established to consider and develop scope for 111 MDT skill mix</li></ul>	<ul style="list-style-type: none"><li>Scoping paper to commissioners</li></ul>	<ul style="list-style-type: none"><li>(Subject to commissioner support) Project initiation &amp; Business Case Developed</li></ul>	<ul style="list-style-type: none"><li>Off track. The paper has not yet been presented to commissioners.</li></ul>
	111 Pathways	<ul style="list-style-type: none"><li>Dental access improved in 4x health boards by end of Q4</li><li>Strengthened links into primary care / Out of Hours in. Urgent Primary Care Centre access by end of Q4</li><li>Medicines management pathways in place by end of Q4</li></ul>			<ul style="list-style-type: none"><li>Modelling being undertaken for 3 remaining Health Boards to take on dental access pathways</li><li>Currently piloting in BCU and C&amp;V direct booking into Urgent Primary Care Centres</li></ul>

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
community care	999 Pathways: Falls & Frailty	<ul style="list-style-type: none"> <li>Level 1 falls - Assessment of the demand &amp; capacity modelling undertaken</li> <li>Level 2 falls - Undertake evaluation of our existing services</li> </ul>	<ul style="list-style-type: none"> <li>Presentation of L1 options and benefits</li> <li>Present evaluation and options for sustainability of L2 services going forward</li> </ul>	<ul style="list-style-type: none"> <li>Implement new L1 model</li> <li>Develop and Implement L2 Plan</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Health boards are completing baseline assessments and gap analysis; mapping what current community falls response services exist and how these can be accessed.</li> <li>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.</li> </ul>
	999 Pathways: Digitised pathways	<ul style="list-style-type: none"> <li>Evaluate the effectiveness of the new digital solutions to make referrals to existing pathways and usage</li> </ul>	<ul style="list-style-type: none"> <li>Develop further opportunity for digital notifications with Welsh portal</li> </ul>	<ul style="list-style-type: none"> <li>Implementation and roll out</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>
	999 Pathways: Connected Support Cymru (CSC)	<ul style="list-style-type: none"> <li>Recruitment of key roles to support CSC delivery</li> </ul>	<ul style="list-style-type: none"> <li>Engaging with key stakeholders and evaluating overall project</li> </ul>	<ul style="list-style-type: none"> <li>Development of secondary business case to support</li> </ul>	<ul style="list-style-type: none"> <li>No further progress on funding requirement to</li> </ul>

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
		<p>(dependent on outcome of business case)</p> <ul style="list-style-type: none"> <li>Commenced recruitment of internal volunteers</li> <li>Testing 'ambulance in a box' in Care Homes in AB &amp; BCU, evaluate and conclude forward plan</li> </ul>	<p>data to determine resource requirements moving forward</p> <ul style="list-style-type: none"> <li>Commencement of recruitment and onboarding on external partner organisations and ongoing recruitment and onboarding of internal volunteers</li> <li>Developing technology enabled care community pathways up until end of Nov; testing in Care Homes in AB &amp; BCU and in patients homes</li> <li>Evaluate and conclude forward plan</li> </ul>	<p>sustainable implementation</p> <ul style="list-style-type: none"> <li>Develop business case for procurement of technology (subject to funding)</li> </ul>	<p>support ongoing CSC development.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>
Urgent and Emergency Care, with	Goal 2: New 111 System	<ul style="list-style-type: none"> <li>Full implementation of new CAS system 30th April</li> <li>Decommission old system</li> </ul>	<ul style="list-style-type: none"> <li>Realise benefits in line with business case</li> </ul>	<ul style="list-style-type: none"> <li>Formal benefits realisation report shared with commissioners</li> </ul>	<ul style="list-style-type: none"> <li>111 metrics report being developed for JCC</li> </ul>

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
a focus on delivery of the 6 goals programme	Goal 2: 111 website & symptom checkers	<ul style="list-style-type: none"> <li>Scoping exercise to review requirements of a 111 website – and develop options appraisal accordingly</li> </ul>	<ul style="list-style-type: none"> <li>Development of business case</li> <li>Review and develop requirements to improve symptom checkers, with potential requirement for procurement.</li> </ul>	<ul style="list-style-type: none"> <li>Finalise business case in readiness to Seek approval through organisational BC governance process</li> <li>Identify approach to improvement of symptom checkers</li> </ul>	<ul style="list-style-type: none"> <li>The RoboticsAI (Virtual Assistant functionality) procurement process is nearing completion, with procurement to sign-off the contract. Development for the Virtual Assistant to start early January</li> <li>A meeting with the current CPSS supplier in December where the high level Symptom Checker Specification was discussed. 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</li> <li>The Business Case for the NHS 111 Wales website is at first draft which will be reviewed by the CMT Board.</li> <li>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.</li> <li>Our WAST Network members (made up from</li> </ul>

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
					<p>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</p>
	<p>Goal 2: 111 re-roster</p>	<ul style="list-style-type: none"> <li>No Q1 milestone</li> </ul>	<ul style="list-style-type: none"> <li>Agreement with commissioners to proceed</li> </ul>	<ul style="list-style-type: none"> <li>Complete procurement process to undertake Demand and capacity review</li> </ul>	<ul style="list-style-type: none"> <li>Currently out to tender with completion of work expected in Q4.</li> <li>Review of rostering practices. Agreement from commissioners to commence Review of rostering practices. Procurement process ongoing</li> </ul>

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
	<p>Goal 3:</p> <ul style="list-style-type: none"> <li>• Develop the remote clinical assessment speciality</li> <li>• Develop a fully remote working clinician offer (operations/training/digital)</li> <li>• Develop Pre-Dispatch Outcome Risk Stratification Tools linking CAD &amp; ePCR data</li> <li>• Roll out of new integrated (111/clinical support desk) care model</li> <li>• Connected support Cymru</li> <li>• Extend use of video/ phone consultation</li> <li>• Urgent On-Scene Community Response</li> </ul>	<ul style="list-style-type: none"> <li>• Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report</li> </ul>	<ul style="list-style-type: none"> <li>• Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report</li> </ul>	<ul style="list-style-type: none"> <li>• Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report</li> </ul>	<ul style="list-style-type: none"> <li>• These are key deliverables in the Clinical Model Transformation Programme. See assurance report in appendix 1</li> </ul>
	SDEC Pathways	<ul style="list-style-type: none"> <li>• Re-establish ICAPs with Health Boards (subject to JCC commissioning arrangements)</li> <li>• Complete data quality assurance of end destination in CAD to ensure SDEC direct referrals fully captured</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of SDEC criteria across WAST</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of SDEC criteria across WAST</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> </ul>

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
	Goal 4: CHARU	<ul style="list-style-type: none"> <li>Complete CHARU recruitment by end Q2</li> <li>Improve utilisation rate to modelled benchmark by end Q2</li> <li>(work ongoing during Q1)</li> </ul>		<ul style="list-style-type: none"> <li>Improved staff in post to establishment</li> </ul>	<ul style="list-style-type: none"> <li>128 of 153 FTE CHARU recruited. UHP up to 84% but below target of 95%</li> </ul>
	Goal 4: Rural variation	<ul style="list-style-type: none"> <li>Complete CHARU recruitment by end Q2</li> <li>Continue process of targeted recruitment and process of smoothing i.e. aligning SIP to establishment by end Q2</li> <li>Build rurality results from 2023 EMS Demand &amp; Capacity Review by end Q2</li> <li>Agree Implementation Plan with commissioners by end Q2</li> </ul>		<ul style="list-style-type: none"> <li>Continued targeted recruitment in rural areas</li> </ul>	<ul style="list-style-type: none"> <li>See above for CHARU.</li> <li>Pan-Wales staff in post to establishment for EMS was 95% in Nov-24. It was 87% in Ceredigion and 84% in Powys at 01 Nov-24.</li> <li>Recruitment in rural areas remains challenging, but is monitored regularly and is a focus within WAST.</li> <li>The Clinical Model Transformation Programme constitutes WASTS's implementation plan for the D&amp;C. The D&amp;C will need to be formally reported to JCC at some point.</li> </ul>
	Goal 4: Sickness reduction in EMS and EMSC	<ul style="list-style-type: none"> <li>Ongoing continuation of managing attendance and implementation of the health and wellbeing plan throughout year</li> </ul>			<ul style="list-style-type: none"> <li>Work on managing attendance continues and engagement is ongoing to develop the next iteration of the Trust's Health &amp; Wellbeing Plan</li> </ul>
	Goals 5 & 6: Transfer and Discharge model	<ul style="list-style-type: none"> <li>Engagement on modelled options for transfer services with health boards commenced</li> <li>Implementation of new MTPS protocols within the Computer Aided Dispatch (CAD) system designed to allocate transfer resources more effectively</li> </ul>	<ul style="list-style-type: none"> <li>Development of reporting against new protocols within the CAD post MTPS implementation</li> <li>Agree outline service model for further engagement with Health Boards.</li> <li>Develop business case/principles for All Wales service.</li> </ul>	<ul style="list-style-type: none"> <li>Develop implementation plans dependent on outcome of commissioning discussions.</li> </ul>	<ul style="list-style-type: none"> <li>Final modelling shared with JCC colleagues shows high levels of staffing requirement for a ring fenced all Wales service.</li> <li>Further options to improve timely access to transfer services and discharge capacity now being considered with JCC in line with its future vision for</li> </ul>

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
			<ul style="list-style-type: none"> <li>Develop business case for 24/7 Major Trauma Desk following outcome of Gateway 5 review.</li> </ul>		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	<ul style="list-style-type: none"> <li>Continue with NEPTS Demand &amp; Capacity work, in particular, undertake NEPTS transport roster review by end Q3</li> </ul>			<ul style="list-style-type: none"> <li>Contract let with third party providers.</li> <li>Project manager being appointed to lead the work internally, timescales slipped into Q4.</li> </ul>
	Enhanced hub for oncology patients	<ul style="list-style-type: none"> <li>Establish expected outcomes &amp; principles to develop enhanced oncology service</li> </ul>	<ul style="list-style-type: none"> <li>Develop action plan to deliver the required change</li> </ul>	<ul style="list-style-type: none"> <li>Action plan for oncology implemented</li> </ul>	<ul style="list-style-type: none"> <li>Significant work with cancer centre liaison to develop national processes to maximise service delivery, continued joint working</li> </ul>
	Quality assurance of external providers	<ul style="list-style-type: none"> <li>No specific milestone in Q1</li> </ul>	<ul style="list-style-type: none"> <li>Welsh Ambulance Quality Standard award implemented</li> </ul>	<ul style="list-style-type: none"> <li>No specific milestone in Q3</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>
Mental Health, including CAMHS, with a focus on delivery of the national programme	Develop and implement a referral pathway for 111 Press 2 teams	<ul style="list-style-type: none"> <li>Completion of 111 CAS system implementation to aid improvement in 111 press 2</li> </ul>	<ul style="list-style-type: none"> <li>New CAS system will provide resolution to Press 2 pathway</li> </ul>	<ul style="list-style-type: none"> <li>No specific milestone in Q3</li> </ul>	<ul style="list-style-type: none"> <li>CAS implementation complete</li> <li>Review with health boards effectiveness of press two and where there is opportunity to improve</li> </ul>
	Mental Health Response Vehicles	<ul style="list-style-type: none"> <li>Collating and presenting evidence from pilot within AB, discussing outcomes and options for further pilots</li> </ul>	<ul style="list-style-type: none"> <li>Undertake further pilot (pending agreement)</li> <li>Continuing to engage with national evidence across UK</li> </ul>	<ul style="list-style-type: none"> <li>Prepare business case dependent on outcomes</li> </ul>	<ul style="list-style-type: none"> <li>See assurance report in appendix 1 – this forms part of the Clinical Transformation Programme</li> </ul>
	Right Care Right Person	<ul style="list-style-type: none"> <li>Engaging with Police Services in Wales, NHS partners, Local Authorities and third sector providers on changes affecting response to people in crisis</li> </ul>	<ul style="list-style-type: none"> <li>Assess impact to WAST</li> <li>Possible update to 2023 EMS Demand &amp; Capacity Review results.</li> </ul>	<ul style="list-style-type: none"> <li>Develop Business case</li> </ul>	<ul style="list-style-type: none"> <li>Modelling can be undertaken, but requires further clarity on the likely level of activity</li> <li>No progress on Business Case at this stage</li> </ul>

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
	Mental Health Practitioners in CSD	<ul style="list-style-type: none"> <li>Assess demand and capacity plan outlining future needs for the team and training requirements (as part of overall demand and capacity work for the future clinical service model)</li> </ul>	<ul style="list-style-type: none"> <li>Share plan with commissioners for further discussion</li> </ul>	<ul style="list-style-type: none"> <li>Training implemented (subject to cost and funding)</li> </ul>	<ul style="list-style-type: none"> <li>See assurance report in appendix 1 – this forms part of the Clinical Transformation Programme</li> </ul>

## RECOMMENDATION

That the Finance & Performance Committee:

- Notes** the update against the quarter 3 milestones in the action plans to meet the Cabinet Secretary's priorities set out in the 2024-27 planning framework and our approved IMTP.



<b>AGENDA ITEM No</b>	<b>8.1</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

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

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	16 <sup>th</sup> January 2025
<b>EXECUTIVE</b>	Rachel Marsh - Executive Director of Strategy, Planning and Performance Chris Turley – Executive Director of Finance and Corporate Resources
<b>AUTHOR</b>	Alexander Crawford - Assistant Director of Planning and Transformation
<b>CONTACT</b>	<a href="mailto:Alexander.crawford2@wales.nhs.uk">Alexander.crawford2@wales.nhs.uk</a>

**EXECUTIVE SUMMARY**

The purpose of this paper is to provide Finance & Performance Committee with an update on the progress and actions required to develop the next Integrated Medium Term Plan for 2025-28.

**RECOMMENDED:**

**That the Finance & Performance Committee:**

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

**KEY ISSUES/IMPLICATIONS**

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



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planning is not in the final written plan but in the processes, conversations and engagement that go into developing the plan.

Welsh Government has 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<sup>th</sup> December 2024. Furthermore, following the 2025/26 draft budget for Welsh Government released on 10<sup>th</sup> December 2024, Health Boards have received their allocation letters for the 2025/26 financial year (also) on 20<sup>th</sup> December 2024. Whilst this does not directly confirm funding for WAST, it does provide insight as to the level of funding our commissioners will receive and what can be assumed within our plan.

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 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 below, this does provide the potential for the Trust to work towards being able to present a balanced financial plan for 2025/26.

Planning is going well, with lots of work being undertaken in the ‘gathering intelligence’ and ‘engagement’ workstreams which will lead to discussions over the coming weeks on our key priorities, and the scope and pace of change that is possible in an operational and financial context within which WAST is working.

**REPORT APPROVAL ROUTE**

Not applicable.

**REPORT APPENDICES**

Appendix 1 – SBAR  
Appendix 2 - Draft IMTP Contents

**REPORT CHECKLIST**

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



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## Appendix 1

### Approach to Developing the 2025-28 WAST IMTP

#### SITUATION

1. The purpose of this paper is to provide Finance & Performance Committee with an update on the progress and actions required to develop the next iteration of WAST's Integrated Medium Term Plan for 2025-28.

#### BACKGROUND

2. It is a legal requirement that NHS Health Boards and Trusts in Wales must submit to Welsh Government (WG) 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<sup>th</sup> 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 year one, quarterly milestones and indicative plans into year two with outline plans into year three. We will once again be required to complete



Ministerial Templates demonstrating how we are delivering against ministerial priorities, 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 act and publishing our Wellbeing Objectives. We must also plan for the implementation of the Provider Selection Regime Wales by 24th February 2025.
9. The governance requirement is to submit Board-approved plans alongside a short summary video to share with stakeholders by 31<sup>st</sup> March 2025. However, an Accountable Officer letter will be required (to the Director General) by 14<sup>th</sup> February 2025 if it becomes clear that we will not be able to produce a balanced IMTP.
10. 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:

**10.1 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.

**10.2 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.

**10.3 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.

**10.4 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.

**10.5 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.

11. In November 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 (Political, Economic, Social, Technological, Legal, and Environmental) 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**.

12. 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.

13. 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.

14. 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 overall development of the IMTP is developing well, with most workstreams on track or complete. The workstream to develop priorities is slightly off track although will be on track following the next two workshops on prioritisation.

IMTP Workstream	RAG	Comments
Gathering intelligence		Almost complete – updating the
Engaging on the plan		First phase complete but plan to be developed for engaging on priorities
Developing our 3-year priorities		Most assessment of priorities received from directorates. Workshops in January and February.
Integrated Technical Planning		Commences Q4
Writing the Plan		Commenced
Governance and approval		Through February and March

### Gathering Intelligence

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. For the IMTP itself we will use an updated dataset to develop a a 'compendium' of key challenges and opportunities as an Appendix to the IMTP.

### Engagement

16. Since the last update to the Committee in November we have collated the feedback from our collaborative planning events and Board development sessions where we refreshed PESTLE (political, economic, social, technical, legal, environmental) analysis and we will be holding a two prioritisation sessions in January and February to determine the priority and timeline for actions within the IMTP and aligning that to the available budget.

17. As well as some of the well understood issues such as population health and demographic change, system pressures, and policy direction in Wales the PESTLE analyses led us to understand that we have both challenges and opportunities in respect of a moving political landscape, including the change to electoral boundaries and increase in numbers of members in the Senedd at the next election in 2026.

18. As well as existing priorities which carry over into the new plan, the Executive Leadership Team gave a steer on some further areas for focus within the plan:

- How we engage with health board IMTP priorities
- Population health and health inequalities
- Commercialisation
- Focus on EDI / worker safety (Worker Protection Act)
- WBFGA – Developing and publishing our Wellbeing Objectives
- NEPTS review of the current model and our future direction of travel

19. Much feedback received from staff can be addressed at the operational level. However, the feedback we get through media such as WAST Live, pulse and NHS Surveys and our cultural metrics report highlight areas where **our people** feel we need to focus more strongly.

- a. Relevant questions at WAST Live have broadly focussed on the following areas:



- Training and Career Progression;
- Staff Welfare and Working Conditions;
- Policy and Governance;
- Technology and Communication Issues;
- Workforce Engagement and Feedback;
- Patient Care and Service Delivery.

b. Cultural metrics and the staff survey provided rich feedback on how we are progressing our People & Culture plan:

- Positive feedback on our commitment to digital experience of our people;
- A focus around the cultural implications of the staff survey results;
- A focus on the retention of staff (commenced with nursing staff in line with NHS Wales).

20. We have engaged with Trade Unions to ensure they are sighted on the development of the plan as follows:

- a. TU representatives at the collaborative planning event in October 2024
- b. TU representatives on the IMTP project team
- c. There is a standing IMTP item on the Corporate Partnership forum
- d. TU representatives at the prioritisation workshop on 8<sup>th</sup> January
- e. Verbal update to WASPT in January

WASPT in March is after the date for Trust Board sign off of the plan, so we will need to agree with Trade Unions how we can engage on the final draft of the plan.

21. We continue to engage **patients and the public** notably through our Patient Experience and Community Involvement (PECI) team. As set out in previous reports to committee:

- a. We have a lot of data and information from patient engagement QUEST reports, as well as data from Putting Things Right (PTR), serious incident reporting and National Reportable Incidents. We will use this to inform the IMTP as we have done in previous years;
- b. Patient Stories also give us valuable and personalised information to help us develop our priorities;
- c. We have specific, targeted feedback from patients on what a quality ambulance service means to them;
- d. Continuous PECI engagement gives us data and information on what is important to the public.

There have also been some strong messages from our continuous public engagement about the NHS system as a whole and the need for change.



Specifically for this plan we need to ensure the IMTP takes account of the following feedback:

- Reduce waiting times for an emergency response and reduce length of wait outside Eds;
- People waiting for an ambulance (including notably those who need transport for outpatient appointments) want to know when it is on route to them, how far away is it etc. to ease their concerns/anxiety;
- Identify and respond to a caller with additional needs at the first point of contact;
- Factor in a patient's health and social care needs that may be compromised by a long wait for an ambulance response or call back;
- Be seen and treated in the community/at home; and
- Have staff that demonstrate compassion, empathy and kindness

Our clinical transformation programme already factors in these issues and using this information and Quality Impact Assessments to guide the planning within the programme will be a key component of workshops in January to develop the final plans for this next phase.

22. Feedback from surveys and Civica data are currently still based on small sample sizes, so whilst it is helpful feedback, it has to be viewed with caution. However, performance, timeliness of access to our services and outcomes are some of the key areas of concern. Furthermore, there continues to be a lot of PTR, serious incidents and coroners activity which show the need for change in our system due the high levels of harm being experienced.

23. We continue to engage with our **Commissioners** through the new JCC structures. Members of the JCC Ambulance and 111 commissioning team have attended our collaborative planning event and there is regular direct contact with the Team through finance and planning colleagues, as well as regular meetings between the WAST CEO and JCC Director of Ambulance and 111 Commissioning. Commissioning intentions for EMS, NEPTS and 111 fall under six broad themes and we understand they will be finalised and agreed by the Joint Commissioning Committee in January. These themes are:

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

24. As well as direct engagement with staff we maintain open engagement on the IMTP through WASPT and its Corporate Partnership Forum sub-group. **Trade**



**Unions** (TUs) are also part of Board Development sessions and the building up of the plan through our programmes.

25. 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.
26. One risk this year has been the standing down of Integrated Commissioning and Planning (ICAP) meetings with Health Boards. Whilst the Directors and Assistant Directors across WAST meet with their peers in Health Boards regularly, these are not supported by a co-ordinated approach to local commissioning, during the period where the JCC has been establishing its full governance arrangements. However, the IMTP will capture known strategic service change to assess resource and impact of those changes.

#### Developing and agreeing priorities

27. Feedback from collaborative planning this cycle is that we have to be realistic about the scale and pace of our ambition in the current financial & operating context and within the resources available to WAST. Thus, it is important to prioritise our work along the full three years of the plan.
28. In order to write the first draft of the IMTP and undertake prioritisation, we now have intelligence from the clinical model transformation programme and directorates about their view of priorities for 2025 and beyond. We are also holding prioritisation workshops on 8<sup>th</sup> January, to look at the key pieces of work that require investment of time, people or money and the timeline in which they are required, and on 3<sup>rd</sup> February to align that to the emerging financial plan. The IMTP will bring together these pieces of work into an integrated view of what we need to do to achieve progress against our strategy, in line with commissioning intentions and system wide programmes over the next 3 years.
29. Health Board allocations included a 1.77% uplift which WG has confirmed will 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.
30. It will be important to combine this workstream with the plan to engage with stakeholders on the emerging priorities so that we are able to finalise and confirm priorities through January.

#### Integrated Technical Planning



31. The Integrated Technical Planning Group which reports into ISPD (which is responsible for overseeing IMTP development) meets regularly throughout the year and will provide the technical planning which considers our priorities in the context of fleet, estates, and digital requirements. It also informs our workforce and financial planning (both revenue and capital). This informs a key component of the WG Planning Guidance: a Minimum Data set covering forecast activity, workforce changes and finance plan.

### Financial Plan and key Budget setting assumptions

32. As noted above, the NHS Wales Health Board Allocation Letter for the 2025/26 financial year was issued by the Cabinet Secretary for Health and Social Services in Wales on 20<sup>th</sup> December 2024, providing some key insights to the levels of funding our commissioners will be receiving in the coming financial year. Whilst we are not directly funded through this allocation, being a commissioned organisation our funding is then agreed via the Joint Commissioning Committee (JCC), and this year the allocation letter is specific and states that the core 1.77% is expected to unequivocally pass through from commissioners to providers. With the requirement for agreements to be signed off before HB's and Trust's can submit their final plans.

33. The main headlines within the HBs allocations were as follows:

- a. An additional £435m being allocated to HBs for 2025/26, on top of that recurrently provided part way through the 2024/25 financial year;
- b. 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;
- c. This all results in a residual general uplift for inflationary and other cost pressures for 2025/26 of 1.77%;
- d. Additional Capital funding of £175m, of which £115m is routine capital and £60m for IFRS 16.
- e. An expected minimum of 2% cost avoidance / containment and savings plan across all NHS Wales organisations.

34. Whilst the settlement for health across the NHS in Wales is therefore slightly better than may have been expected, this is much lower than in 2024/25 and given the continuing levels of service demand, impact and cost pressures within the wider system, for 2025/26 this is very much being framed as an allocation for stability and inflationary pressures rather than being a budget for investment and growth. However, 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 below, this does provide



the potential for the Trust to work towards being able to present a balanced financial plan for 2025/26. However, it is not clear at this stage whether any further, separate additional funding will be made available in relation to the previously separately submitted business case for the EMT B5 development, with this currently looking unlikely. As part of the financial planning for 2025/26 and beyond therefore will need to include how the increasing costs of this will also be afforded, within revised staffing models and overall savings targets for delivery.

35. Work will now continue over the coming weeks to translate the expected impact of the HB funding allocations on that expected to be applied to our financial plan, including:
  - a. Recognition of additional funding being essential to meet inescapable demand growth, unavoidable inflationary pressure, and deliver progress on capital requirements.
  - b. Absolute requirement to deliver actions that contain costs, deliver ongoing stretching savings expectations, improve productivity, and address unwarranted variation.
  - c. NHS organisations will need to deliver a minimum of 2% savings requirement across total baseline expenditure (therefore increased in certain areas). Essentially, maintaining this year savings delivery, and a new level of savings akin to recent years delivery (min 2% total baseline).
  - d. Recurrent impact of 2024/25 pay award allocated in-year once pay mapping completed.
  - e. Funding for the 2025/26 pay award will be held centrally and allocated to employers once awards are confirmed. Similar assumption remains for impact of increased employers NI costs.
  
36. Discussions will now continue with the JCC to confirm the above financial planning and funding assumptions for 2025/26 as soon as possible.
  
37. Whilst the likely settlement and funding increase for the coming financial year is therefore slightly greater than may have been expected, no financial plan is risk free and there inevitably remains a number of risks and challenges that will need to be worked through over the coming weeks in order to finalise the financial plan and budget for 2025/26. This includes the following:
  - a. As above, ensuring all of the funding expected to be confirmed to the Trust, from a variety of sources, is fully recovered;
  - b. Agreeing with commissioners any other levels of outstanding recurring funding being made available, the impact or not on this of the 2025/26 funding and management of any residual costs / gaps;



- c. Some recurrently committed levels of spend already made in 2024/25 and ensuring these are fully recognised and managed within the 2025/26 financial plan and budget setting;
  - d. Despite the additional funding provided, some cost elements are still hard to predict through the coming 15 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2025/26 to manage any such variations;
  - e. The need to ensure a savings plan delivery, predominately via our Financial Sustainability Programme, of at least a minimum 2% increase in 2025/26, noting that an element of our 2024/25 delivery is non recurring. As above, included in this will be a required sustainable staffing model linked to the EMT B5 development;
  - f. How elements of our planned transformation journey, including that needed to mitigate service, demand and activity pressures and risks, may be able to be agreed, alongside relevant funding sources or other cost variations to balance;
  - g. Whilst hopefully relatively a low risk, there is also in 2025/26 a planned increase in the Trust's baseline depreciation charge, for which funding has been allocated to HBs and for which we will similarly need to ensure the money for this flows to us via the JCC;
  - h. All of that provided so far is with a 1 year financial planning horizon, 2025/26, with any elements of the Trust's 3-year financial plan having to again be presented in this context.
38. As in previous years at this stage, all of this is likely to initially be presented over the next few weeks through a range of potential scenarios, fully discussed and hopefully agreed with commissioners, so that a final plan can be presented through the final drafts of the IMTP in March. At this stage it is hoped that this will be able to present a balanced financial plan for 2025-28.
39. Further updates on how all of this develops will be provided to F&PC and Trust Board, including anything further progressed by the time of the F&PC meeting on 16<sup>th</sup> January 2025.

### Writing the plan

40. It is intended that a first draft of the IMTP will be produced by the end of January and in line with recommendations from Audit Wales we aim to circulate this with Board members by mid-February. Given the timing of the planning framework and allocation letters and the work to undertake prioritisation in January (workshop on 8<sup>th</sup> January) we have made available, as an appendix to this report, the draft contents of the IMTP.
41. Areas such as People & Culture, Quality, Research & Innovation etc. may take specific development of their aspects of the IMTP into their relevant



committees (i.e. People and Culture committee, QUEST, Academic Partnerships committee).

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

#### Governance, assurance and approval

43. As set out in paragraph 39, certain aspects of the plan go through relevant committees for guidance and endorsement. However, the key governance routes are as follows:

- **STB** (or ELT depending on timing) in 13<sup>th</sup> January 2025 - update on progress and presentation on key priorities informing the first draft of the IMTP
- **Joint Commissioning Committee (management group)** 09<sup>th</sup> January 2025 – requirement at full committee tbc
- **Finance & Performance Committee** 16<sup>th</sup> January 2025 – update on progress in developing the plan and draft contents
- **WASPT** 27<sup>th</sup> January 2025 – verbal update on emerging priorities
- **Corporate Partnership Forum** (TU engagement) 29<sup>th</sup> January 2025 – ongoing engagement with TU partners on development of the IMTP
- 
- **Trust Board** 30 January 2025 - update on progress and presentation of first draft of the IMTP
- **STB** 24<sup>th</sup> February 2025 – updated draft to finalise for governance and sign off
- **ELT** 5<sup>th</sup> March 2025 – final draft for comment, amendment and endorsement
- **Joint Commissioning Committee** March 2025 tbc – final draft for endorsement
- **Finance & Performance Committee** 18<sup>th</sup> March 2025 – scrutiny and assurance of final draft and endorsement for approval at Trust Board
- **WASPT** March 2025 tbc – engagement on the final draft plan
- **Trust Board** 27<sup>th</sup> March 2025 - final version of the IMTP for sign off prior to submission to WG
- **WG Submission** – 31<sup>st</sup> March 2025

#### **RECOMMENDATION**

##### **44. Finance & Performance Committee is asked to:**

- **Note the overall progress in developing the IMTP;**
- **Note the financial and budget setting assumptions following issuing of the Health Board allocation letters;**



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- **Note the approach and timelines set out in the report;**
- **Advise of any further assurance required during the final stages of the planning cycle.**



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## Appendix 2 – Draft IMTP Contents

### Foreword from the Chairman and Chief Executive

### Executive Summary

### Introduction

1. **Our Long-Term Strategy**
  - 1.1 Our Strategic Objectives
  - 1.3 Our transformation journey
2. **Our Key Achievements in 2024/5**
3. **Challenges and Opportunities shaping our plan**
  - 3.1 What do our patients say about our service?
  - 3.2 What are our colleagues' priorities?
  - 3.3 Our operating and financial context
  - 3.4 What are our legislative, strategic, financial and policy drivers?
    - 3.4.1 Wellbeing of Future Generations Act
    - 3.4.2 Duty of Quality
  - 3.5 What do our commissioners say? *(include how we incorporate Health Board IMTPs)*
  - 3.6 What are the risks that we are managing?
4. **Our patients**
  - 4.1 NHS 111 Wales
  - 4.2 Emergency Medical Services (EMS) - 999
  - 4.3 Ambulance Care
  - 4.4 Emergency Preparedness, Resilience and Response (EPRR) and specialist operations
  - 4.5 Volunteers
  - 4.6 How will health board strategic plans affect us?
5. **Our people**
  - 5.1 Our workforce profile
  - 5.2 People and Culture plans
  - 5.3 Welsh language
6. **Infrastructure** – capital, fleet & estates
7. **Our Digital plan**
8. **Partnerships and the wider system**
  - 8.1 Partnerships and engagement



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- 8.2 Social partnership
- 8.3 Wellbeing Objectives
- 8.4 Academic partnership & democratised learning
- 9. **Quality driven and clinically led**
  - 9.1 Quality driven
    - 9.1.1 Population Health
    - 9.1.2 Quality Management
    - 9.1.3 Quality Improvement
  - 9.2 Clinically led
  - 9.3 Integrated Governance
- 10. **Value and sustainability**
  - 10.1 Financial sustainability programme
  - 10.2 Service Review priorities
  - 10.3 Value Based Healthcare
  - 10.4 Environmental sustainability
- 11. **Our financial plan**
- 12. **Delivering our plan**
  - 12.1 Risks to delivery
  - 12.2 Managing IMTP delivery and transformation
  - 12.3 Measuring our plan



<b>AGENDA ITEM No</b>	9
<b>OPEN</b>	OPEN
<b>No of ANNEXES ATTACHED</b>	1

**MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD –  
October/November 2024**

<b>MEETING</b>	Finance and Performance Committee (FPC)
<b>DATE</b>	16 <sup>th</sup> January 2025
<b>EXECUTIVE</b>	Rachel Marsh – Executive Director of Strategy, Planning & Performance
<b>AUTHOR</b>	Melanie O’Connor - Senior Performance Analyst Mark Thomas – Commissioning & Performance Manager Hugh Bennett - Assistant Director, Commissioning & Performance
<b>CONTACT</b>	<a href="mailto:Melanie.O’Connor@wales.nhs.uk">Melanie.O’Connor@wales.nhs.uk</a> <a href="mailto:Mark.Thomas12@wales.nhs.uk">Mark.Thomas12@wales.nhs.uk</a> <a href="mailto:Hugh.Bennett2@wales.nhs.uk">Hugh.Bennett2@wales.nhs.uk</a>

**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 **October/November 2024**.
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 to 999 callers remains a key concern with red 8-minute performance at 47.55 % in November 2024 and Amber 1 median at 1 hour and 56 minutes, which the Trust knows 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 (95% in November, achieving the benchmark) and fully rolling out the CHARU service (87% in November, highest achieved to date); whilst also undertaking more

transformative actions through the Clinical Model Transformation (CMT) Programme.

5. The Trust lost 20,995 hours to handover in November 2024. 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 and is 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.
8. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance is stable, with oncology remaining above target, however, renal performance dropping below target for the second consecutive month since March 2020. Both the NET Centre and NEPTS transport are due to be re-rostered in 2024/25 (on target), 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% in November 2024 just maintaining the consistency of being below 8% since March 2024. The IMTP ambition is to reach 6%. The Trust will continue its focus on sickness absence. EMS abstractions achieved the 30% benchmark in November 2024 at 29.79%.
10. The Trust is continuing to deliver its Clinical Model transformation (CMT) programme at pace, with key parts going live in December, in particular, remote clinical screening (RCS).

## **RECOMMENDATION**

**FPC is asked to: -**

**Consider the October/November 2024 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.**

<b>REPORT APPROVAL ROUTE</b>
09.01.25 Assistant Director Commissioning & Performance

<b>REPORT APPENDICES</b>
Appendix 1 – Top Indicator Dashboard

<b>REPORT CHECKLIST</b>			
<b>Confirm that the issues below have been considered and addressed</b>		<b>Confirm that the issues below have been considered and addressed</b>	
EQIA (Inc. Welsh language)	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 **October/November 2024**.
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. The following indicators are for this committee: -

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

4. 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

5. 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

6. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
7. **999** call answering times declined in November with the 95<sup>th</sup> percentile at 1 minute, compared to 25 seconds in October 2024. The 65<sup>th</sup> percentile and median performance remain consistently good.
8. **111 call answering performance has improved over recent weeks**, and the call abandonment performance was at 5% in November, achieving the 5% target for the second month. One of the key issues has been the temporary reduction in call handling staff in post caused by a redirection of available training capacity towards the delivery of the new 111CAS system. Recruitment has been undertaken to recover the staff in post to establishment position and this along with bank and overtime is being used to boost production in December above the 95% unit hours production benchmark. 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%).
9. 111 demand in November 2024 was 14% higher than during November 2023, resuming the longer term upward trend. The Trust is on target to procure a third party in the first two weeks of 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.
10. **111 Clinical response**: clinical ring back times for patients with the highest priority remained above target at 97.7%. Response times for lower priority calls dropped just below target this month, recording 85.1% and 80.7% for P2CT and P3CT respectively.
11. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for November 2024 was 47.55%, remaining below the 65% target; however, the Trust is reaching more red patients in 8 minutes, but the denominator (demand) has also grown. The Amber 1 median in November was 1 hour 56 minutes and the Amber 1 95<sup>th</sup> percentile was 8 hours 39 minutes. These long response times have a direct impact on outcomes for many patients.

12. 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 will be implemented before 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);
  - 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.
13. The one area of particular focus for recruitment is the Cymru High Acuity Response Unit (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 87% CHARU UHP in Nov-24, the highest it has achieved and is now seeking to close the remain gap through the recruitment of fully qualified paramedics.
14. 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. 20,995 hours were lost during November 2024. 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 in recent months, Betsi Cadwaladr health board remains significantly high and just below its two-year average figure (7,814). 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.
15. **Ambulance Care (Patient Experience)**: Oncology performance in November 2024 was 75.15%, hitting the 70% target. Renal performance remained below target at 68.01% for the second month. Advanced discharge & transfer journey performance decreased compared to the previous month to 76% and remains below the 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 in 2025/26 which will better align available capacity with changing demand patterns (on target).

16. **National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported three NRI's to the NHS Executive in November 2024, a decrease from the four reported in October 2024; and 15 serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In November 2024 complaint response times improved to 71%, an improvement on the 65% recorded in October 2024, remaining just below the 75% target, with cases remaining complex.
17. **Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 90.5% in November 2024, 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 increased to 19.1% in November 2024 compared to 16.8% in October 2024.
18. The Trust can report on call to door times for Stroke and STEMI patients. For November 2024, these highlight call to hospital door times of two hours and 48 minutes for stroke patients and two hours and twenty-eight 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.
19. In November 2024, 11,254 patients **cancelled** their ambulance, and the Trust was unable to send an ambulance due to the application of the Clinical Safety Plan levels to approximately 1020 callers. The Trust believes that 50% of this combined number is unmet demand and is likely to be presenting elsewhere in the system. Anecdotal evidence from health boards supports this view, but data linking planned for 2024/25 is a key enabler to properly evidence this.

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

20. **Hours Produced:** The Trust produced 121,671 Ambulance Response unit hours in November 2024 and delivered an emergency ambulance unit hours production (UHP) of 95%, achieving the 95% target.
21. **Response Abstractions:** EMS abstraction levels decreased to 29.79% in November 2024, achieving the 30% benchmark figure. Response sickness abstractions stood at 8.09% (benchmark 5.99%).
22. **Trust sickness absence:** the Trust's overall sickness percentage was 8% in November 2024, an increase on the 7.74% recorded in October 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%.

23. **Staff training and PADRs:** PADR rates did not achieve the 85% target in November 2024, but have been remaining consistent (76.51%). Compliance for Statutory and Mandatory training increased slightly to 85.51%, achieving the 85% target for the first time since November 2022.
24. **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 and collection of feedback is underway.

#### Finance & Value

25. **Financial Balance:** the reported outturn performance at Month 8 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

26. 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 has a recovery plan in place, with further work continuing during 2024/25.
27. Same Day Emergency Care (SDEC) centres continue only see a low level of ambulance activity and handover levels remain extreme, which make the work on the updated clinical model, before next winter, a tactical imperative.

#### **Summary**

28. Data quality issues have been identified and are being addressed. The indicators used at this high-level highlight that 111 has stabilised post the 111CAS implementation with. EMS is stable, but response times are significantly off target and the avoidable harm these long waits (and further waits at ED) cause well documented. The Trust is delivering on the metrics it can control e.g. UHP, abstractions, re-rostering efficiencies etc., but hospital handover lost hours remain extreme. The Trust has largely exhausted traditional approaches to improving EMS performance and therefore is now focused on evolving the clinical model at pace this side of winter. The Trust has also produced a winter

plan, as requested by WG. Ambulance Care performance is unstable due to high demand and increased system pressures with one headline metric remaining above target and one dropping below for the second consecutive month since 2020. The Trust is about to re-roster NEPTS transport, which will assist, but a fuller NEPTS demand & capacity review may be required next year to determine what levels of capacity are required (the roster review is concerned with optimising existing capacity).

**RECOMMENDATIONS; FPC is asked to: -**

**Consider the October/November 2024 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

October/November 2024

Annex 1 – Top Indicator Dashboard



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Annex 1 – Top Indicator Dashboard  
Version 1.0  
Released: January 2024

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by Commissioning & Performance Team

# Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators		Target 2024/25	Oct-24	Nov-24	2 Year Average	RAG	Top Monthly Indicators		Target 2024/25	Oct-24	Nov-24	2 Year Average	RAG
<b>Our Patients</b>						<b>Health &amp; Well-being</b>							
<b>Timeliness Indicators</b>						Sickness Absence ( <i>all staff</i> )							
NHS111 Call Handling Abandonment Rates	< 5%	5.0%	5.0%	10.5%	G	Mental Health Absence Rates	Reduction Trend	2.49%	2.58%	2.25%	A		
111 Clinical Triage Call Back Time (P1)	90%	100.0%	97.7%	98.4%	G	Staff Turnover Rate	Reduction Trend	8.02%	8.45%	8.91%	G		
999 Call Answer Times 95th Percentile	00:06	00:25	01:00	00:18	R	Statutory & Mandatory Training	>85%	83.35%	84.47%	75.44%	A		
999 Red Response within 8 minutes	65%	50.4%	47.6%	49.2%	R	PADR/Medical Appraisal	>85%	77.22%	76.51%	73.05%	A		
999 Amber 1 Median	00:18	01:43	01:56	01:24	R	Number of Shift OVERRUNS	Reduction Trend	3,646	3,534	3,653	A		
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	73.3%	75.2%	72.5%	G	<b>Inclusion &amp; Engagement / Culture</b>							
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	80.6%	76.3%	81.1%	R	NEPTS % of Total Calls Answered in Welsh	Increasing Trend	1.9%	1.6%	1.6%	G		
<b>Clinical Outcomes / Quality Indicators</b>						<b>Value</b>							
Return of Spontaneous Circulation (ROSC)	Increasing Trend	16.8%	19.1%	18.7%	G	Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100.00%	100.00%	100%	G		
Stroke Patients with Appropriate Care	95%	88.6%	90.5%	79.7%	A	EMS Utilisation Metric (CHARU)	Increasing Trend	27.3%	28.1%	27%	G		
Stroke Call to Hospital Door Times	Reduction Trend	02:37	02:48	02:20	R	Average Jobs per Shift (All Vehicles)	Increasing Trend	2.25	2.26	2.32	R		
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	60.2%	70.1%	48.5%	R	NEPTS on the Day Cancellations	Reduction Trend	13.9%	13.8%	13%	R		
National Reportable Incidents reports (NRI)		4	3	4	TBD	<b>Partnerships / System Contribution</b>							
Can't Send & Cancelled by Patient Volumes	Reduction Trend	10,867	11,154	9,066	A	<b>Inverting the Triangle</b>							
Concerns Response within 30 Days	75%	65.0%	71.0%	44.5%	A	Successful Consult & Close Outcome	17.0%	N/A	N/A	13.3%	TBD		
Enactment of the Duty of Candour Total		7	4	4	TBD	% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	11.31%	11.46%	11.3%	G		
<b>Our People</b>						Number of Handover Lost Hours							
<b>Capacity</b>						7,500							
Hours Produced for Emergency Ambulances	95-100%	93%	95%	90%	G	21,880							

**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)*)

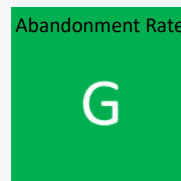
Red: Performance is less than 10% of target (*Indicates close monitoring or significant action is required*)

TBD: Status cannot be calculated (*To Be Determined*)

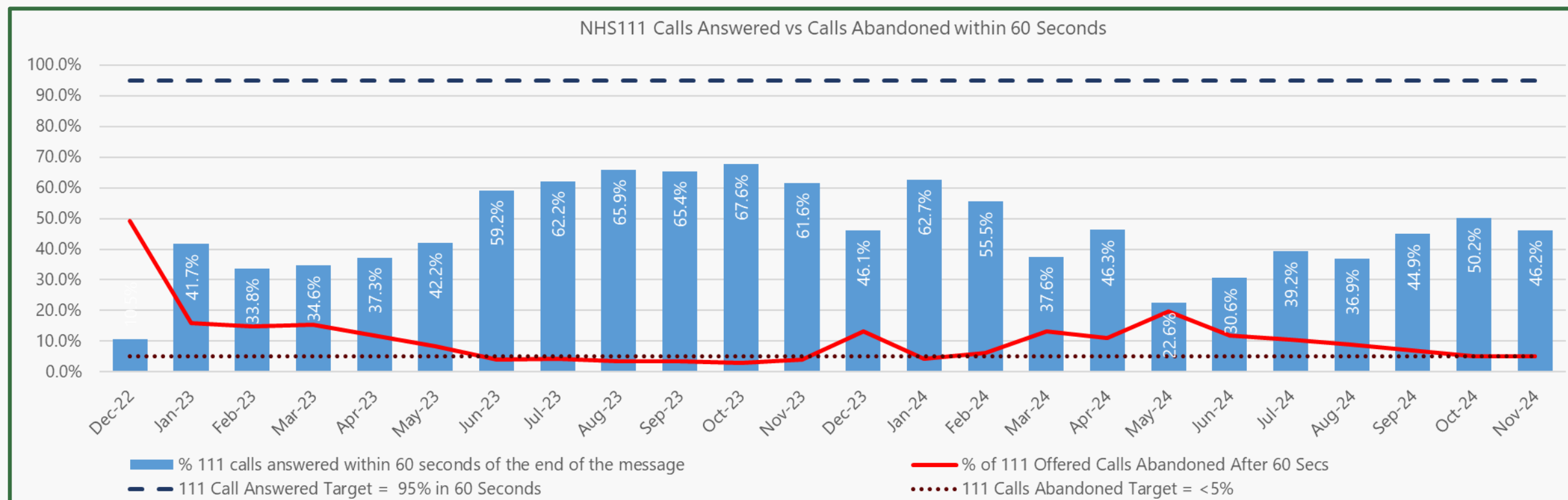
# Our Patients: Quality, Patient Safety & Experience

## 111 Call Answering/Abandoned Performance Indicators

(Responsible Officer: Lee Brooks)



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



#### Analysis

The 111-call abandonment rate remained consistent at 5% in November 2024, achieving the 5% target for the second time in 10 months. The percentage of 111 calls answered within 60 seconds decreased, from 50.2% in October 2024 to 46.2% in November 2024 and continues to remain below the 95% target.

Performance declined during the middle part of the year, due mainly to the introduction of the new 111CAS system, which went live on 30<sup>th</sup> April 2024. In the run up to this implementation staff were abstracted for training, recruitment was paused and after go-live, staff were familiarising themselves with the system, all of which had an impact on efficiency. Since that time there has been a steady improvement in performance.

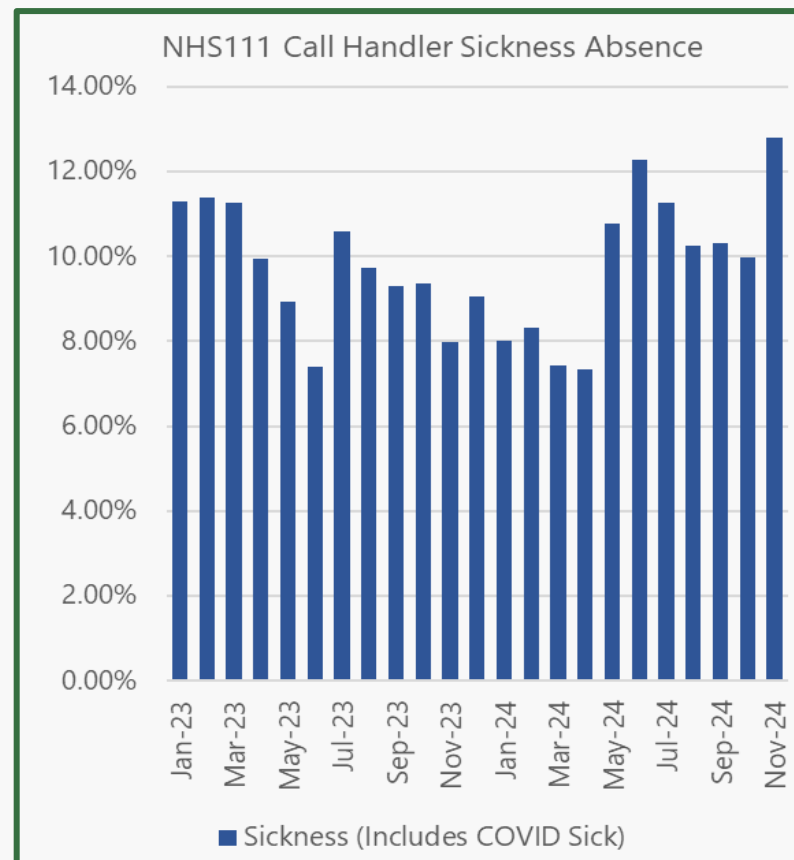
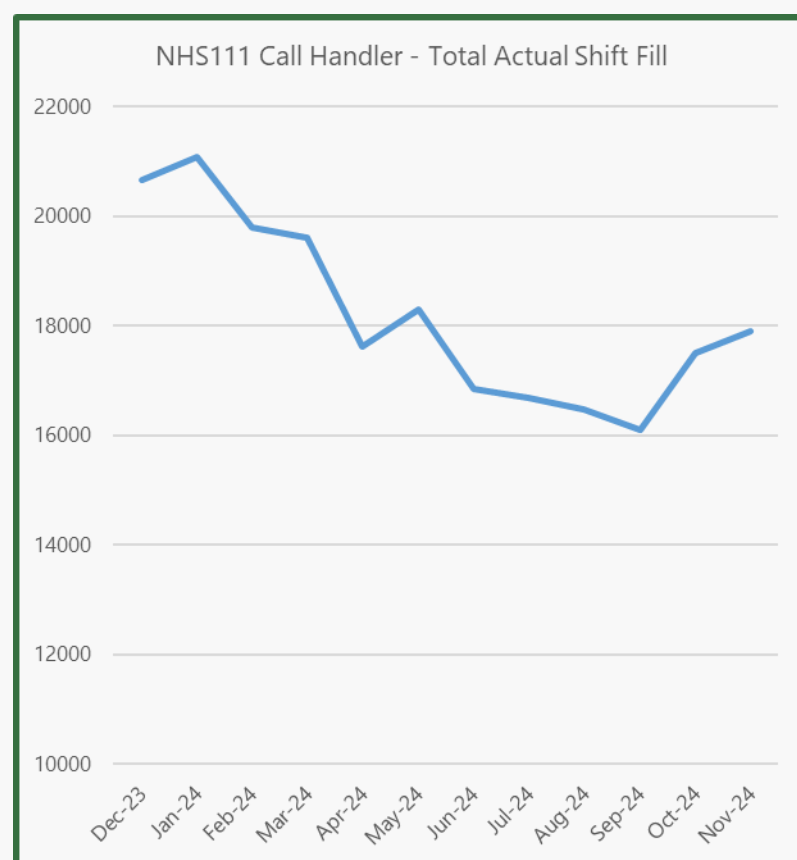
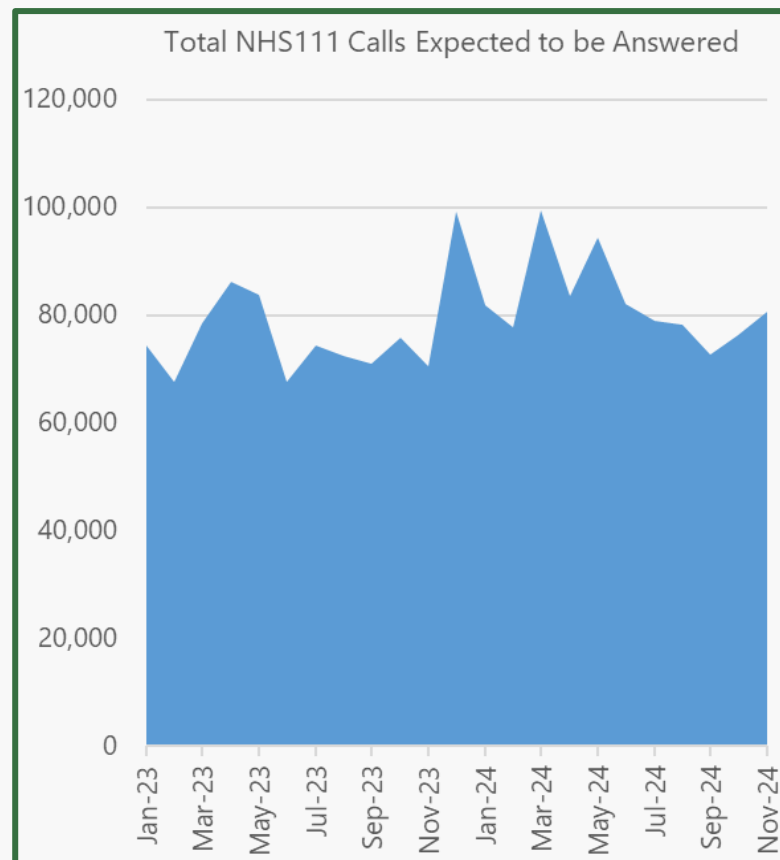
#### Remedial Plans and Actions

Key actions include:

- Actions have been undertaken to try and improve the call handling position across the Winter months with record levels of resourcing planned for December 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.

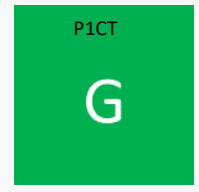


# Our Patients: Quality, Safety & Patient Experience

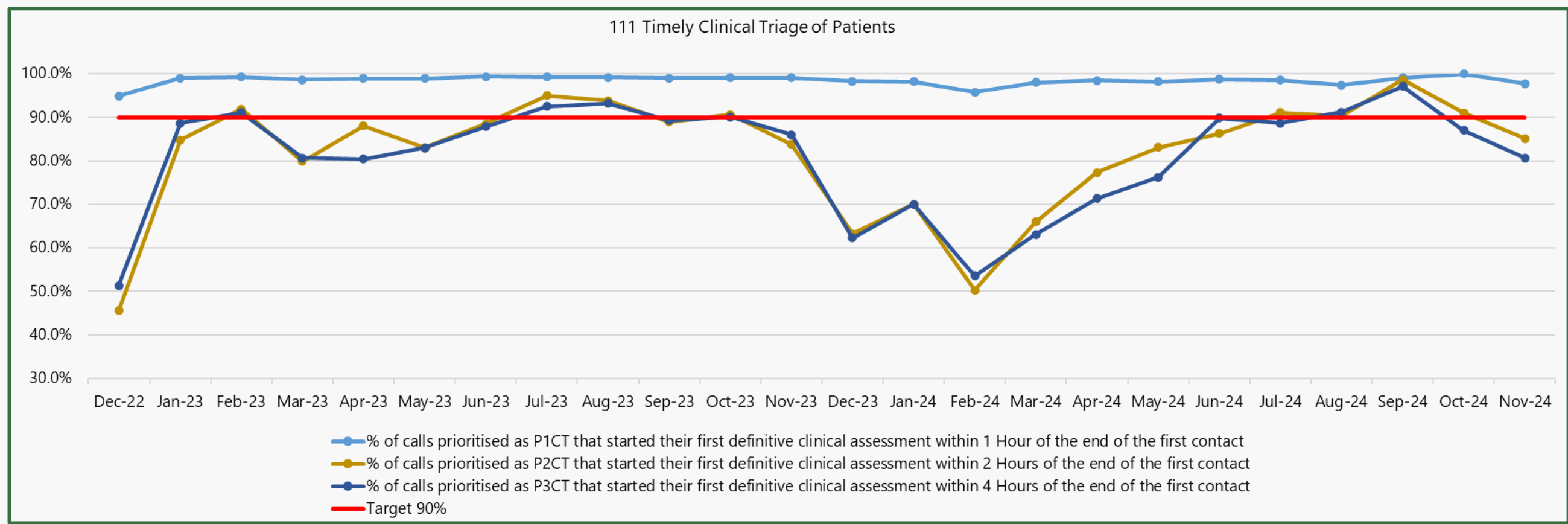
## 111 Clinical Assessment Start Time Performance Indicators

### Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)



*NB: Data quality issues have been identified in 111. These are currently being addressed.*



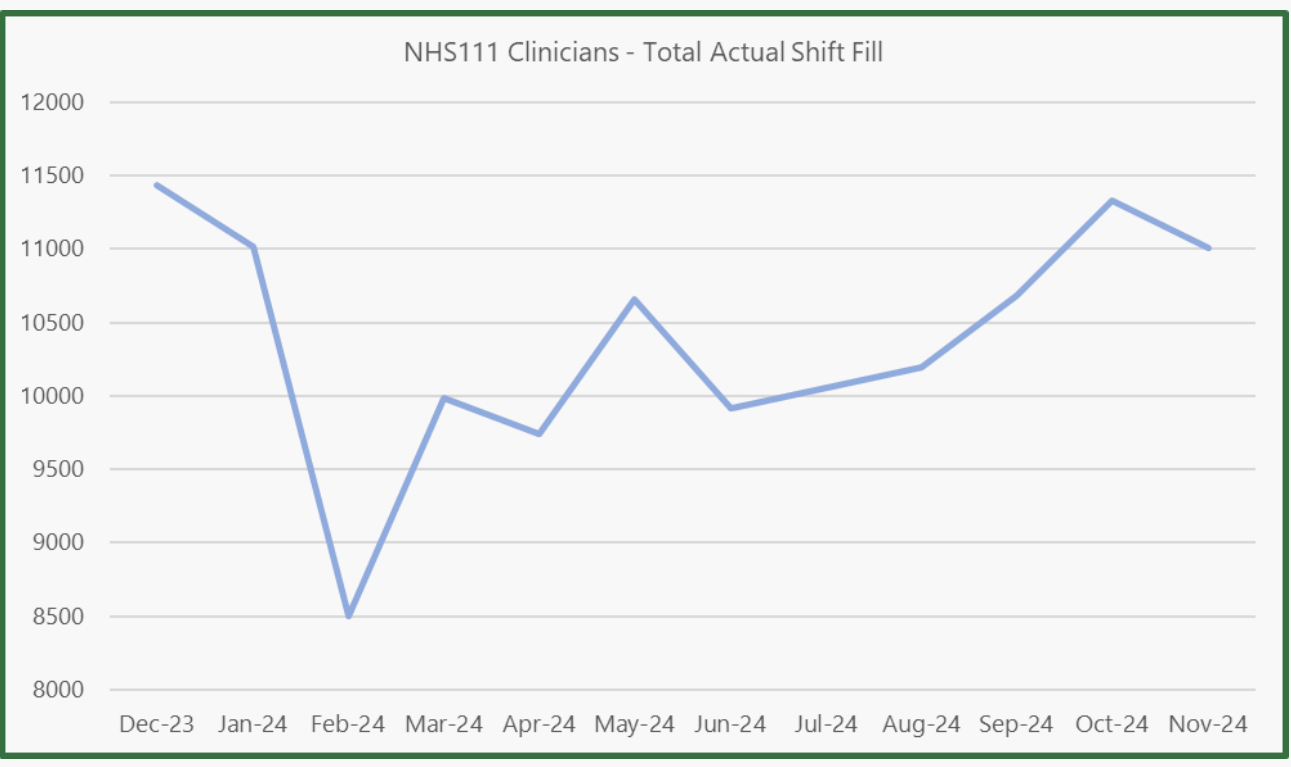
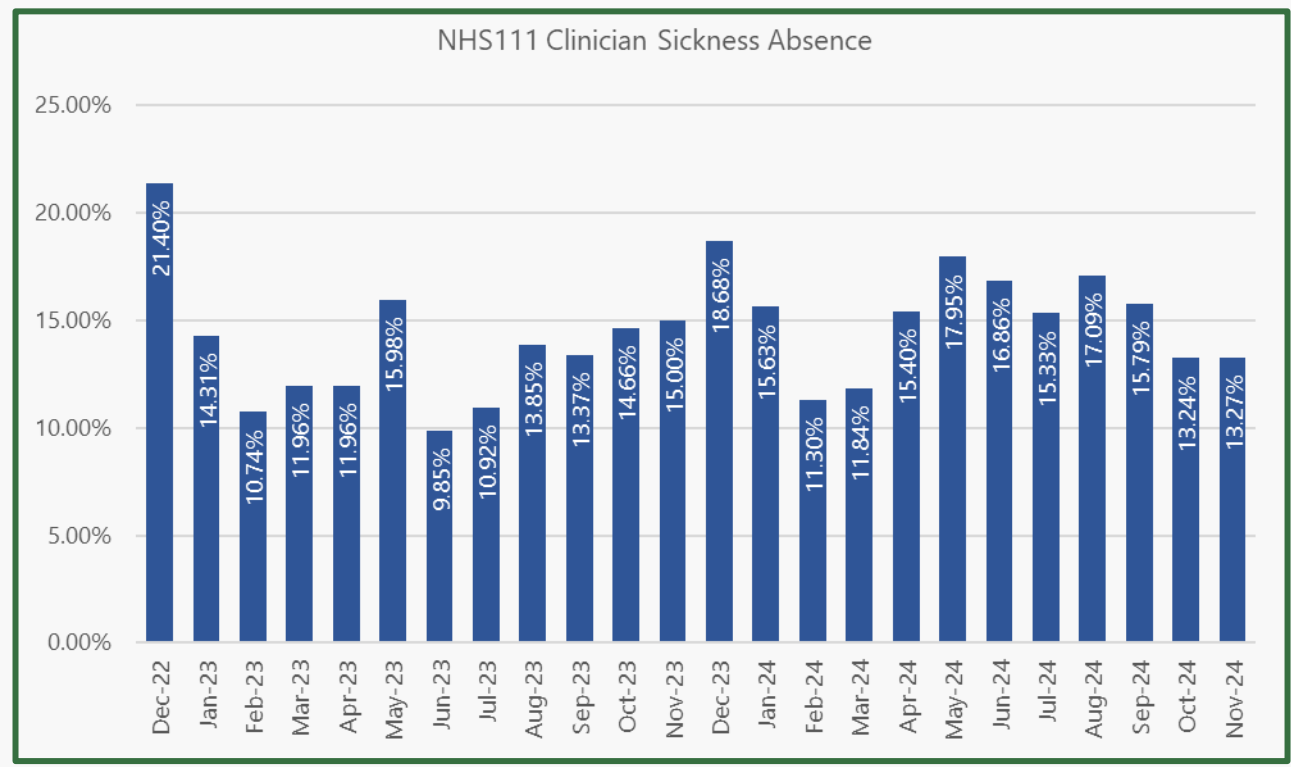
**Analysis**  
The highest priority calls, P1CT, achieved the 90% target, recording 97.7% in November 2024.

Ring back times for lower category calls have improved since February 2024, reversing a previous deterioration in performance, this was despite a drop in shift fill levels during June 2024.

Numbers of clinician hours produced declined slightly in November 2024 to 11,007 from 11,328 in October 2024. Clinician sickness absence also deteriorated slightly during the month to 13.27%.

- 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 demand and capacity review to determine appropriate levels of capacity to meet increasing demand (this may now be delayed to enable the impact of the work on the digital front end to take effect).

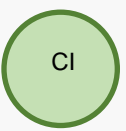
**Expected Performance Trajectory**  
The new 111CAS will bring performance benefits. Welsh Government have asked that WAST model call handling performance through the winter. This is not the same as clinician performance but should provide useful intelligence on what the Trust may achieve for clinical triage performance.



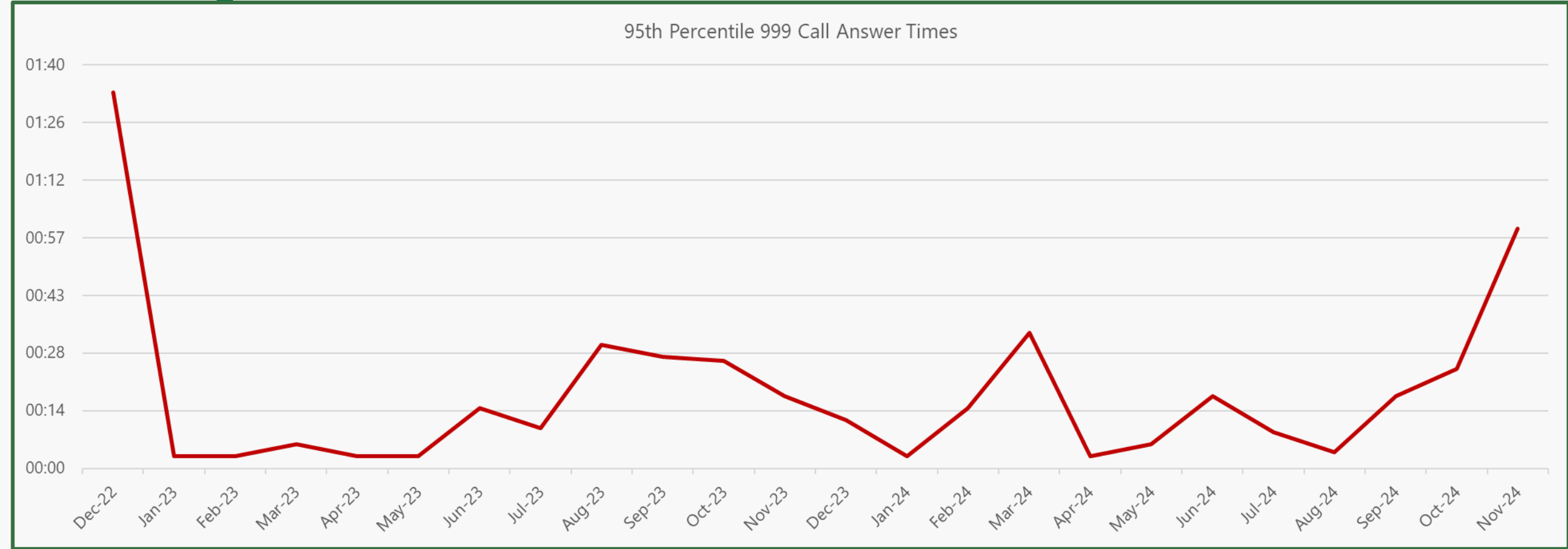
# Our Patients: Quality, Safety & Patient Experience

## 999 Call Performance Indicators

(Responsible Officer: Lee Brooks)



### Influencing Factors – Demand and Hours Produced



#### Analysis

The 95<sup>th</sup> percentile 999 call answering performance did not achieve the 6 second target (01:00) in November 2024; however, the median call answer time for the 999-service remains consistently good at 2 seconds in October 2024. However, due to the migration of the 999-telephony service, data quality is being undertaken for November 2024 data.

There was a very slight decrease in demand in November 2024 to 46,074 calls from 46,444 in October 2024.

Sickness levels saw a decrease from 12.34% in October 2024 to 11.86% in November 2024.

#### Remedial Plans and Actions

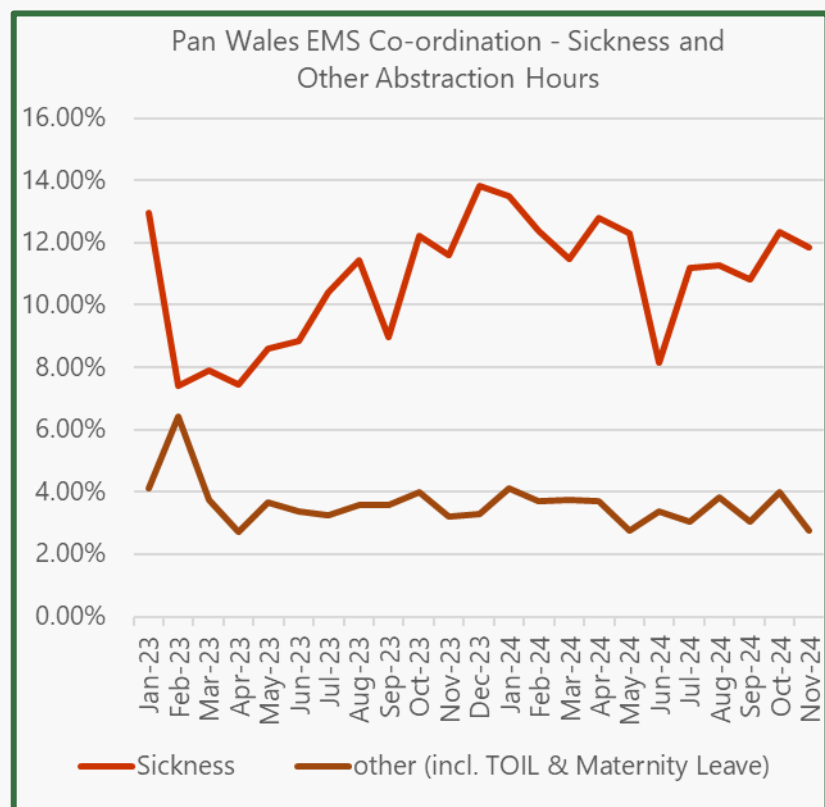
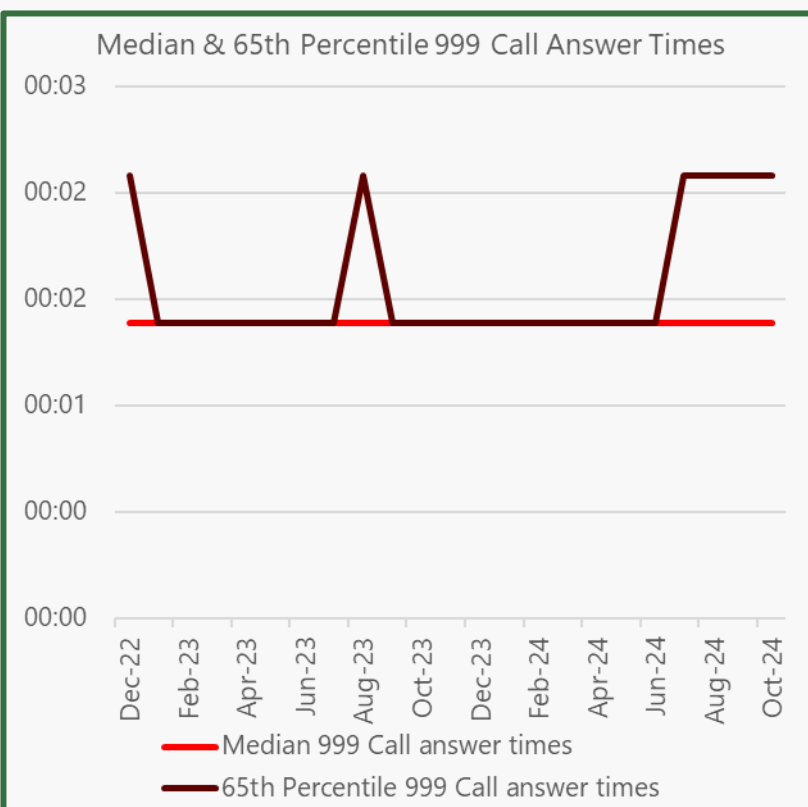
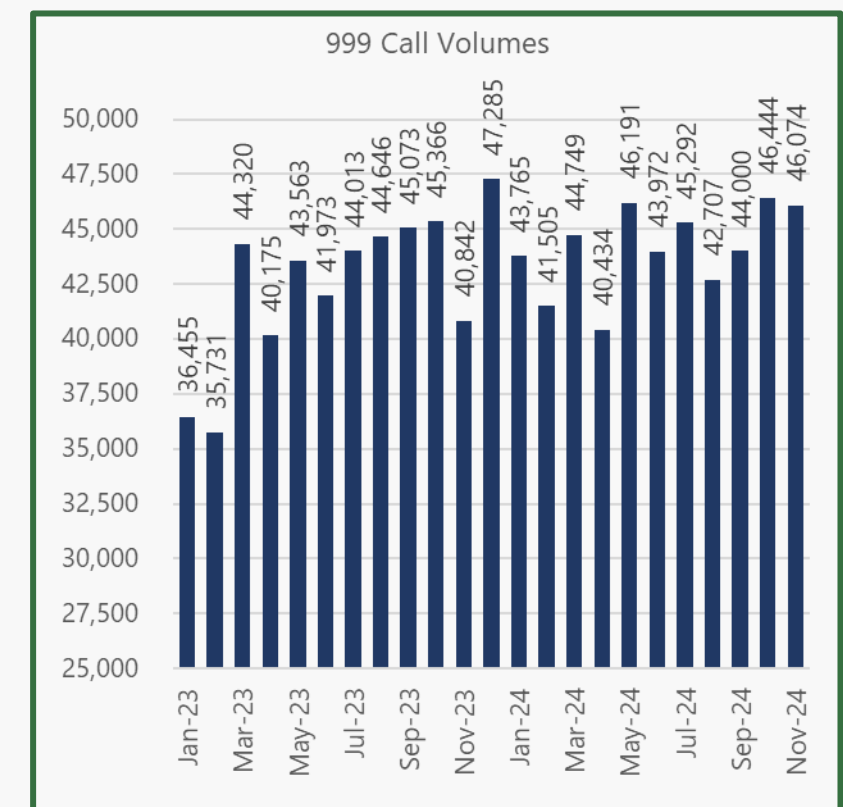
- Over establishment has been approved for EMSC by the Executive Director of Operations with call takers currently above establishment (105.76 FTEs v 122 WTEs).
- Will continue to overrecruit for the next few months (as approved by the ADO and the EDOps) into the winter months which will also support potential losses from the Bryn Tirion move to Ty Elwy.
- Further recruitment drives in all three centres are planned for November, January & March with 12 per cohort.

A transformation programme concluded in November:

- **Roster Review.** A dispatch roster review for Allocators and Dispatchers.
- **Boundary changes.** Realignment of dispatch boundaries to balance workload and pressures for individual dispatch teams.
- **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.

#### Expected Performance Trajectory

The median and 65<sup>th</sup> percentile are performing very well and are stable. The above changes should provide further resilience. There is some resilience to demand increases, but this needs to be kept under review.

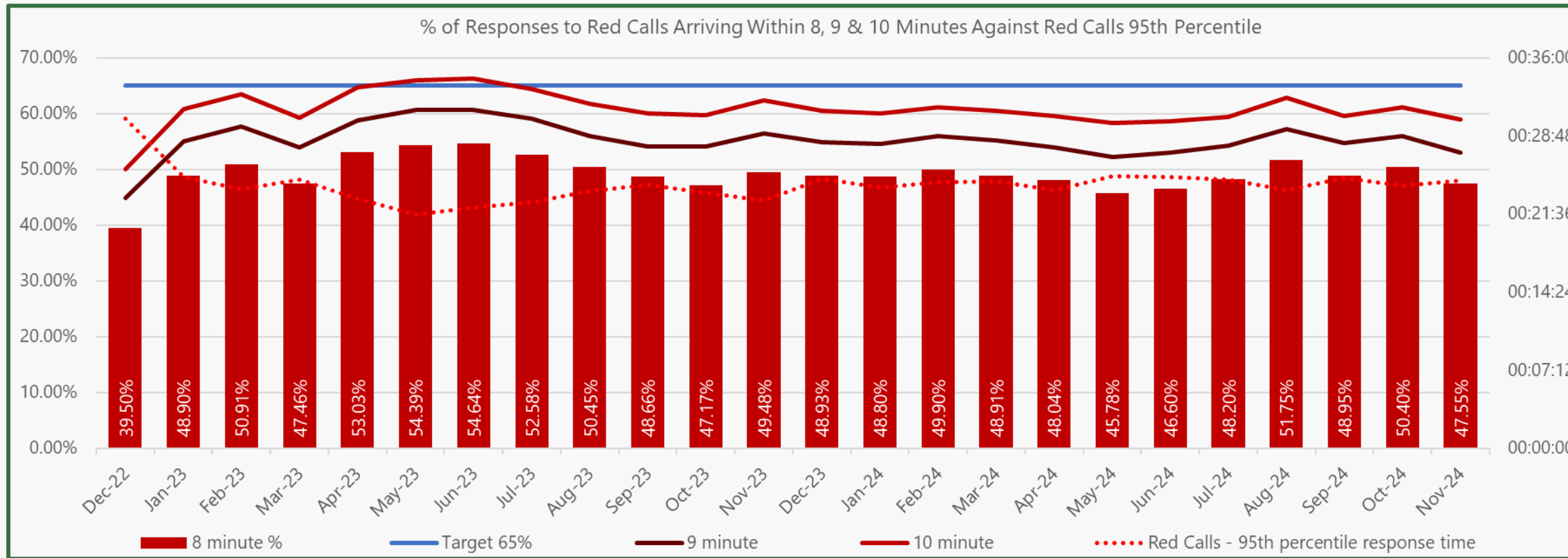
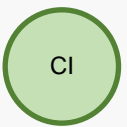


# Our Patients: Quality, Safety & Patient Experience

## Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



### Analysis

Red 8-minute performance continues to remain below the 65% target decreasing marginally during November 2024 to 47.55%.

Red 10-minute performance for November 2024 was 59%, which is marginally below the 2-year average (60.9%).

One of the main determinants is **red demand**, which has **increased** over the last few years, with red demand in November 2024 being 27.48% higher than that seen in November 2023. As red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for November 2024 of 2,775, being 22.03% higher than the figure for November 2023, and the highest figure yet recorded. 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 20,995 lost hours in November 2024.

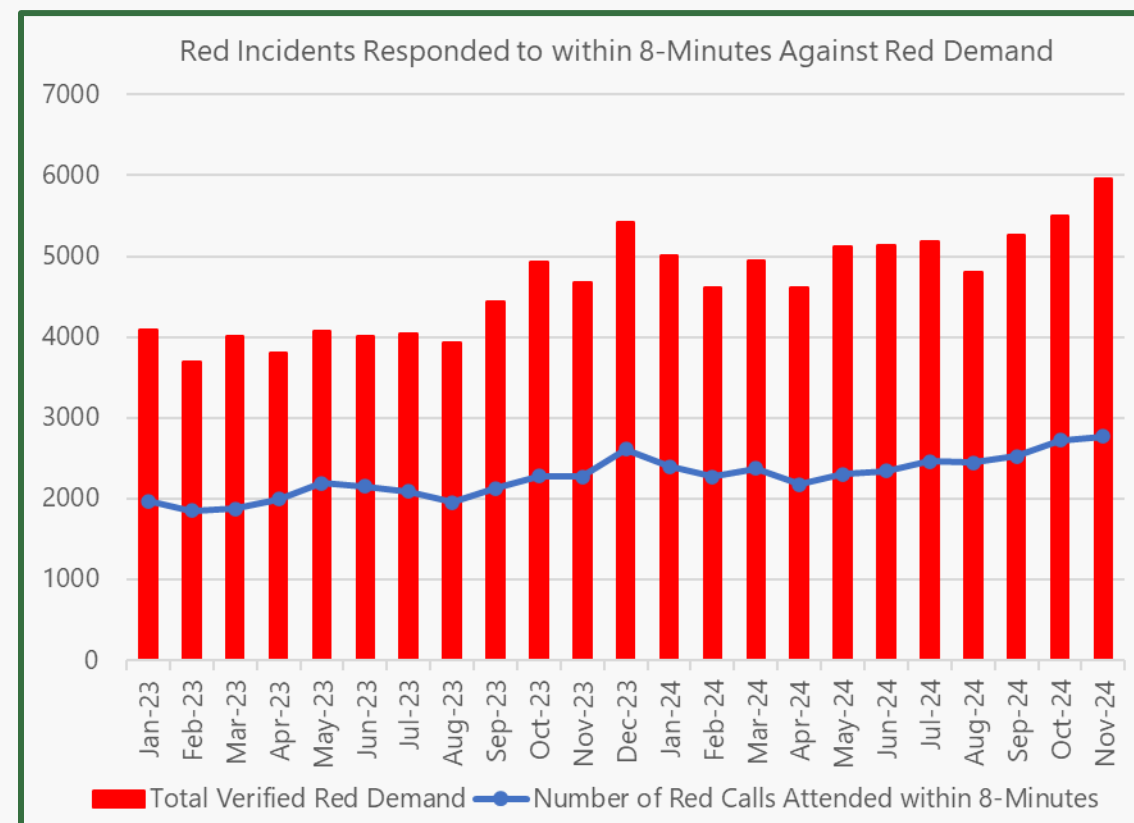
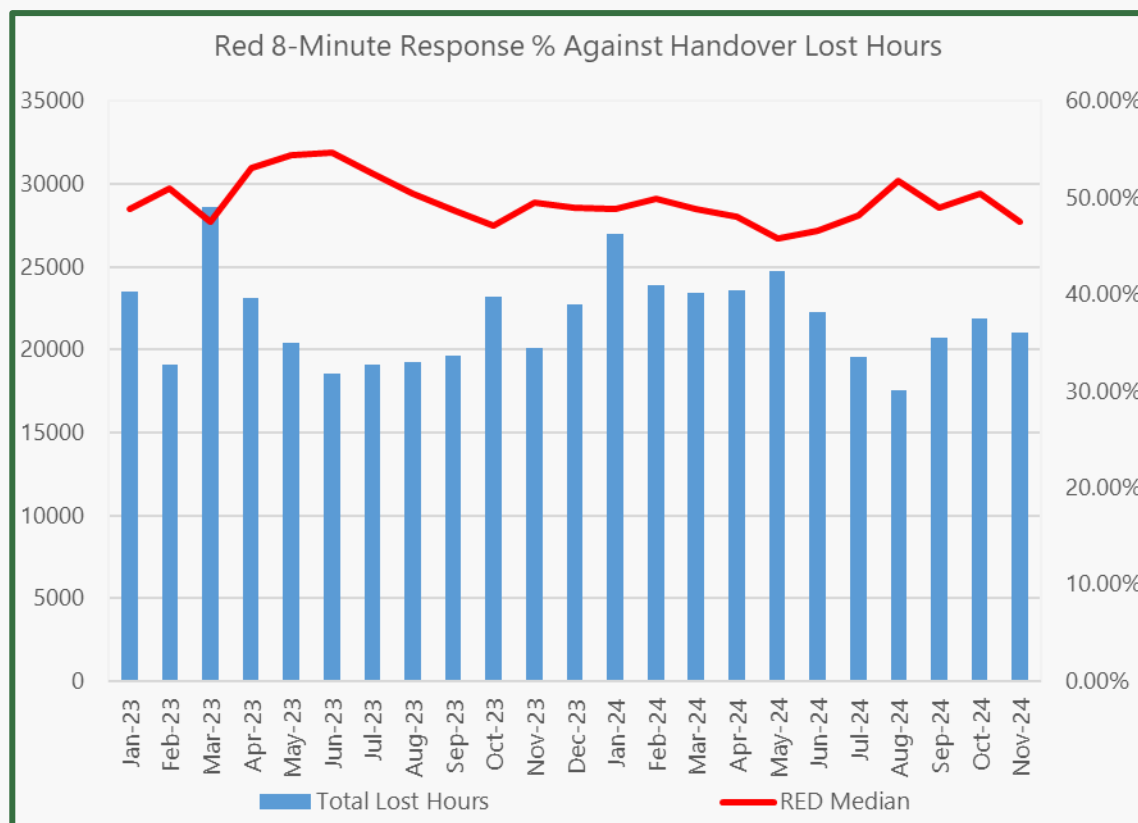
### Remedial Plans and Actions

The main improvement actions in the Trust's gift are:

- To maintain commissioned establishment in post levels overall.
- To recruit an additional cohort of 21 EMTs during November (linked to above).
- Full roll out of the Cymru High Acuity Response Unit (CHARU), now largely complete (128 FTEs v target of 153 FTEs) with the exception of some hard-to-reach areas.
- Continued focus on production and abstractions
- 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.

### Expected Performance Trajectory

Modelling for winter has now been completed and the results shared with Welsh Government as part of winter planning.



# Our Patients: Quality, Safety & Patient Experience

## Amber Performance Indicators

(Responsible Officer: Lee Brooks)

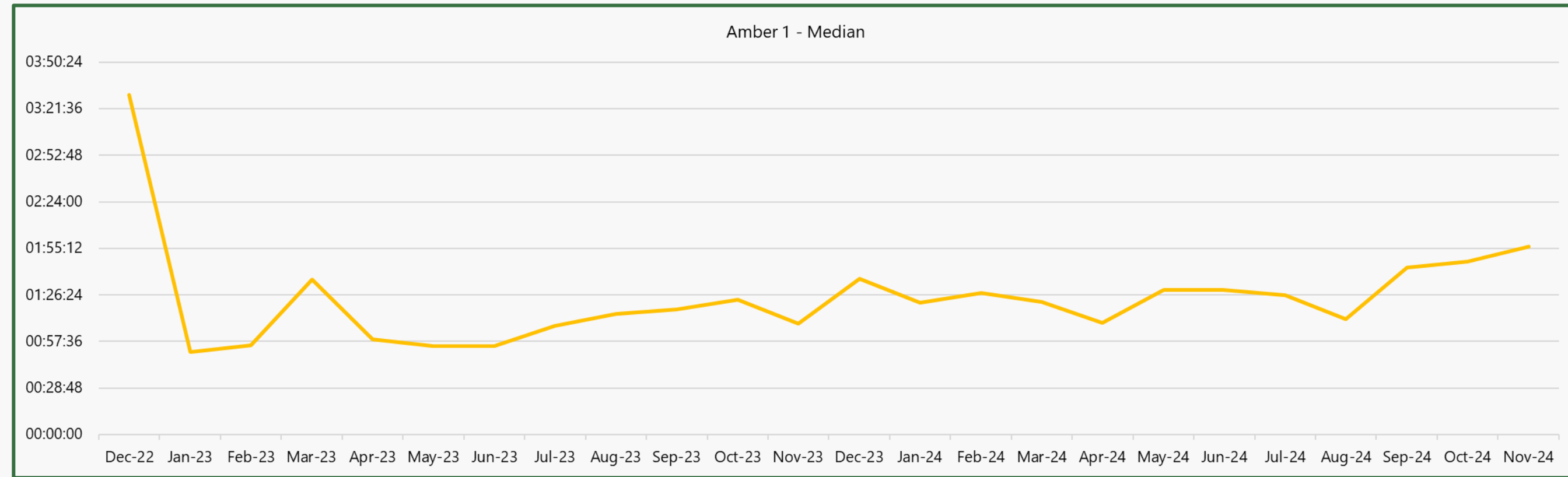
R

CI

FPC

QUEST

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



### Analysis

The Amber 1 median performance time increased during November 2024 to 1 hour 56 minutes compared to 1 hour 46 minutes in October 2024. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95<sup>th</sup> percentile also increased during November 2024 to 8 hours 39 minutes, up from 7 hours 43 minutes in October 2024. This time remains far too long and remained above the 2-year average figure of 6 hours 39 minutes.

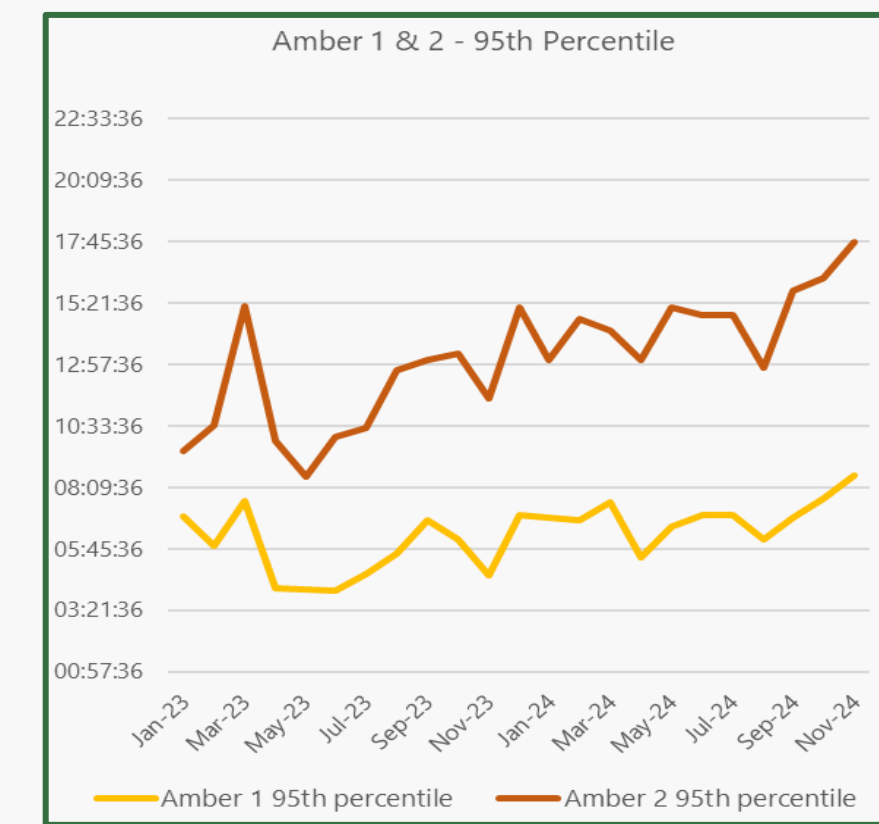
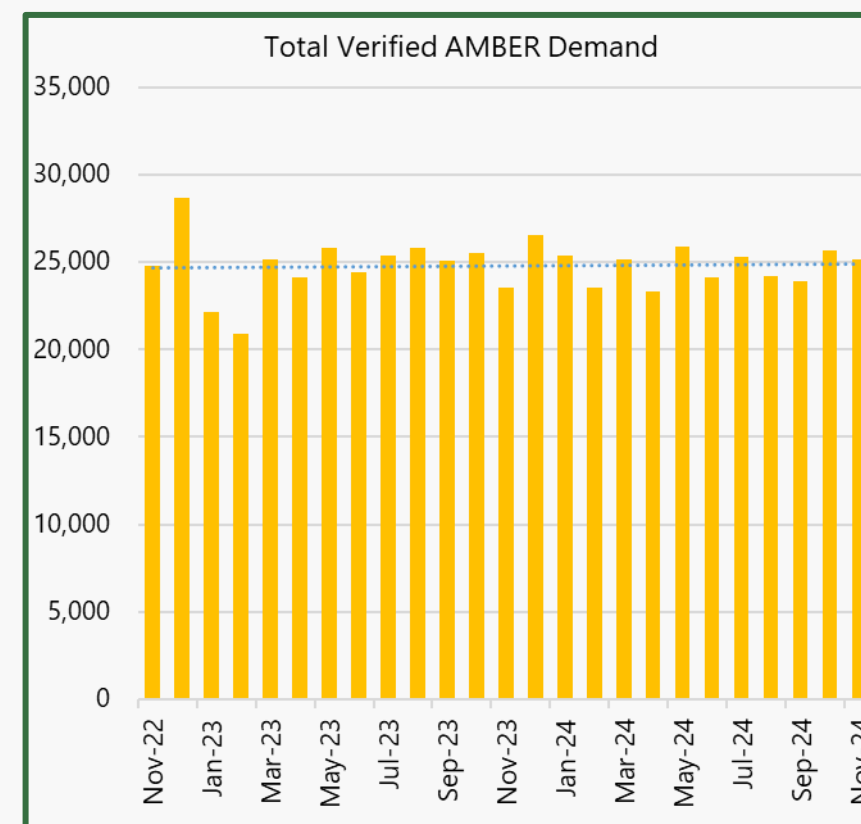
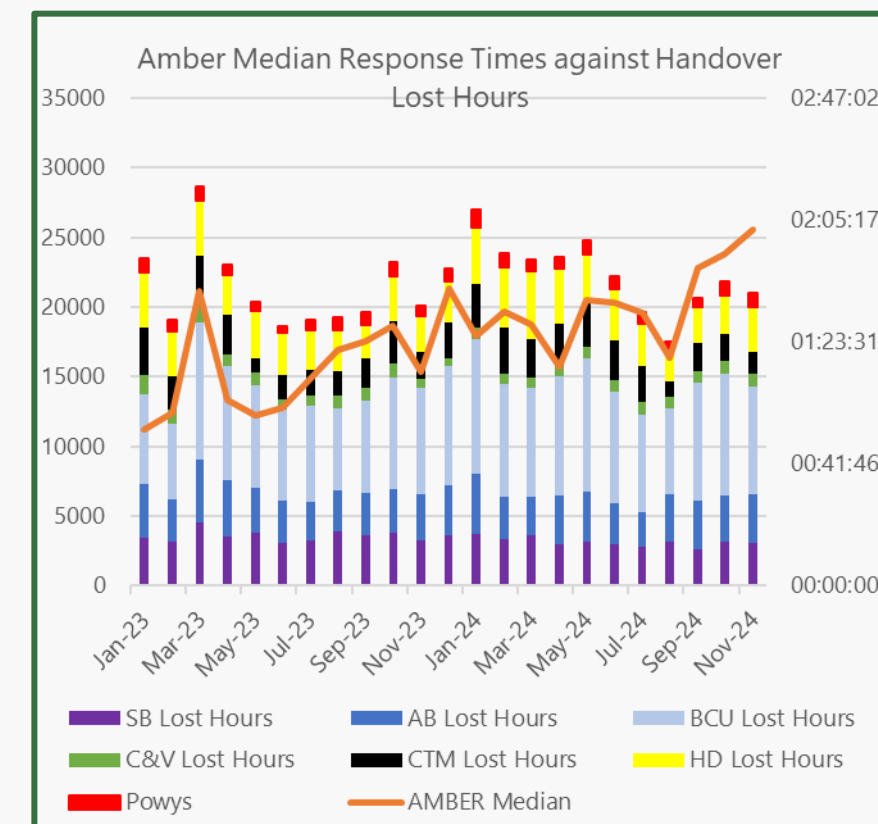
As with Red, there is a strong correlation between Amber performance and lost hours due to handover delays.

### 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 is currently evolving its clinical model and has completed a new 2023 EMS Demand & Capacity Review.



# Our Patients: Quality, Safety & Patient Experience

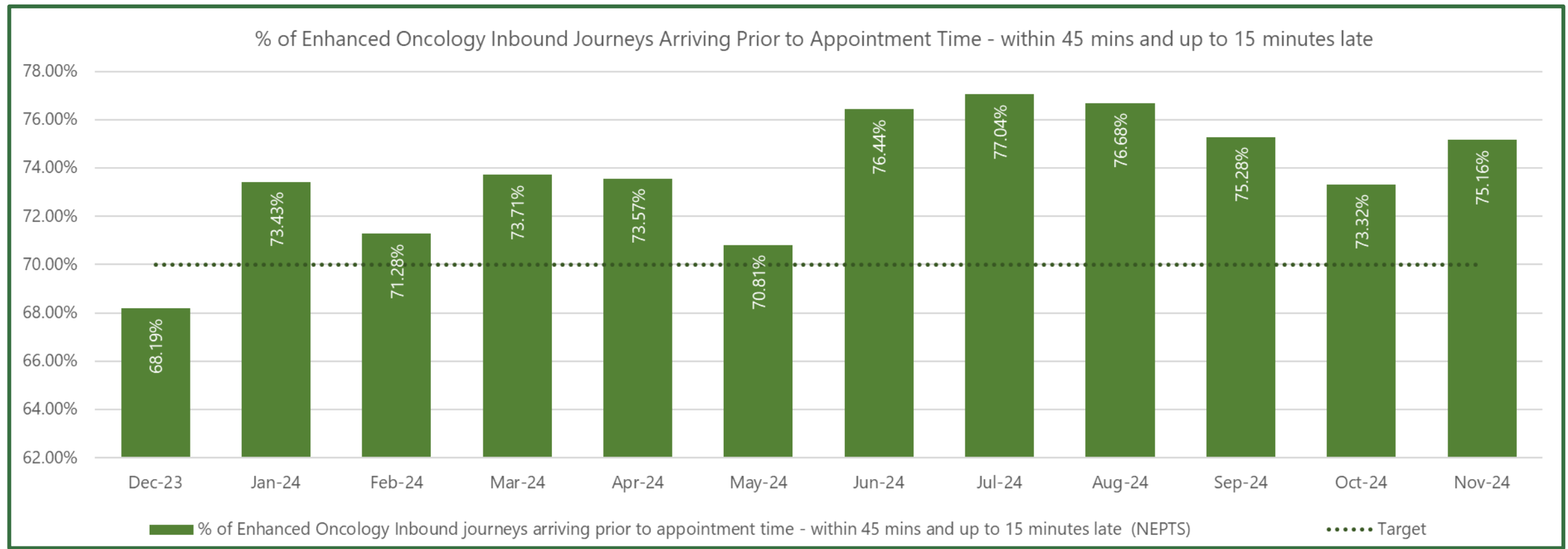
## Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

D&T **R** Oncology **G** Welsh Calls **G**

FPC

CI



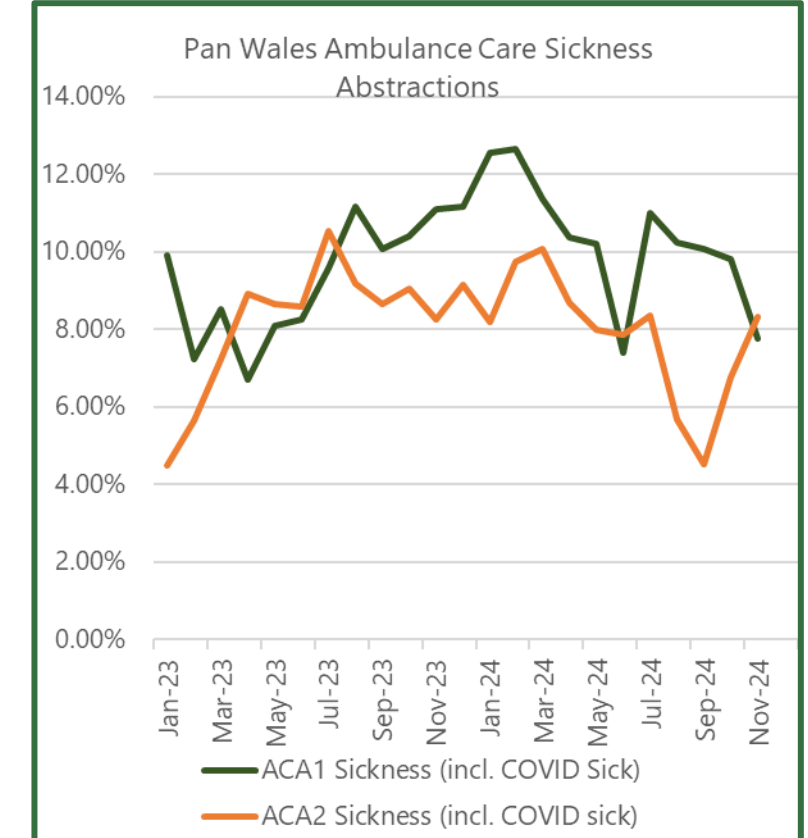
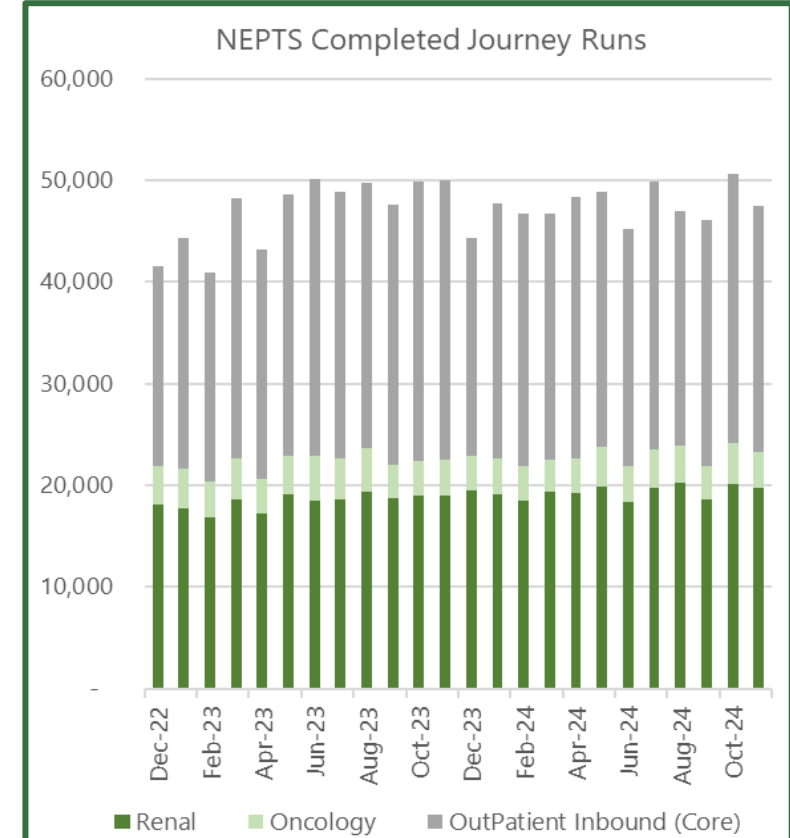
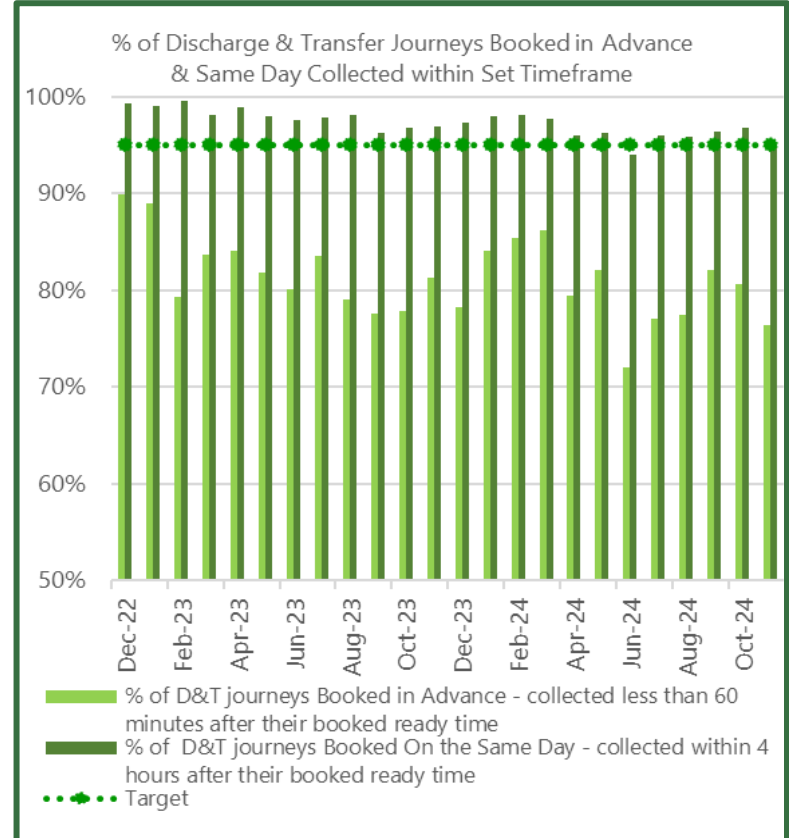
**Analysis**  
75.16% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time, achieving the 70% target for the eleventh month in a row. Oncology performance continues to be an area of focus for the service, and we continue to invest both time and resources on these journeys.

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment remains below target (95%) at 76% in November 2024, and a slight decrease from the 81% in October 2024.

Enhanced Renal journeys, decreased to 68%, which therefore did not achieve the agreed performance standard (70%) for the second consecutive month, however the first period since March 2020 due to increased demand and increased system pressures, which are now above pre-pandemic levels.

Call volumes answered decreased slightly in November 2024 to 20,551 compared to 21,402 in October 2024; however, the average speed of call answering increased from 41 minutes 11 seconds in October to 2 minutes 18 seconds in November.

Both ACA1 And ACA2 sickness remain above the 5.99% target, attaining 7.77% and 8.31% in November 2024, respectively.



**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 keys are just being finalised based on updated demand, which will then be taken into a NEPTS transport roster review. 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**  
Performance is anticipated to follow recent trends.

# Our Patients: Quality, Safety & Patient Experience

## Clinical Indicators

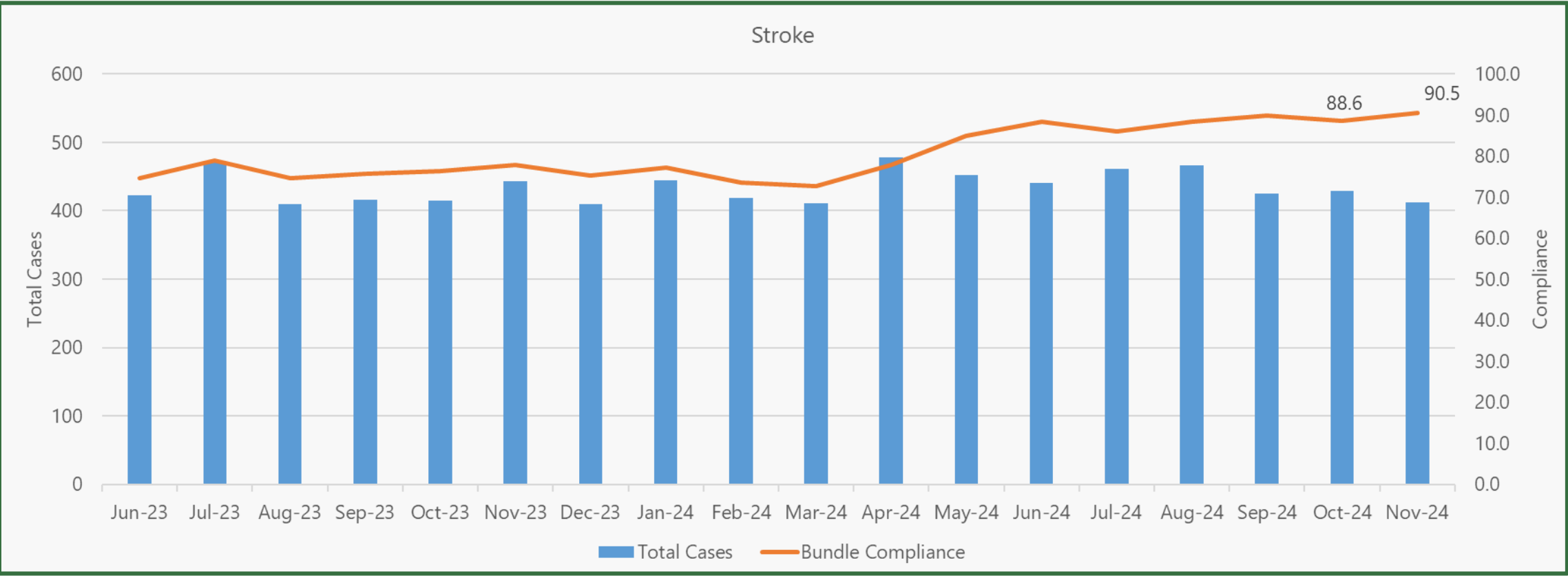
### Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care

Stroke	ROSC	STEMI
A	G	R

Self-Assessment:  
Strength of Internal  
Control: Moderate

(Responsible Officer: Andy Swinburn)

QUEST



#### Analysis

The percentage of patients documented as receiving appropriate care bundles in November 2024 was:

**Stroke – 90.5%, an increase from 88.6% in October.** There is a close correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance which has contributed to improvements in the November data.

**STEMI (heart attack) – 70.1%, an increase from 60.2% in October.** There was a marked improvement in documenting the administration of analgesia and GTN. A 'nudge' to improve electronic Patient Clinical Record completion and compliance to Aspirin and GTN was implemented at the end of October, and User Interface changes for justified exceptions with GTN were implemented in November. These contributed to the improvements for the November data.

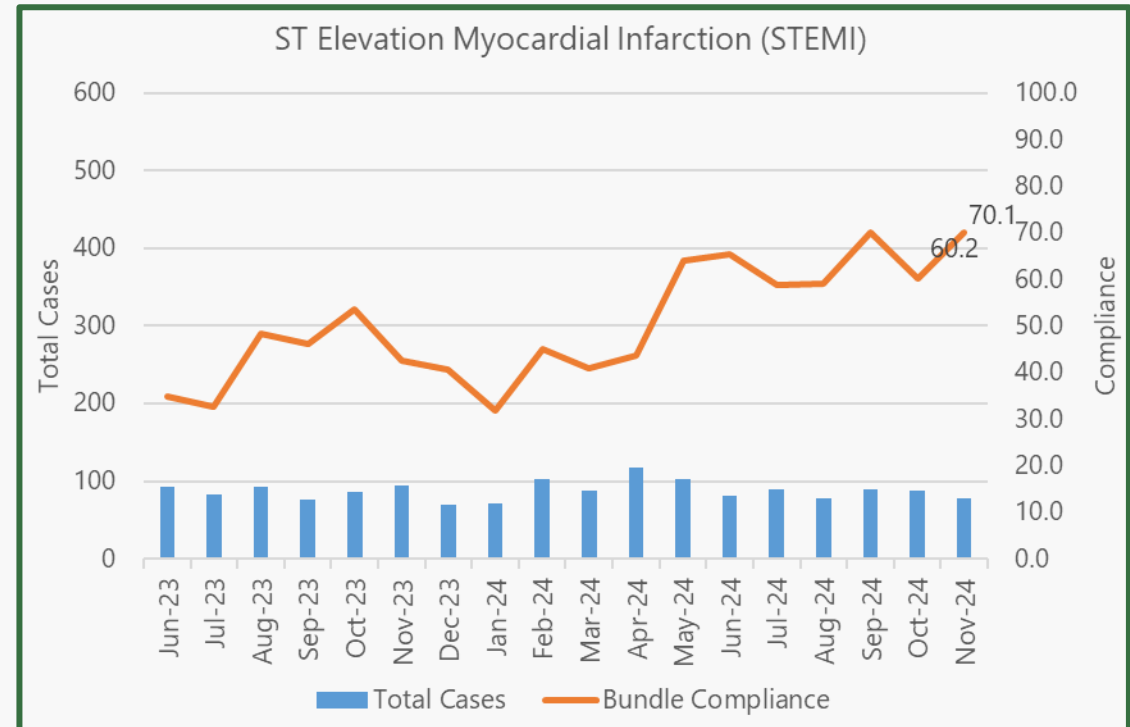
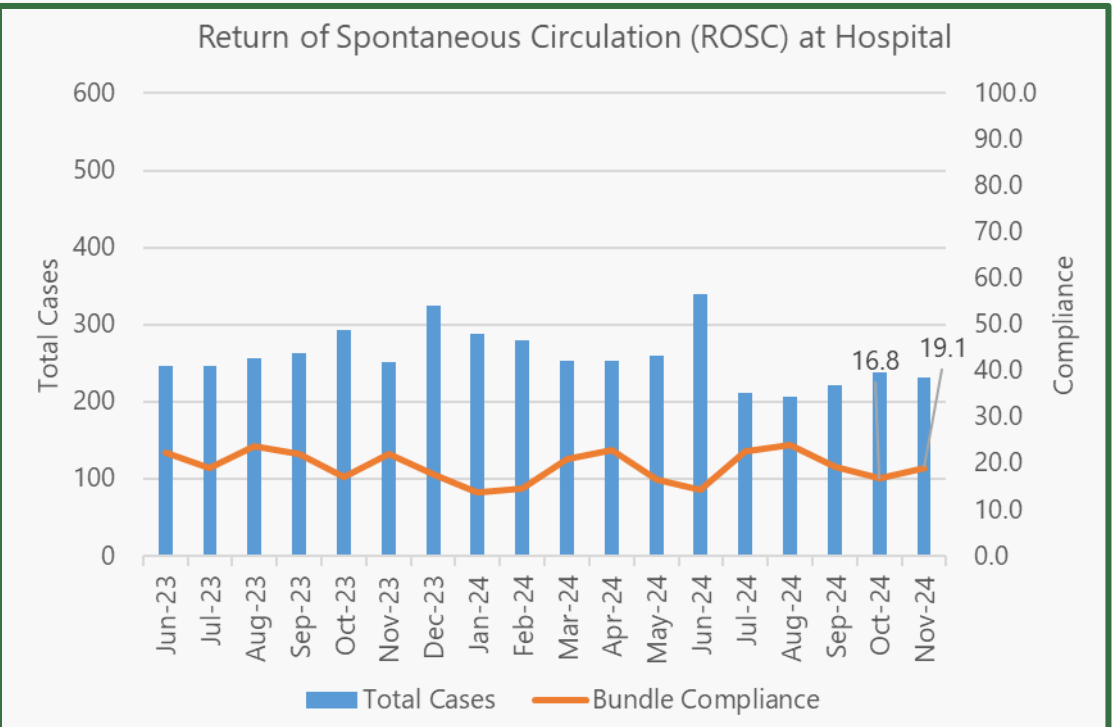
**Return of Spontaneous Circulation at hospital (from cardiac arrest) – 19.1%, an increase from 16.8% in October.** An update was made to the ROSC coding scripting which affected the data from July 2024. This resulted in a step change with August 2024 being the highest since ePCR was implemented. A 'nudge' to improve documentation for specific fields including outcome was implemented in October 2024.

**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.

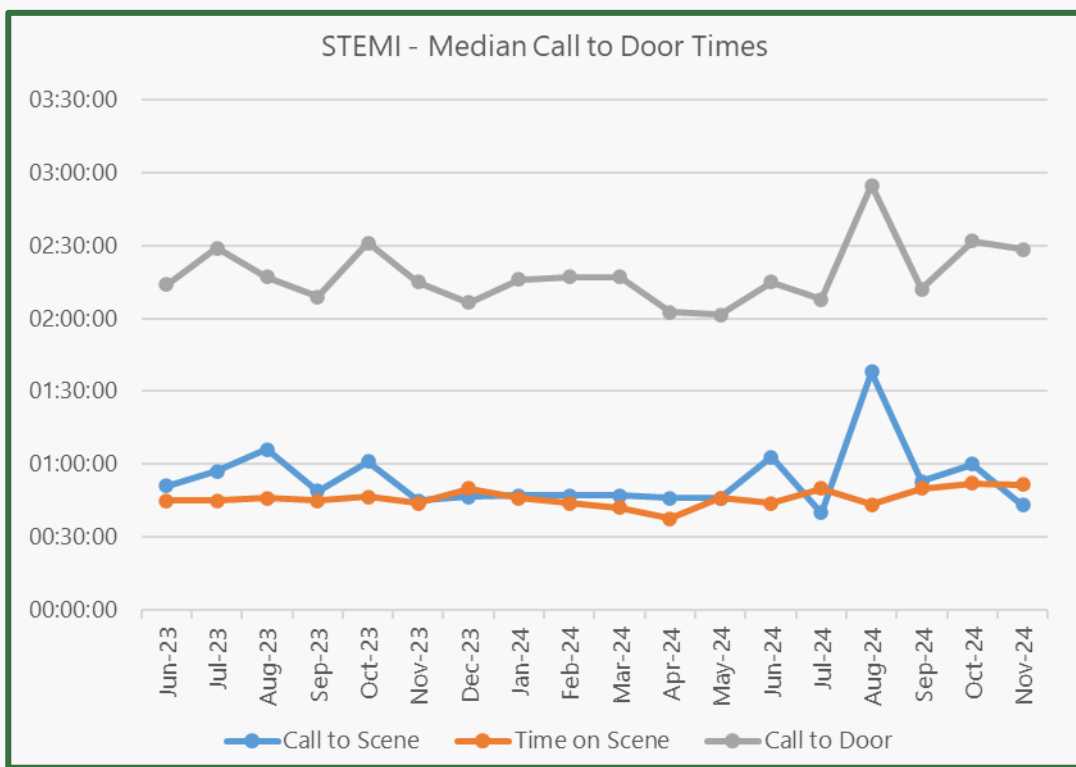
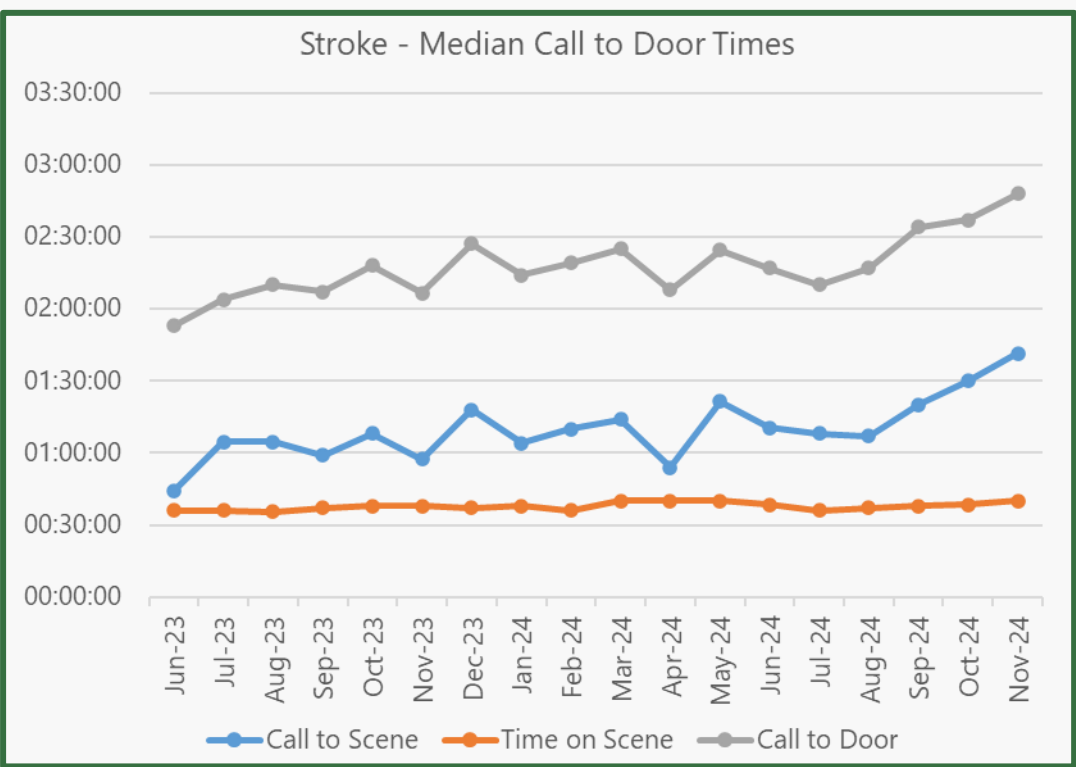
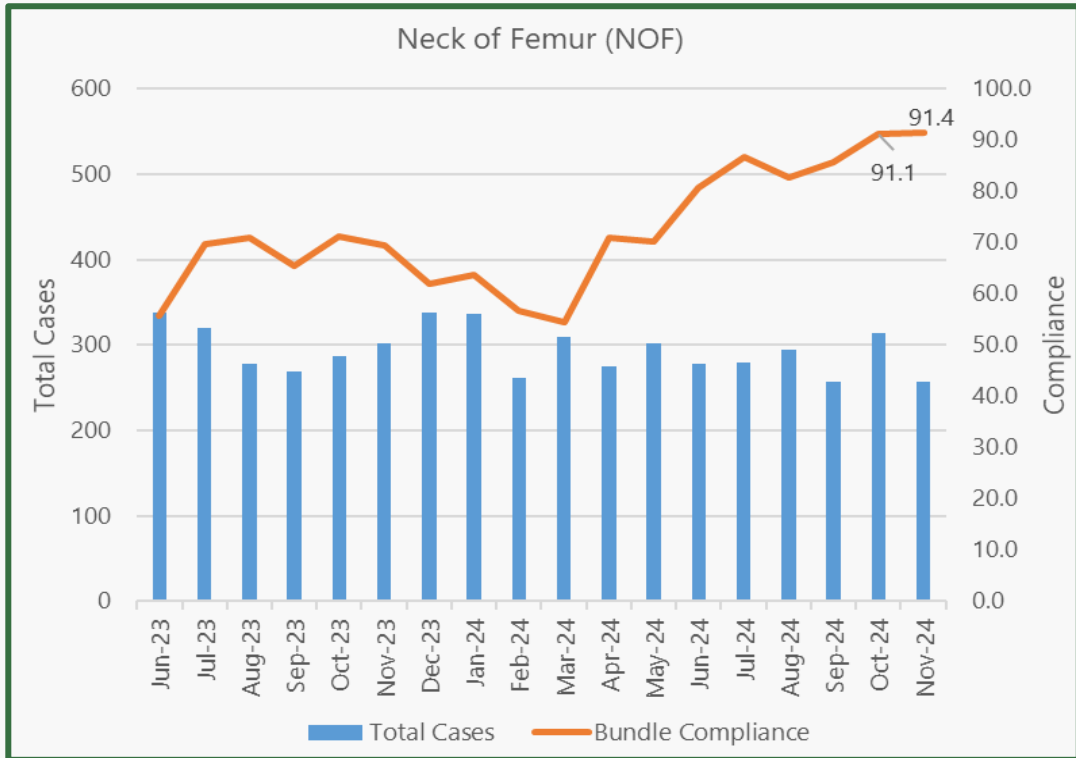
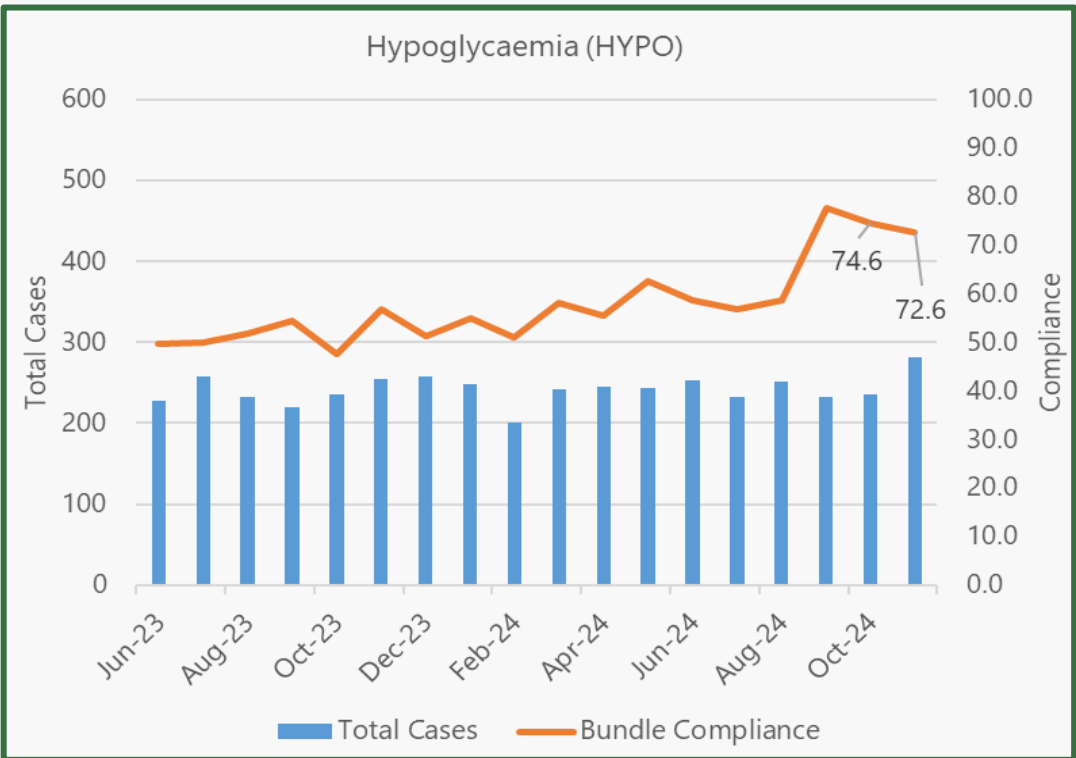


# Our Patients: Quality, Safety & Patient Experience

## Clinical Indicators

### Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (Stroke & STEMI)

(Responsible Officer: Andy Swinburn)



#### Analysis

The percentage of patients documented as receiving appropriate care bundles in October 2024 was:

**Hypoglycaemia (diabetic patients with low blood glucose) – 72.6%, a slight decrease from 74.6% in October.** There has been a 3% reduction in documenting post treatment blood glucose checks which impacted on the bundle compliance. CI improvement work continues which includes electronic Patient Clinical Record User Interface changes for documenting non-diabetic patients with a low blood glucose level.

**Fractured Neck of Femur (hip fracture) – 91.4%, a slight increase from 91.1% in October.** The use of a 'nudge tool' for analgesia implemented in June provided a prompt when important information is not documented. This, along with an improvement in documenting pain score over the last 3 months has contributed to the improved bundle compliance.

**Call to door times for Stroke and STEMI –** Extended call to scene times for both stroke and STEMI during October impacted on the call to door times. Some improvement can be seen for STEMI in November, however for stroke, there are extended times.

#### Remedial Plans and Actions

- A recovery plan implemented from April – September 2024:
  - Focussed 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.
  - Supported a review of scripting used for reports.
  - Supported further use of the 'nudge' tool with those for Aspirin & GTN with STEMI, and aspects of ROSC implemented at the end of October.

#### 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

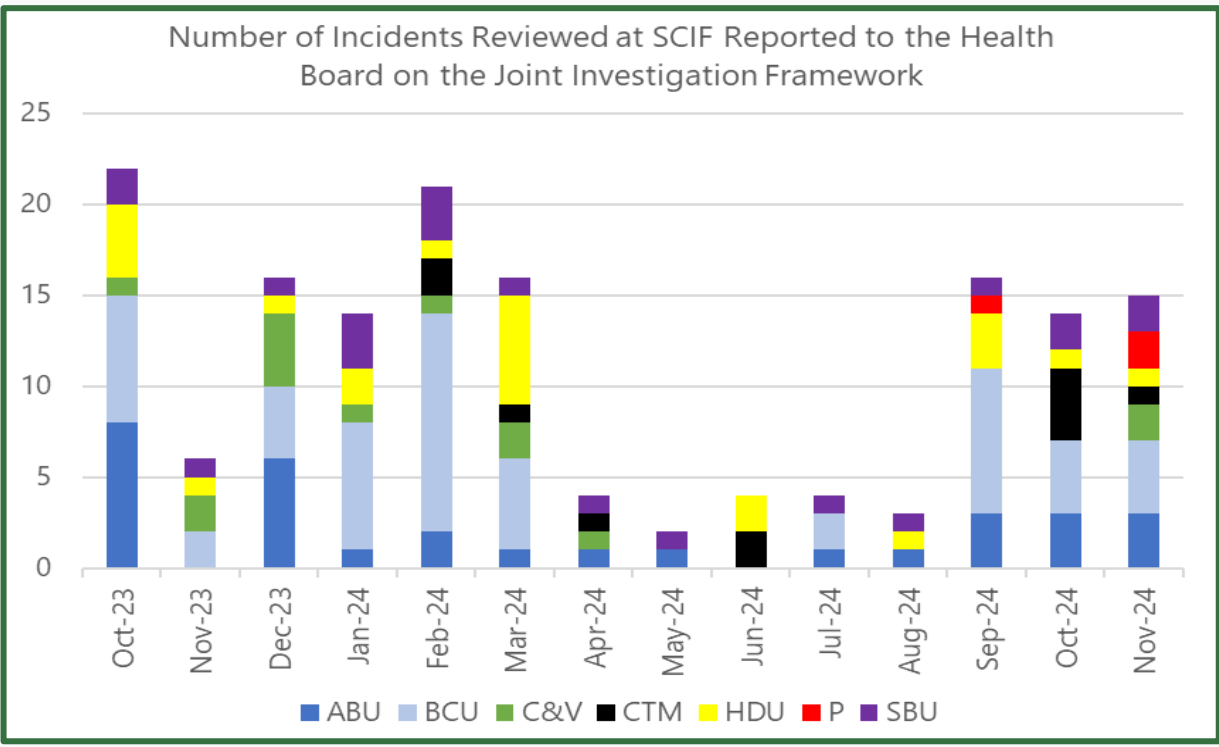
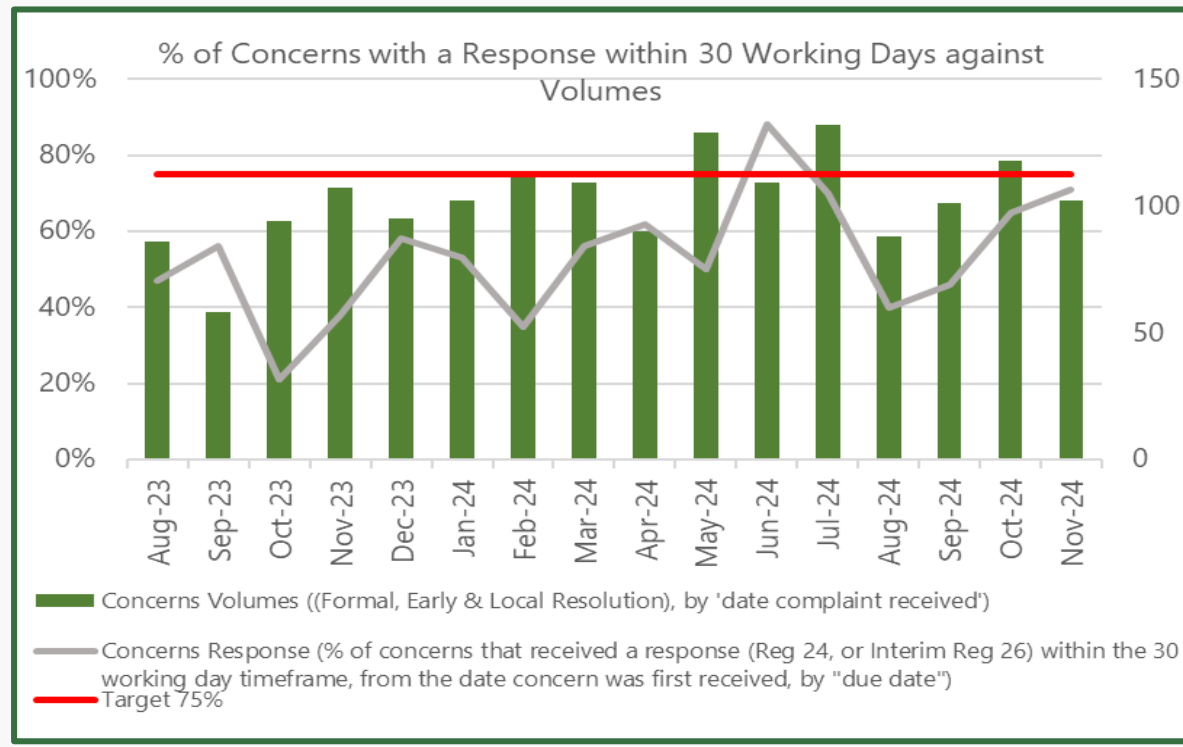
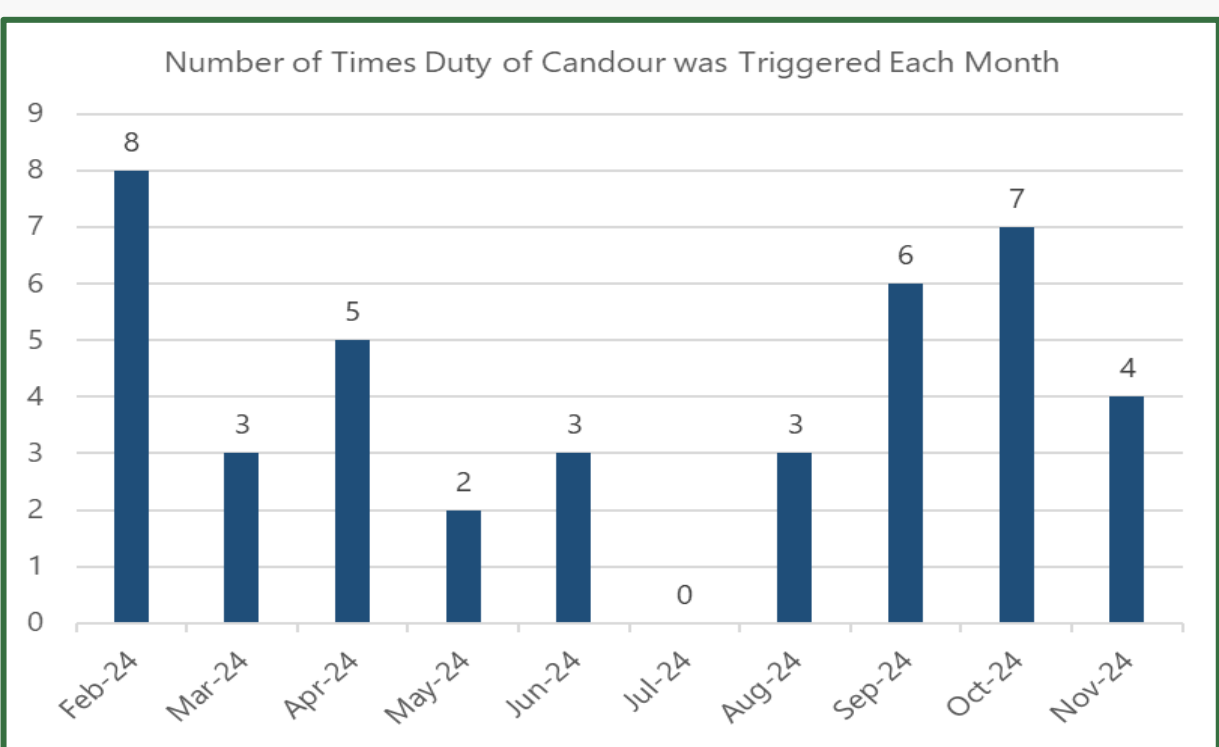
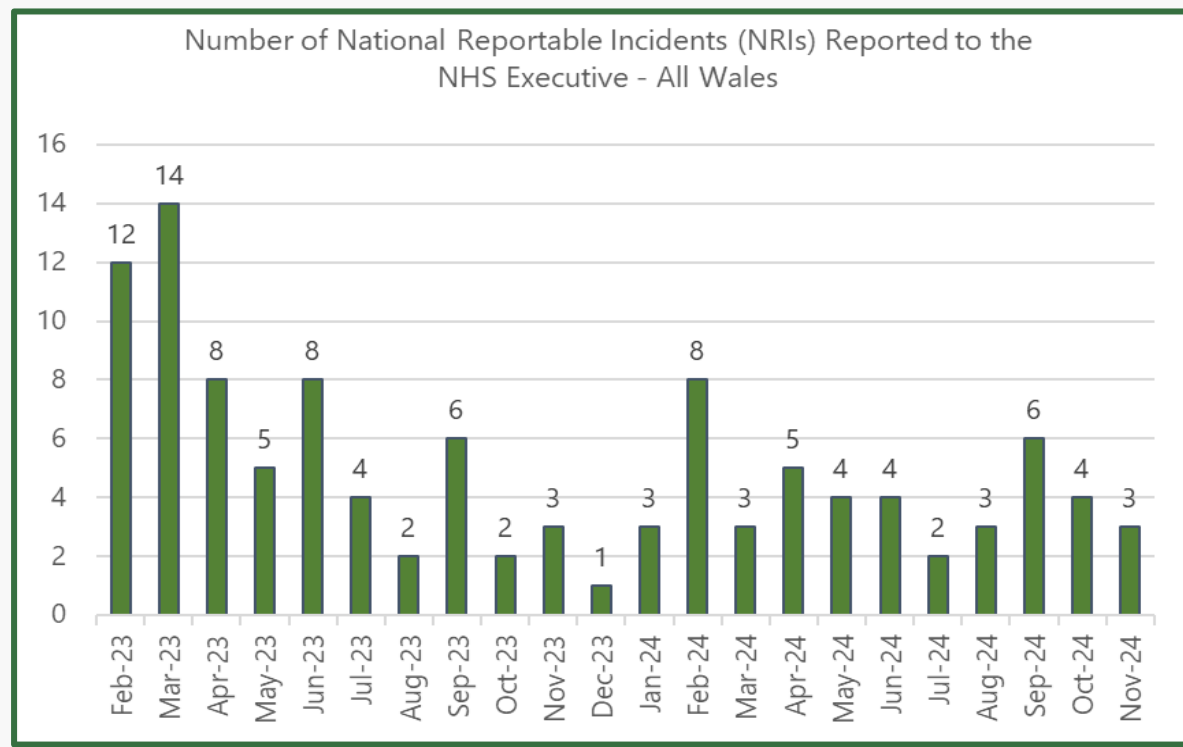
(Responsible Officer: Liam Williams)

Concerns.  
**A**

Self-Assessment:  
Strength of Internal Control:  
Moderate

QUEST

Health & Care Standard  
Health - Safe Care / Timely Care



**Analysis**  
The Trust's performance against the target of 75% responses issued within 30 working days has recovered following an exercise to reduce number of overdue open complaints. Open complaint volumes are however gradually increasing again, reflective of the Trust receiving more complaints than it closes each month. This will be an area of focus; however, operational pressures over the winter period present a risk to maintaining progress. The number of NRIs reported and number of Joint Investigations of Moderate harm or above identified remains at a reasonably consistent level, although it is anticipated that this may increase over the winter months.

**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**  
Patient and Family Relations and Patient Safety Teams will be focusing on working towards national performance targets as part of a PTR & Legal Services Department 'Recovery Plan'. The teams anticipate an increased workflow over the winter period and therefore will be focused on effective allocation of resources in order to prioritise mandatory and statutory service delivery.

\*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

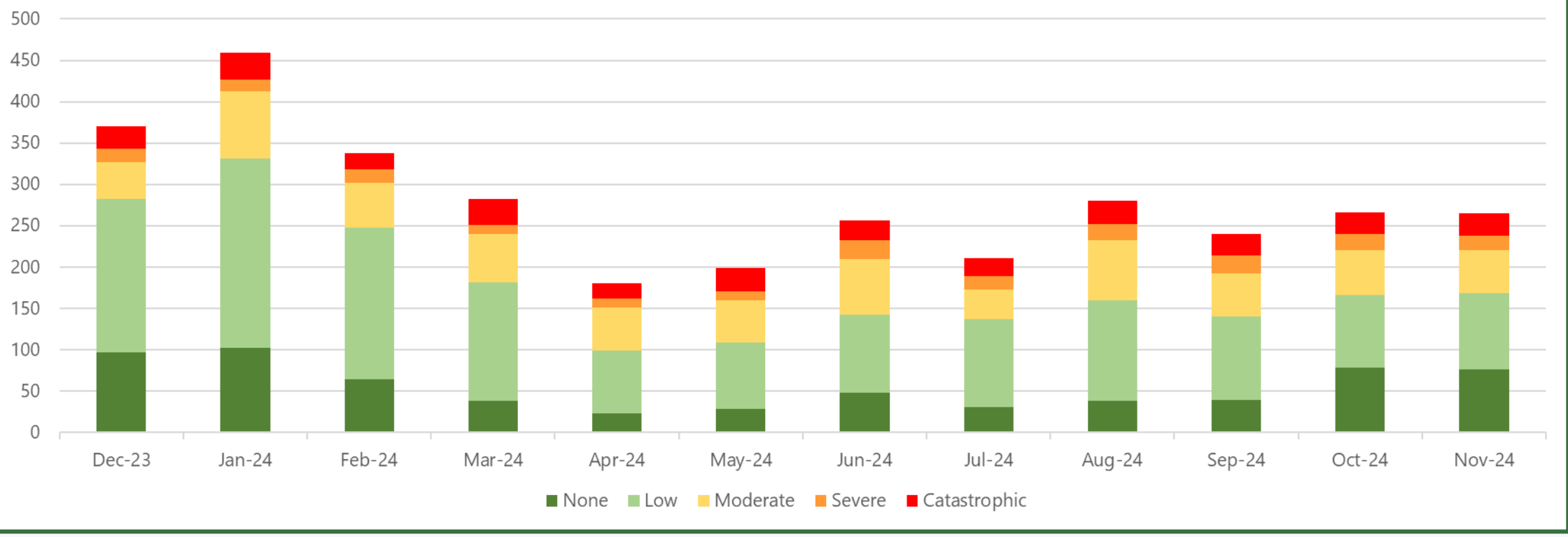
Self-Assessment:  
Strength of  
Internal Control:  
Moderate

QUEST

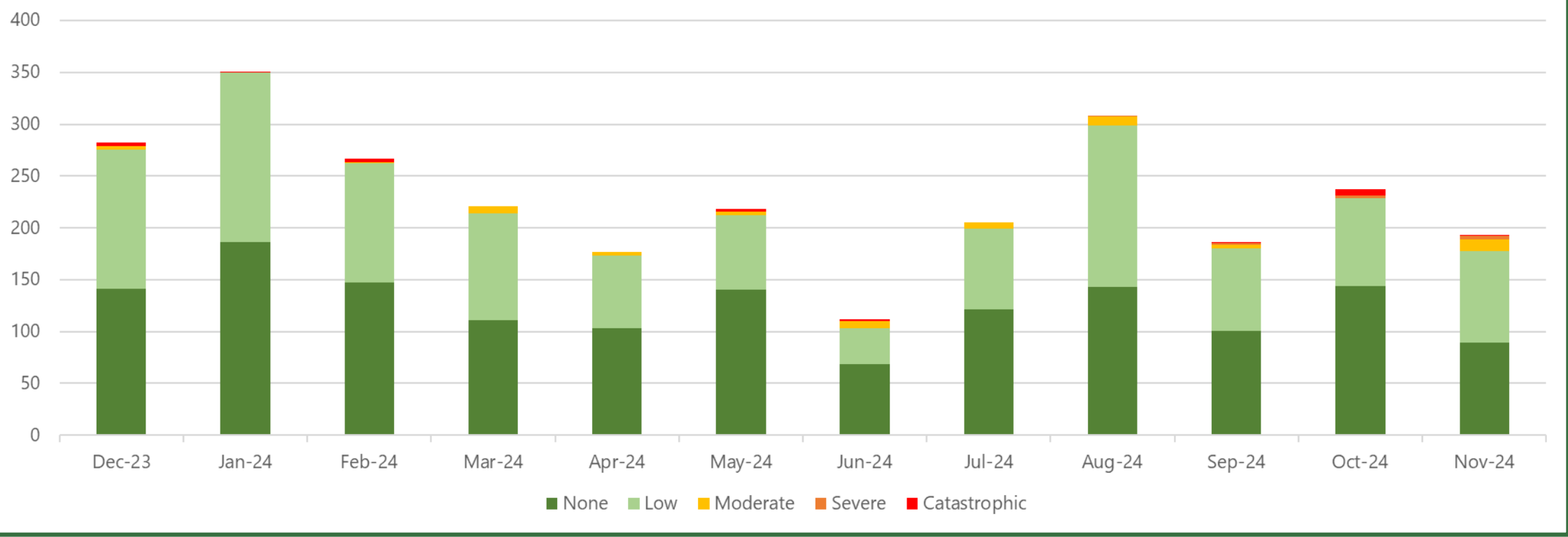
(Responsible Officer: Liam Williams)

Health & Care  
Standard  
Health – Safe Care

Number of Patient Safety Incidents Reported by Month by Initial Harm Assessment



Number of Patient Safety Incidents by Month Closed and by Post-investigation Harm Assessment



### 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 November 2024 were: -

- No harm or hazard - 77
- Low - 92
- Moderate - 52
- Severe harm - 17
- Catastrophic/Death - 27

### 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.

### Expected Performance Trajectory

Incident volumes are anticipated to increase further over winter and with the introduction of new service models where near-miss reporting is being encouraged. It is also predicted that a higher number of patient contacts across their wait time will result in more incidents occurring but with a gradual downwards trend in the number of Severe/Catastrophic and Death incidents occurring.

Data source: Datix

# Our Patients: Quality, Safety & Patient Experience

## Coroners, Mortality and Ombudsmen Indicators

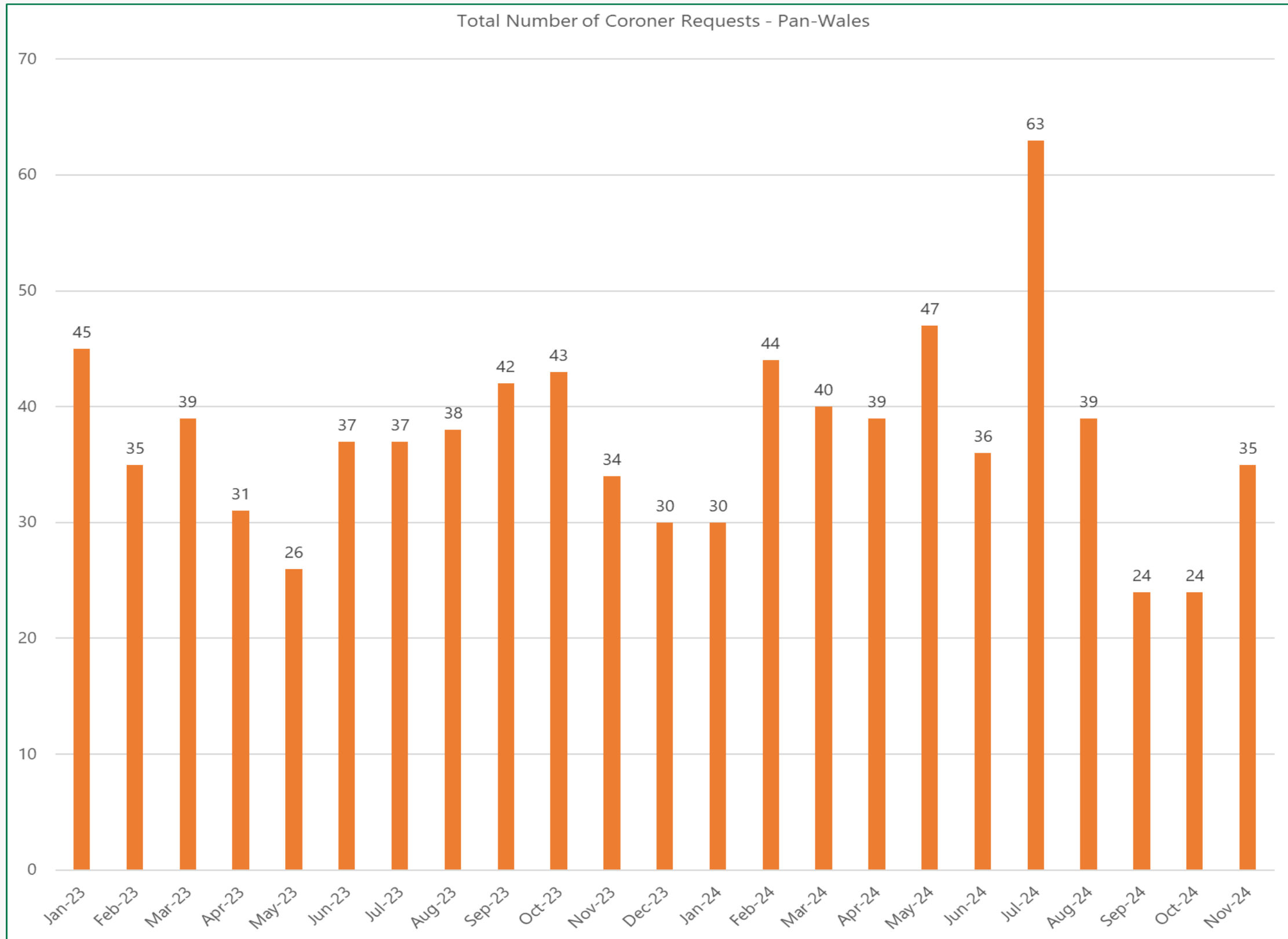
(Responsible Officer: Liam Williams)

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 remains variable and unpredictable. 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. The Trust has responded to two Regulation 28 Prevention of Future Death reports this month. Both were responded to within the 56-day stipulated timeframe. Themes of inquests continue to relate to delays in providing a response in the community.

**Mortality** - Since September 2024, the Trust has started to receive cases from the medical examiner in relation to community deaths. The patient safety team, have completed a significant number of Level 1 mortality reviews, which is achieved by triaging cases on a weekly basis. The process is now embedded within both teams.

In October 2024, the first ME learning panel took place which was equivalent to the level 2 MDT screening panel outlined in the national Mortality Review Framework. During October two Public Interest Ombudsman Draft Reports were received from the PSOW. Public Interest Reports have not been received in relation to the Trust previously.

### 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.

# Our Patients: Quality, Safety & Patient Experience

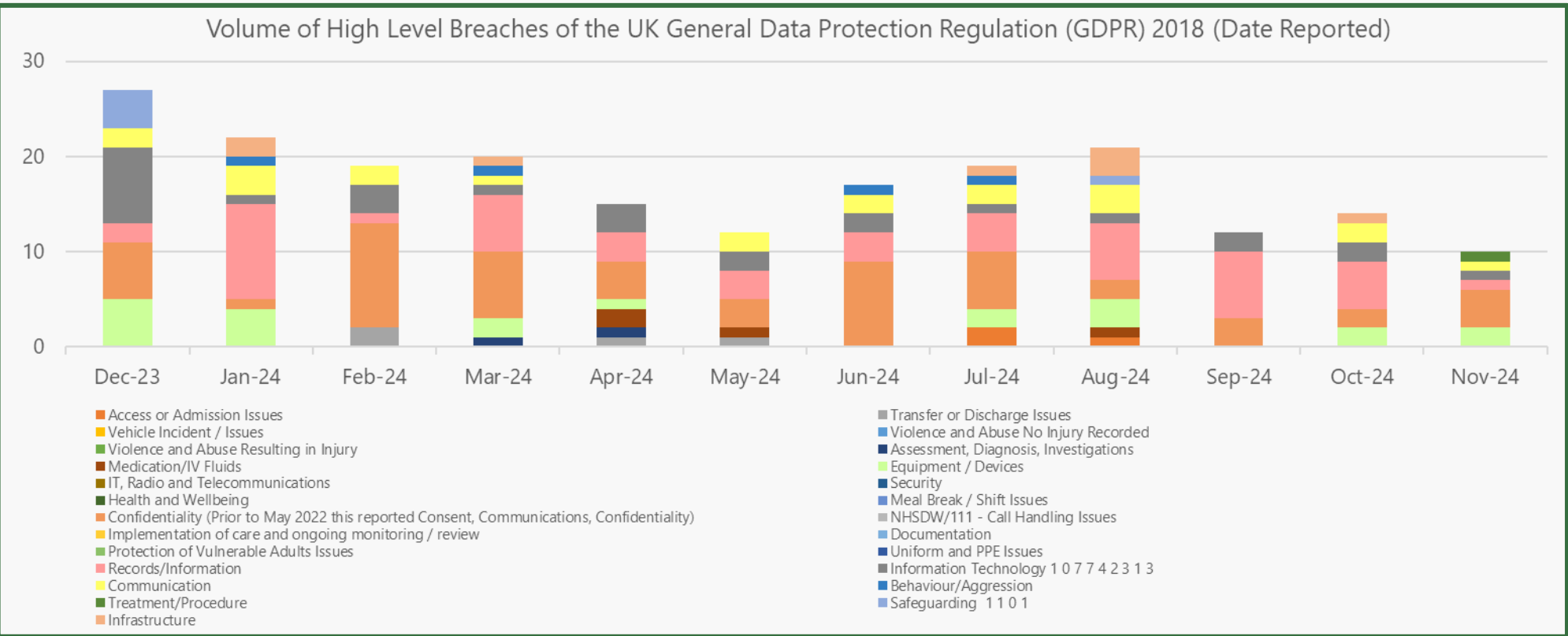
## Safeguarding, Data Governance & Public Engagement Indicators

(Responsible Officers: Jonny Sammut & Liam Williams)

Health & Care Standard  
Health – Safe Care

Self-Assessment:  
Strength of Internal Control:  
Strong

PCC



**Analysis**

**Safeguarding:** In quarter 3 of 2024/25 WAST colleagues submitted a total of 529 Adult at Risk Reports, 89% of these were processed within 24 hours. Whilst the Trust does not report on Adult Need for Care & Support reports (wellbeing); 1,901 reports were shared with local authorities across Wales during this reporting period. There have been 625 Child Safeguarding Reports submitted in quarter 3, 94% of these were processed within 24 hours.

**Data Governance:** In November 2024, there were 10 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 10 breaches, 1 related to Records/Information, 1 Information Technology, 1 Communication, 2 Equipment/Devices, 4 IG/Confidentiality and 1 Treatment / Procedure.

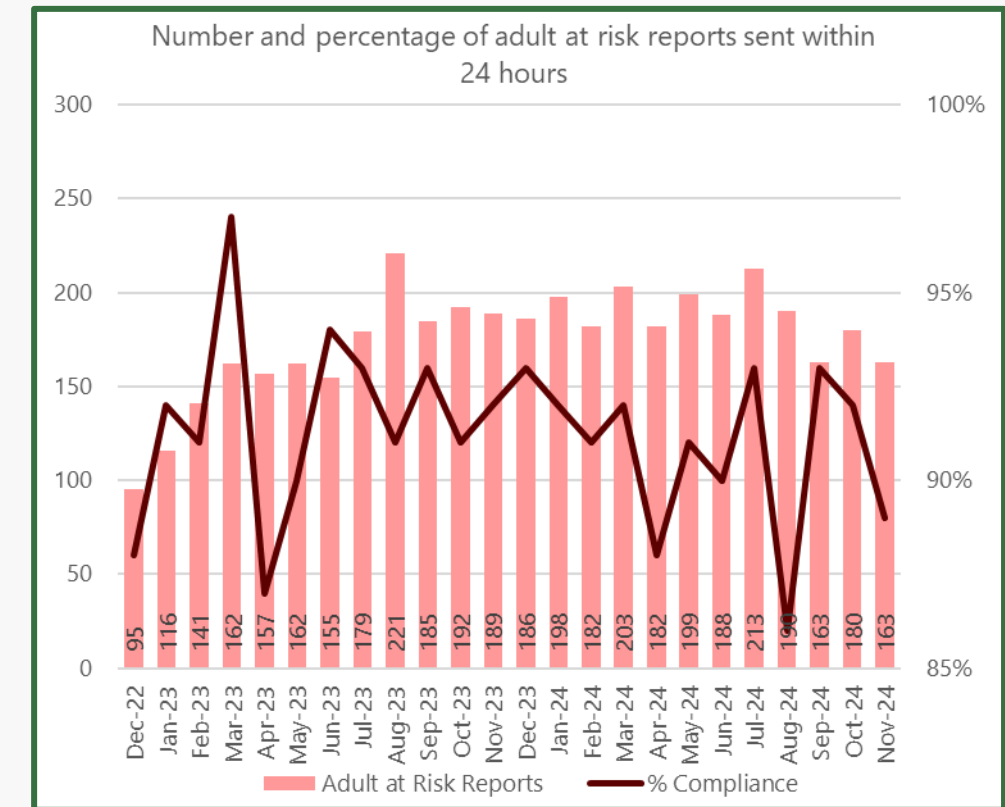
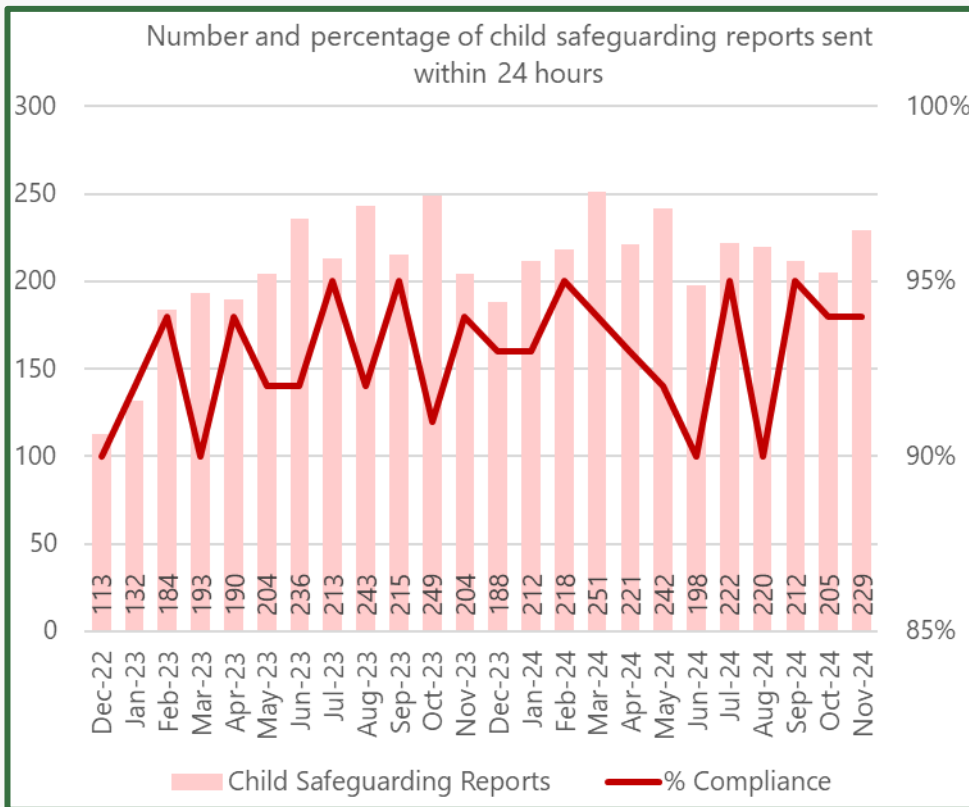
**Public Engagement:** During November, PECl attended 10 community engagement opportunities, engaging with approx. 500 people. This included exhibiting at two Learning Disability Wales conferences where we were able to continue engagement with the learning disability community and share information with them about enhancements made to the ePCR which will now record information about a patient's learning disability.

**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 system and liaising with local authorities when required.

**Data Governance:** During the reporting period, of the 10-information governance related incidents reported on Datix, one 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 PECl 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 and it is anticipated all remaining actions will be completed by the deadline date.

**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.

# Our Patients: Quality, Safety & Patient Experience

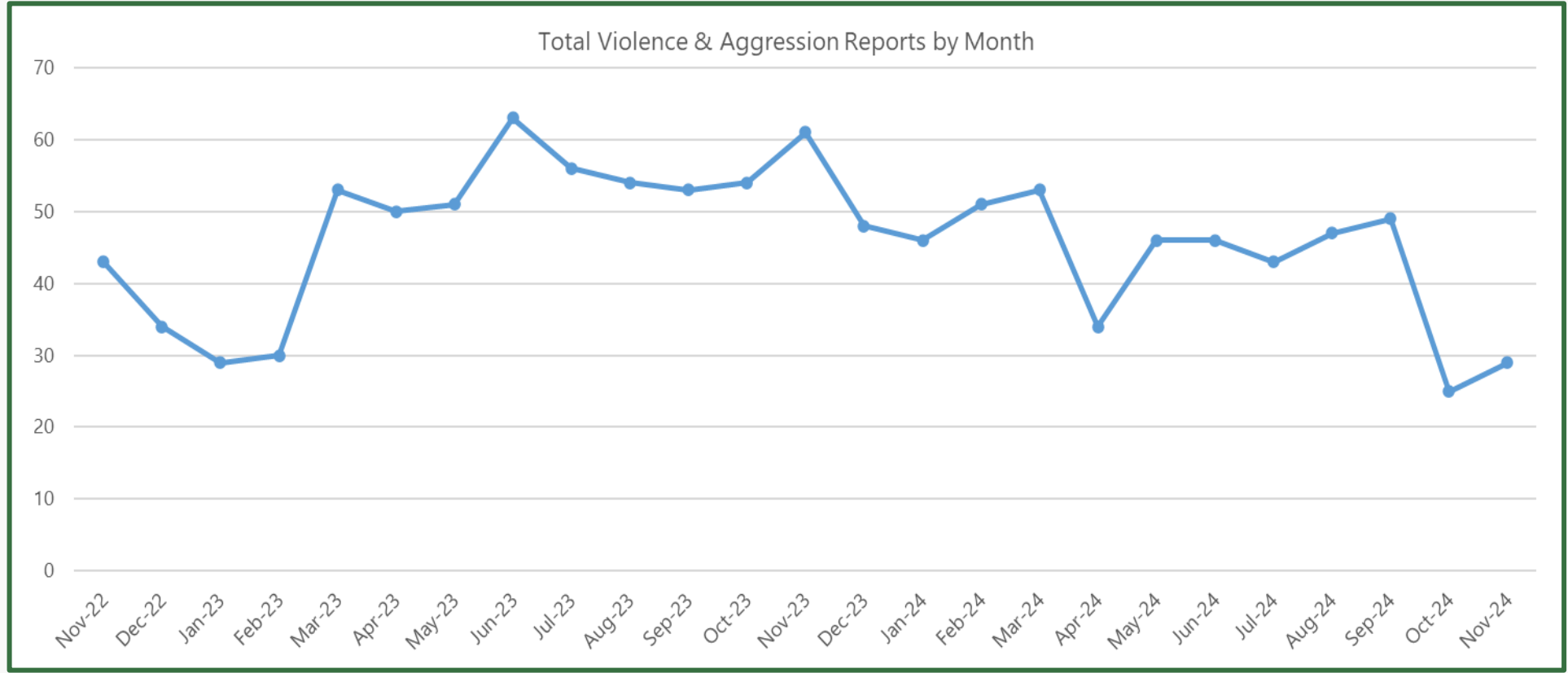
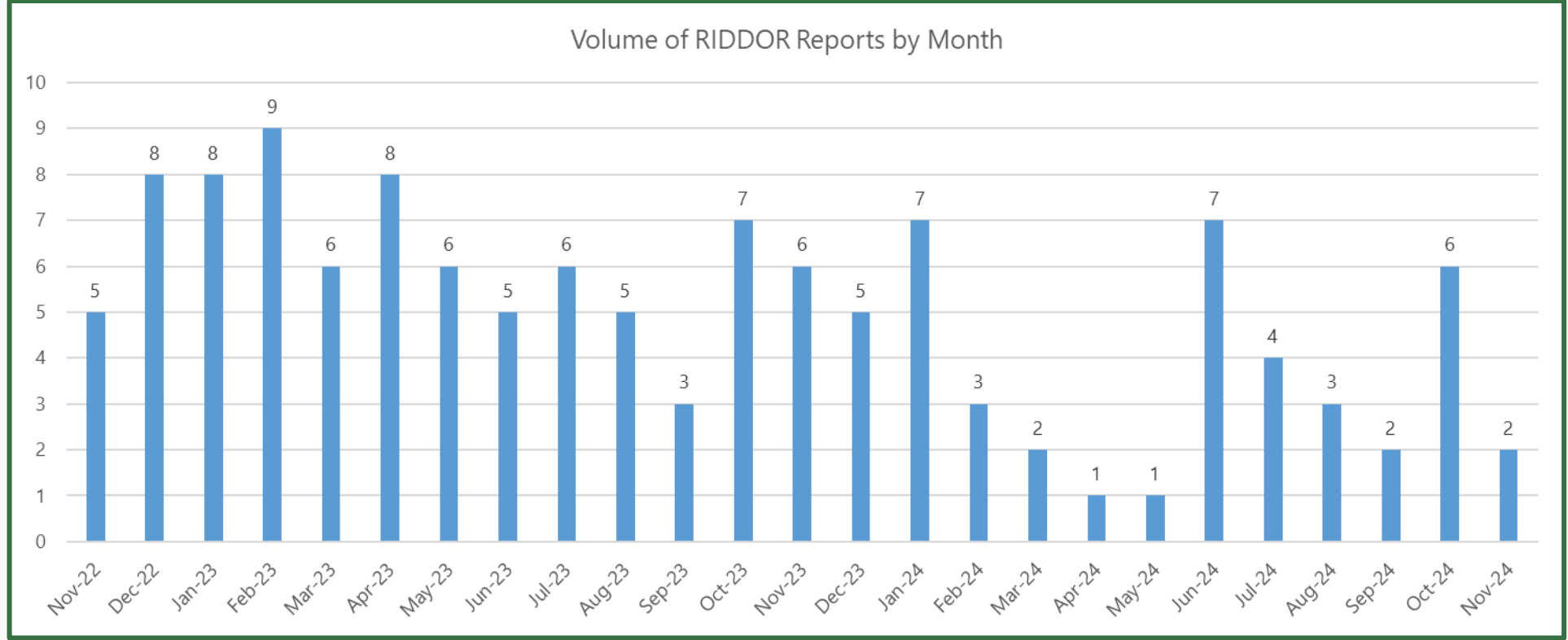
## Health & Safety (RIDDORS) Indicators

(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

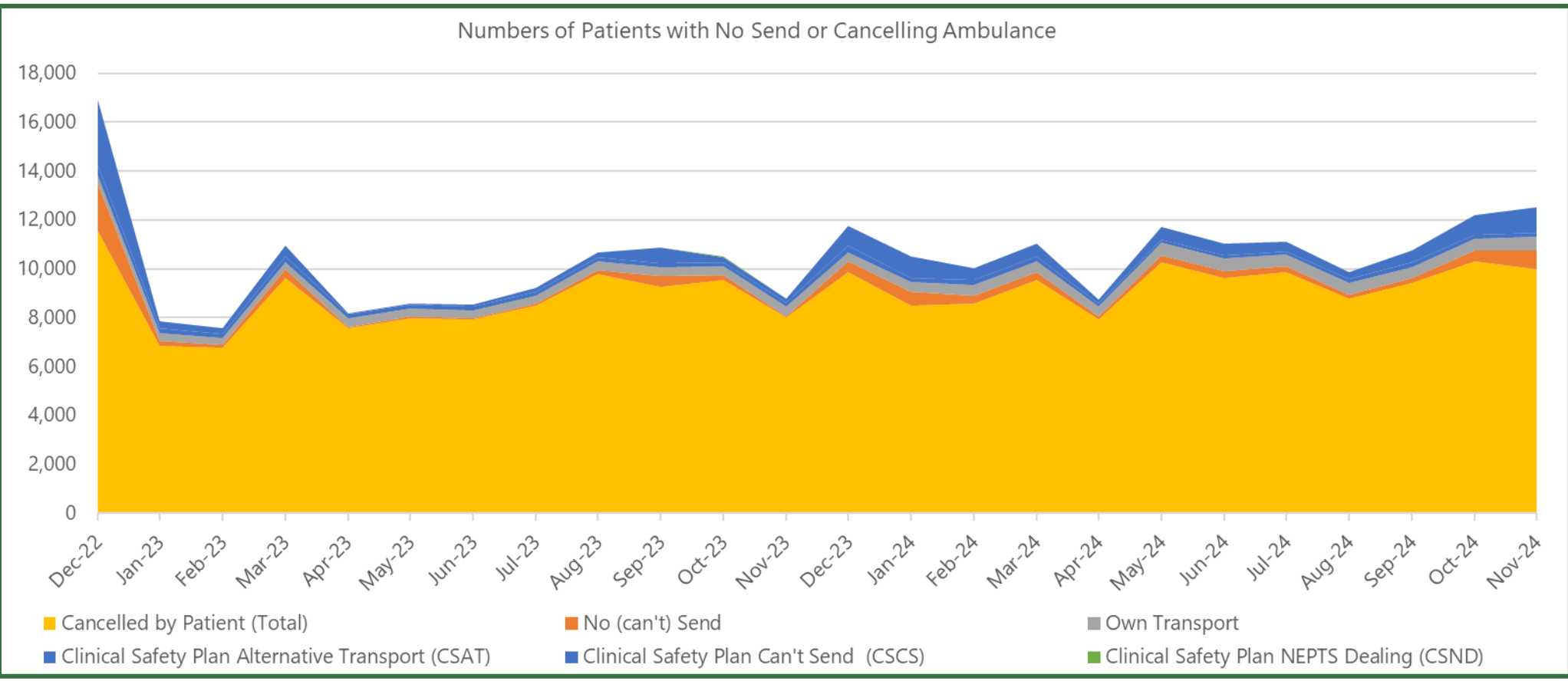
# Our Patients: Quality, Safety & Patient Experience

## Potential Patient Harm Indicators

(Responsible Officer: Andy Swinburn)

A

FPC



### Analysis

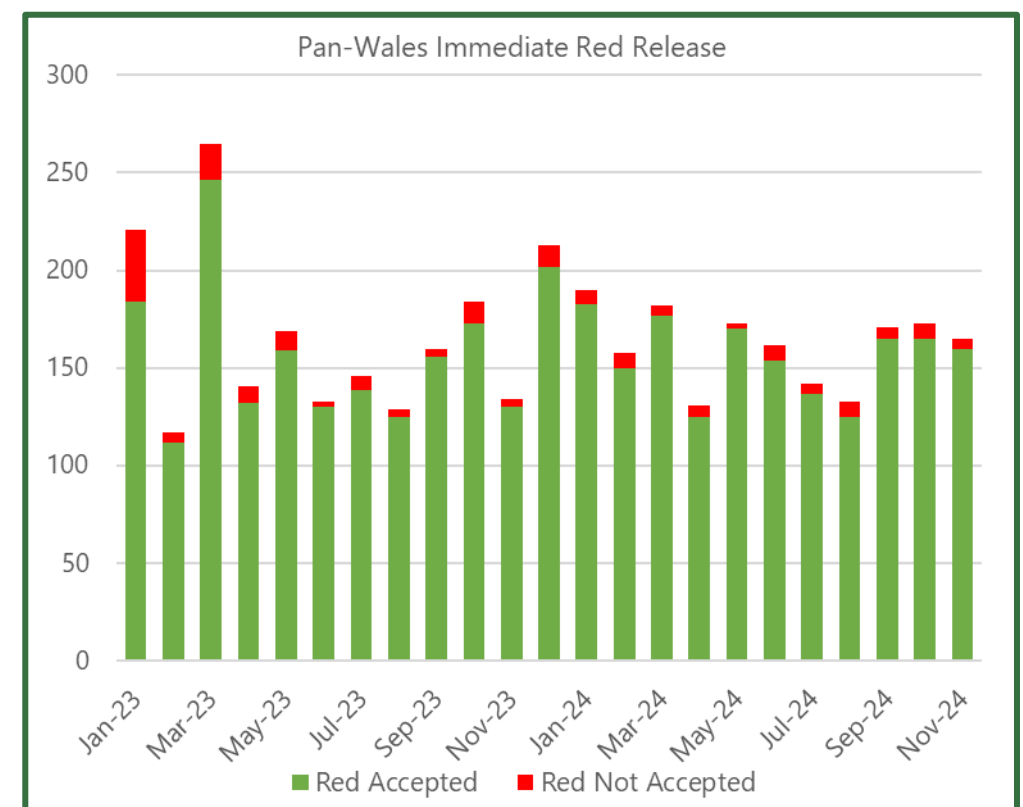
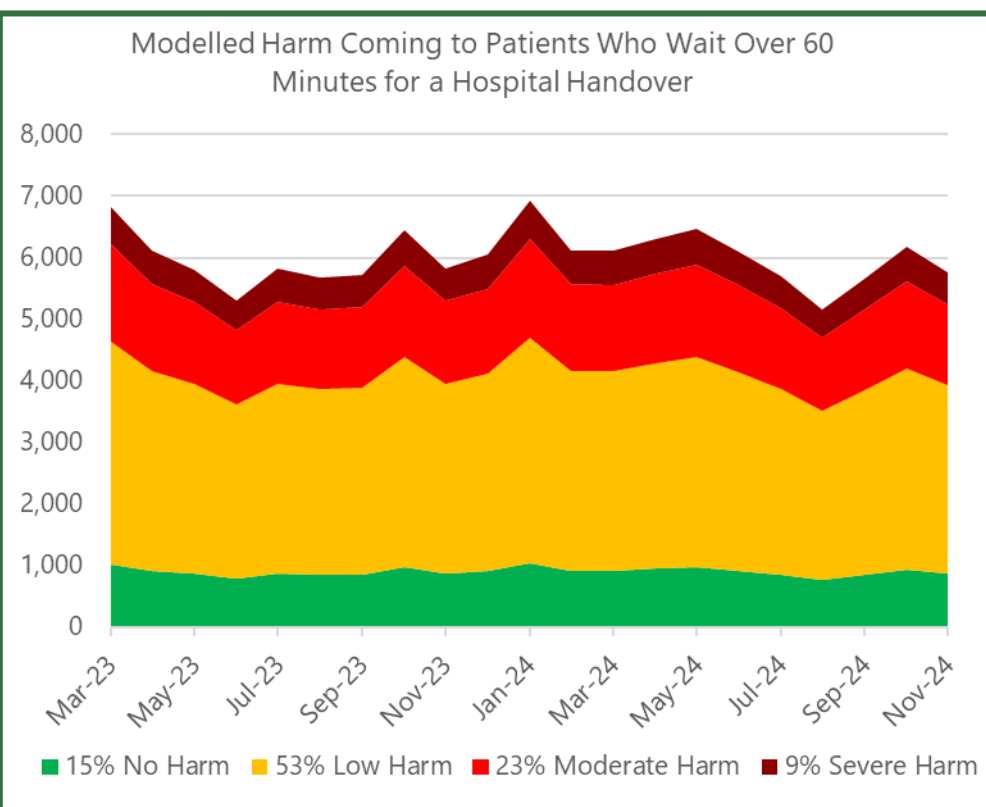
In November 2024, 181 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 1020 were stopped due to CSP 'Can't Send' options. In addition, 11,154 ambulances were cancelled by patients (including patients refusing treatment at scene) an increase from the 10,320 in October 2024.

There were 663 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in November 2024. Of these 160 were accepted and released in the Red category, with 5 not being accepted. Further to this, 151 ambulances were released to respond to Amber 1 calls, but 347 were not.

The graph in the bottom left shows that in November 2024 of the 5,770 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% (865 patients) would experience no harm, 53% (3,058 patients) would experience low harm, 23% (1,324 patients) would experience moderate harm and 9% (519 patients) would experience severe harm.



In November 2024 CSP levels for the Trust were:



### Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings 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

November 2024		
<b>NEPTS</b> (176 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	82
Were you happy with the transport you received?	85	95
<b>999</b> (14 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	85
The 999-call taker who answered your call explained what was going to happen next.	85	85
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	85
The length of time I waited for an ambulance to arrive was acceptable.	85	58
<b>111</b> (16 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	71
Did you follow the advice given to you by NHS 111 Wales?	85	87
Would you consider using NHS 111 Wales again?	85	73
<b>WAST Overall - Friends &amp; Family Test</b> How was your overall experience with the service today?	Ranked from very poor to very good.	
• Ambulance care	89.40% Good	5.30% Poor
• Integrated Care (NHS 111 Wales Telephone line only)	60.00% Good	27.78% Poor
• EMS (including CSD)	78.57% Good	5.30% Poor
• NHS 111 Wales Online	80.00% Good	20.00% 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 responses provided show that people are satisfied with the overall service they receive. With the question 'Were you happy with the transport you received', came out above the 85-benchmark figure (n=95).

However, the length of time waited for transport home following an appointment continues to be problematic and 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.

Some questions within the 999-section just reached the 85 benchmark, those being 'The 999-call taker who answered your call was reassuring' (n=85). 'You felt confident in the call taker ability to manage your call and provide appropriate advice?' (n=85), and 'The 999-call taker who answered your call explained what was going to happen next' (n=85). The question 'The length of time I waited for an ambulance to arrive was acceptable?' failed to reach its benchmark (n=58). Whilst within 111 only one question 'Did you follow the advice given to you by NHS 111 Wales' achieved the benchmark (85) with 87, however the other questions failed to achieve the 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 be submitted to the ICO for their consideration about use of SMS text messages to directly distribute survey requests to 999 service users is complete and is with colleagues in Information Governance before submission to the ICO.

Plans to place QR codes in the back of EMS vehicles to increase patient feedback are progressing and we have spoken to IPC and Fleet colleagues about what is needed to proceed.

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'.

### Expected Performance Trajectory

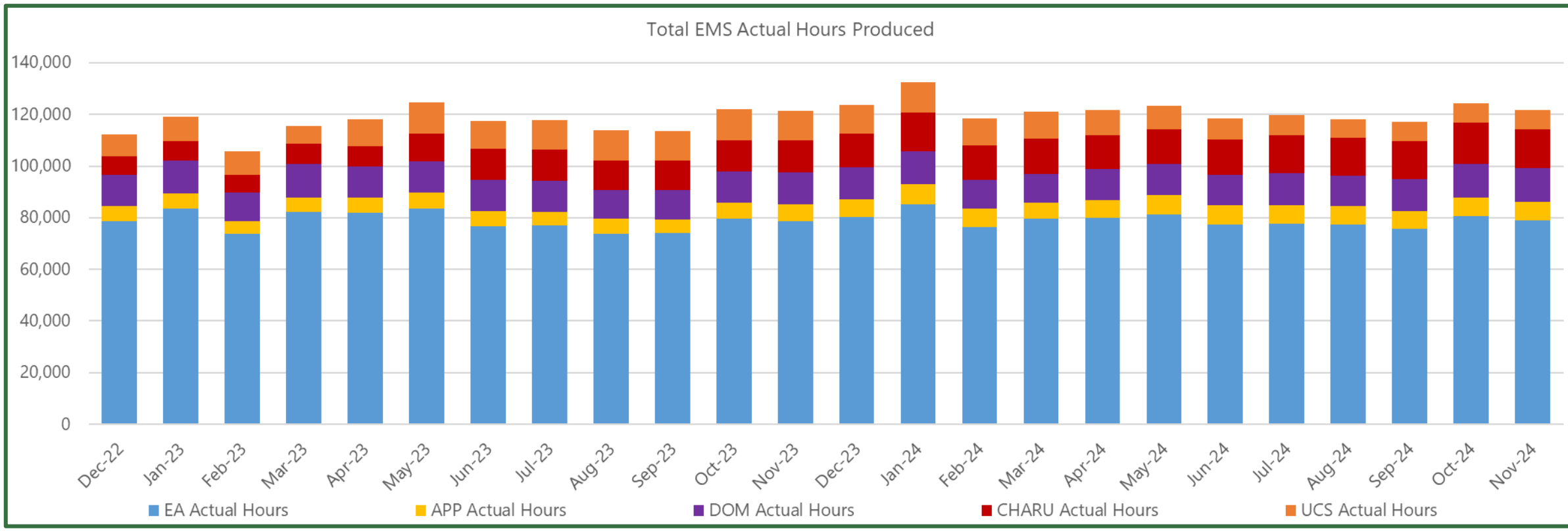
An overall aim of increasing visibility of experience surveys and maximising opportunities to capture patient experience data.

# Our People

## Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production	Abstractions	CI	PCC
G	R	CI	PCC
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### Analysis

The total EMS hours produced is a key metric for patient safety. The Trust produced 121,671 hours during November 2024, a slight increase compared to the 121,349 hours produced during November 2023. 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. November 2024, saw a total EMS abstractions (excluding Induction Training) of 29.79%. This was a minimal decrease on the 30.82% recorded in October 2024, however achieving the 29.91% benchmark for the first time since November 2023. The highest proportion of abstractions was due to annual leave at 10.36% followed by sickness at 8.09%.

**Emergency Ambulance Unit Hours Production (UHP) achieved 95% in November 2024** which equated to 79,086 Actual Hours.

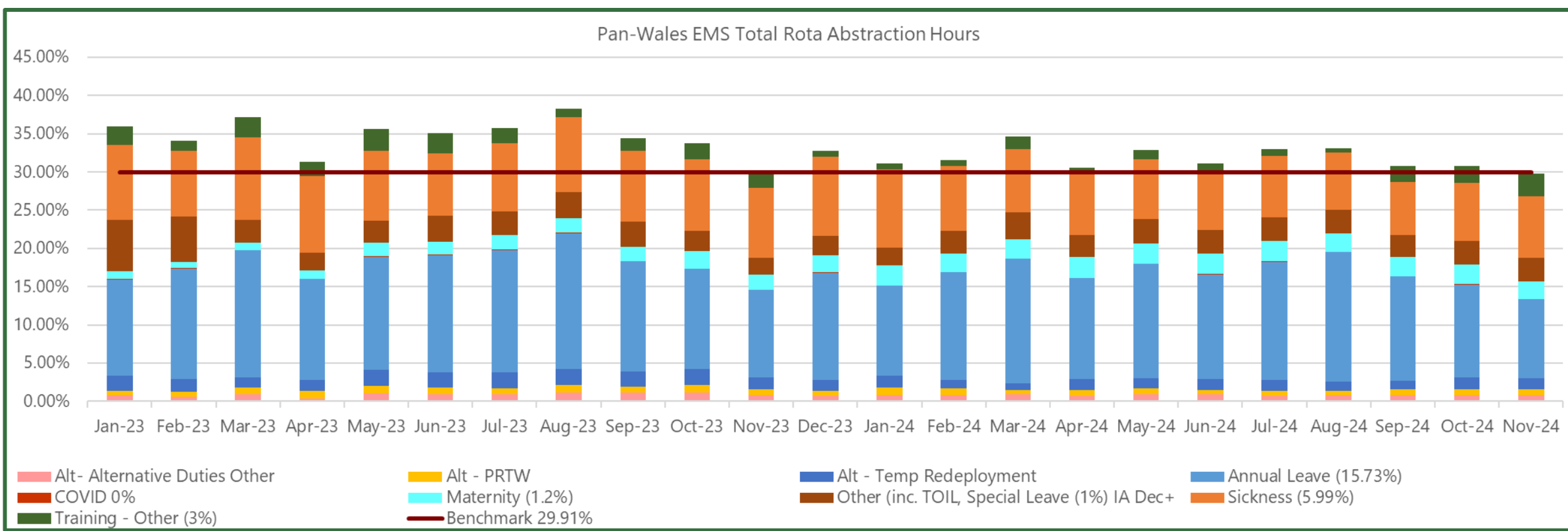
In November 2024 CHARU UHP was 87% against the full roll out requirement.

### 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.

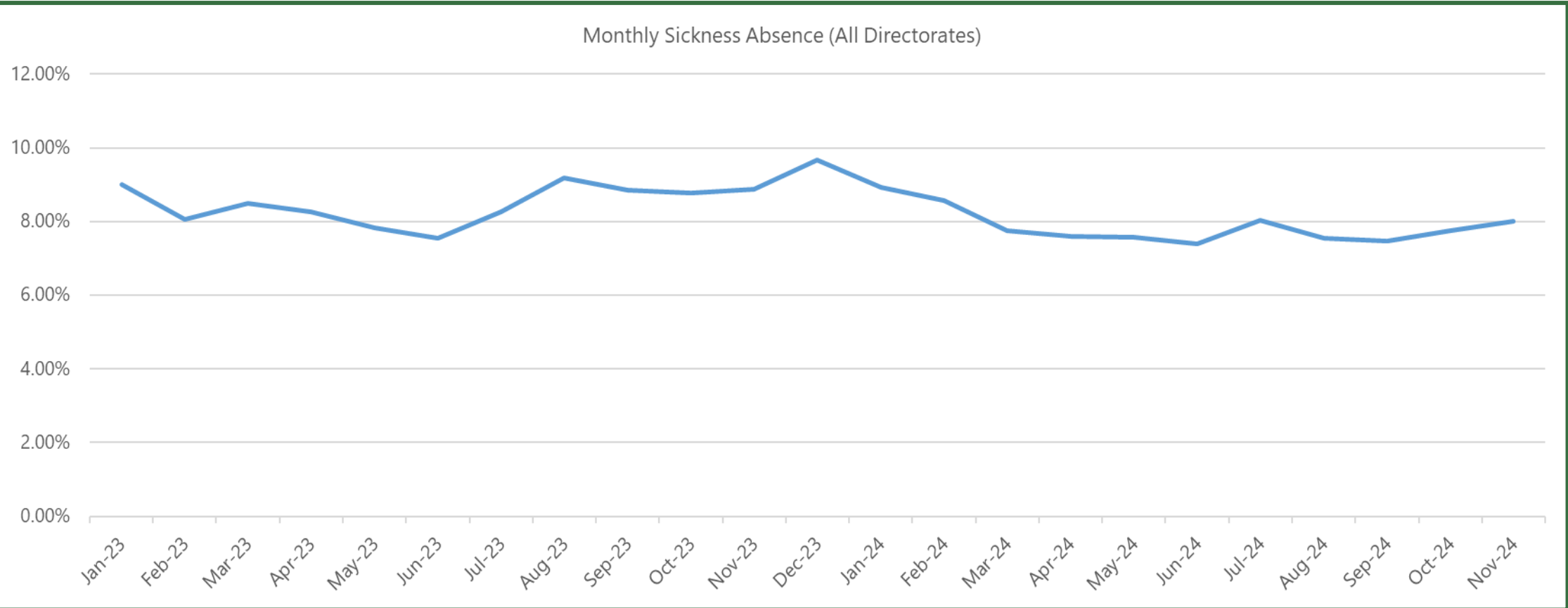


# Our People Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)

Mental Health  
A

PCC  
CI



### Analysis

There was a slight increase in overall sickness absence rates between October 2024 and November 2024, rising from 7.74% to 8%. Long term absence also increased from 4.96% in October 2024 to 5.18% in November 2024, while short-term absence decreased slightly to 2.82% in November from October 2024 (2.85%).

The highest reasons for absence in November 2024 were Anxiety/ Stress/ Depression, other musculoskeletal problems, Gastrointestinal problems, injury fracture and cold/cough/flu/influenza. Absence due to Mental Health increased from 2.49% in October 2024 to 2.58% in November 2024.

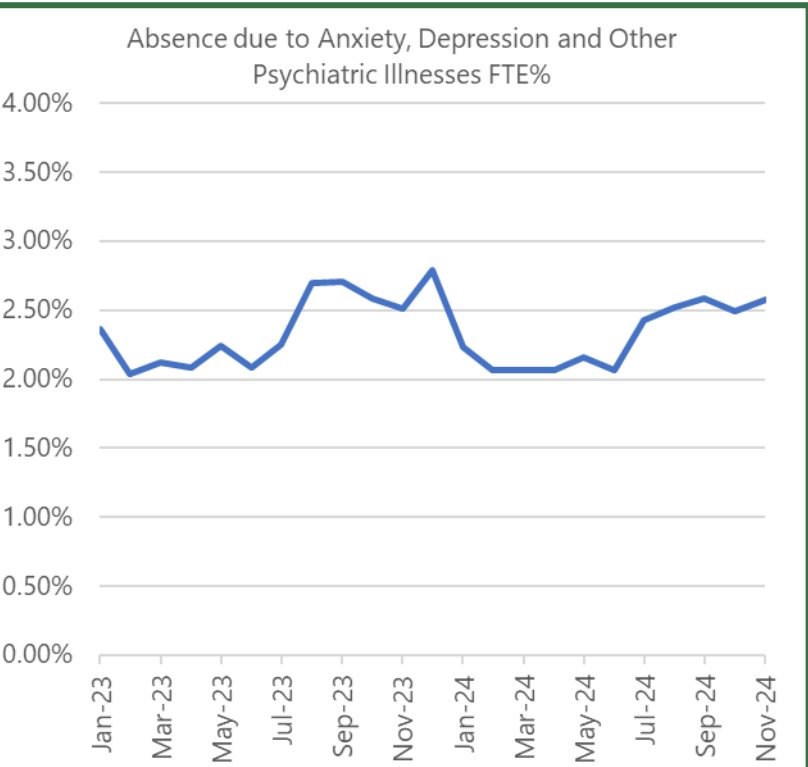
From the start of the flu campaign until end of Dec-24, 1326 flu vaccines have now been administered by our WAST OH / Peer Vaccinators. 959 were given to WAST employed staff with 208 WAST staff also confirming they have received the flu vaccine elsewhere i.e. GP / Pharmacy, therefore, 26.4% of the WAST workforce has now been vaccinated. A further 232 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

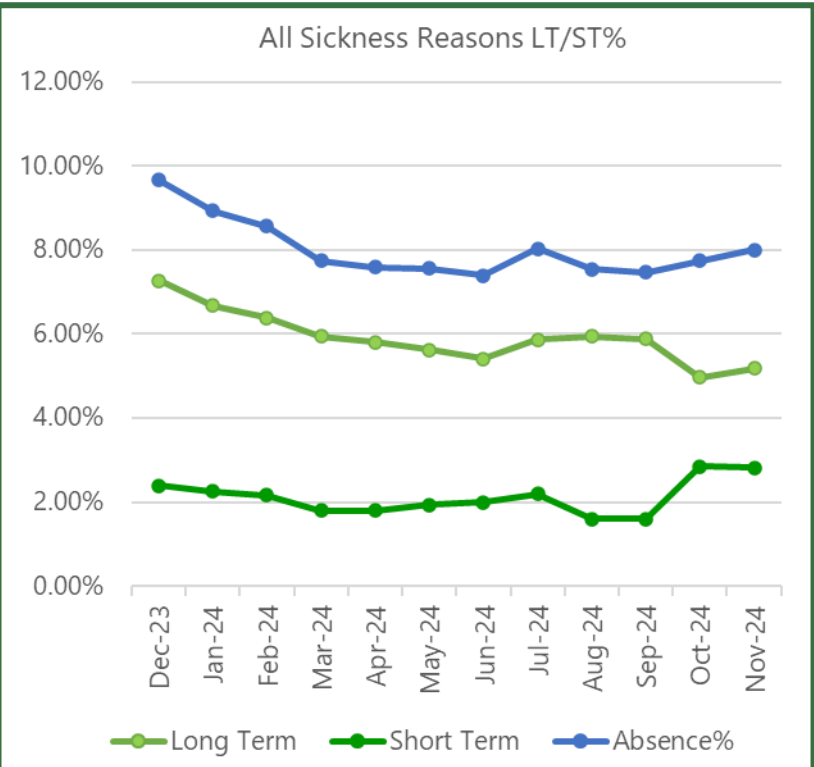
- Monitoring continues with ongoing reviews in both long term and short-term absences with monthly meetings to track sickness and provide support.
- MAAW training and bitesize training sessions continue to be scheduled on a bi-monthly (MAAW) and monthly basis (Bitesize sessions).
- Audits for all Directorates, will be undertaken on a monthly basis over the next 6 months and the People Services Team will provide targeted support to line managers on reasonable adjustments and the appropriate use of discretion in areas identified as hot spots.
- 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.

### Expected Performance Trajectory

The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but that there remain risks to delivery.



Average working days lost per FTE (Annual)	
<b>18.29</b> days	
Single month Absence %	
<b>8.00%</b>	
Long Term	Short Term
<b>5.18%</b>	<b>2.82%</b>
Mental Health	Other MSK
<b>2.58%</b>	<b>0.82%</b>
(S10 Stress/Anxiety)	(excluding Back)



**November 2024**

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

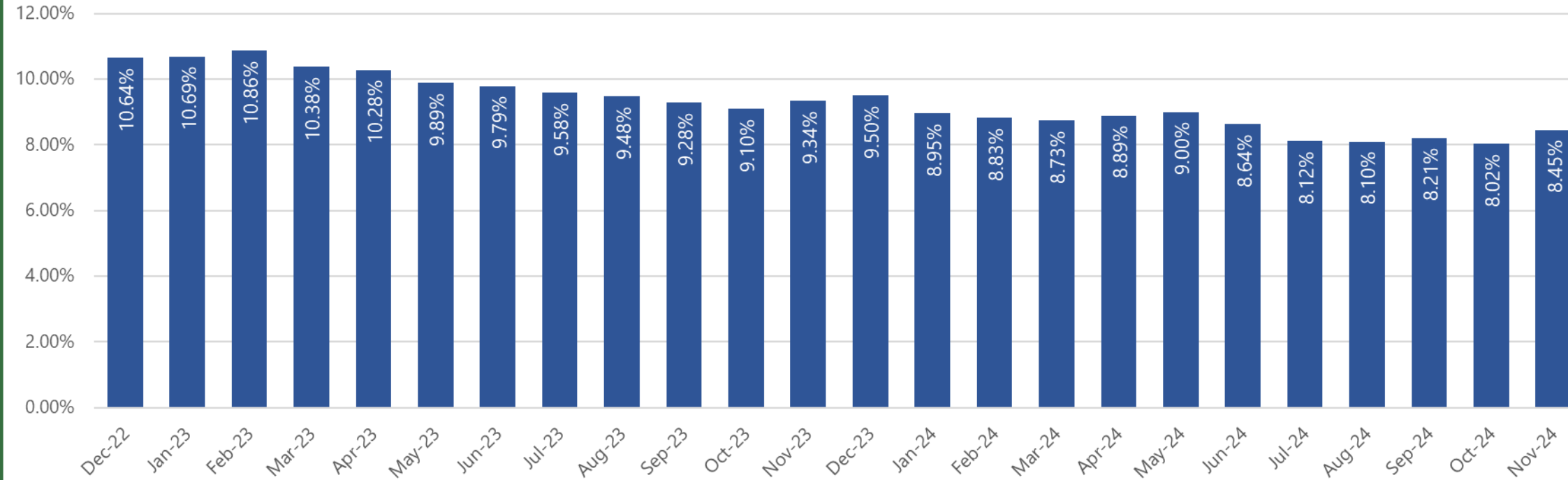
# Our People Capacity - Turnover

(Responsible Officer: Angela Lewis)

G

PCC

Staff Turnover Rate FTE (% Employees leaving the Organisation) (12m)



## Analysis

Staff turnover rates in November 2024 were 8.45%, a slight increase from the 8.02% recorded in October 2024. November saw 21 leavers (19.50 FTE). Turnover in months at the end of the quarter are generally higher. This was disproportionate with 48 joiners (46.92 FTE) in November, of those leaving, the group with the greatest number were Technicians (5 people). and Emergency Medical Dispatchers (5 people).

Due to staff sickness and staff changes our occupational health waiting times have slightly increased. Currently colleagues are waiting around 29 working days, this KPI is achieved 80% of the time. From receipt of Wellbeing referrals to first call (from one of our Wellbeing Practitioners), the waiting time is still 1-2 days.

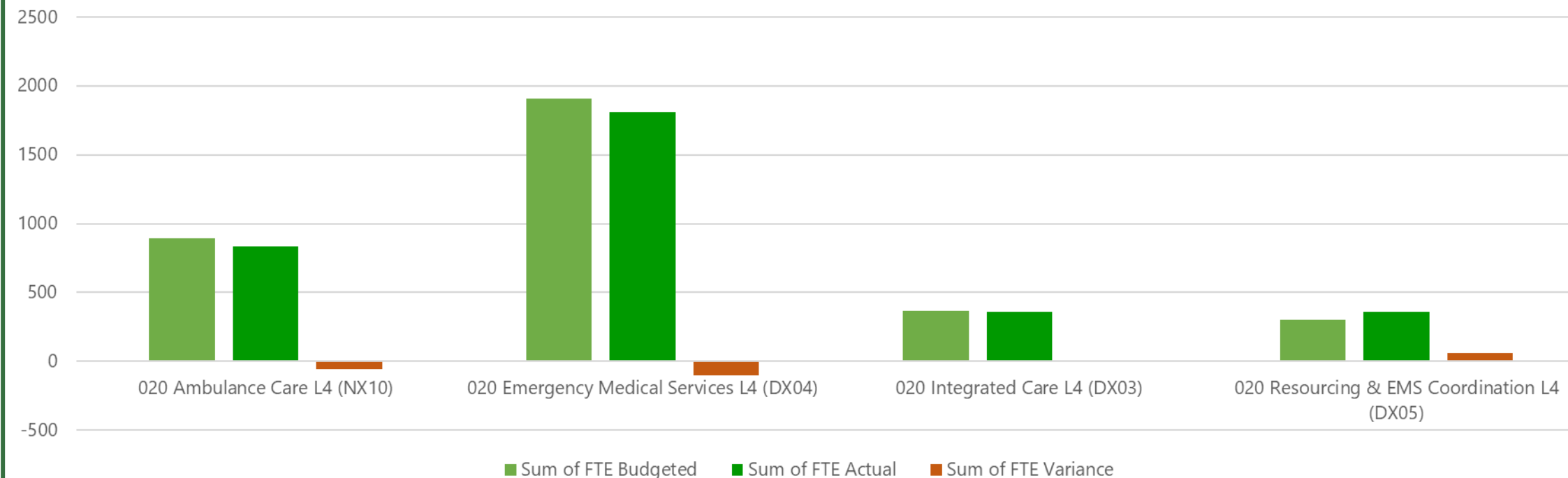
## Remedial Plans and Actions

- Improved data collection through Our MI system (Opas G2). The (All Wales) decision has been made to extend the contract with Civica for 1 year (as opposed to 2 years) for our MI system, Opas G2.
- Work is ongoing to standardise reporting with Health Board colleagues, however, in addition to this we have internal customised reports, to identify themes and trends.
- The Health and Wellbeing strategy for 2025/29 is out for consultation.

## Expected Performance Trajectory

The People and Culture Strategy continues with its wellbeing focus. We are currently in the process of writing the WAST Health and Wellbeing strategy for 2025/29.

FTE as of 31/11/2024



# Our People Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR  
A

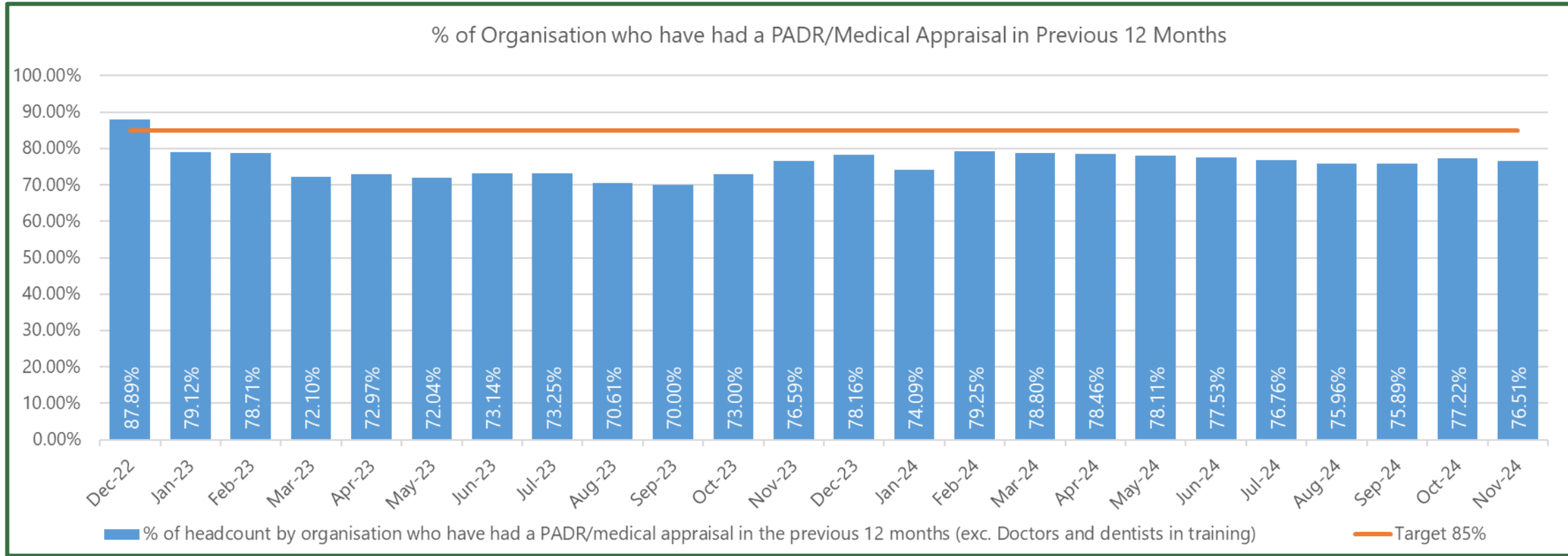
Stat & Mand  
A

CI

PCC

Health & Care Standard  
Health – Staff & Resources

Self-Assessment:  
Strength of Internal Control: Strong



**Analysis**  
PADR rates minimally decreased from 77.22% in October 2024 to 76.51% in November 2024 and remains below the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In November 2024 Statutory & Mandatory Training rates reported a combined compliance of 84.47%; which is an increase and just short of achieving the 85% target. However, only Dementia Awareness (95.84%), Moving & Handling (94.06%) and Safeguarding Adults (87.41%), achieved the 85% target. Equality & Diversity (82.29%), Fire Safety (79.01%), Information Governance (76.95%), Paul Ridd (73.35%), Violence Against Women, Domestic Abuse & Sexual Violence (72.70%), Fraud Awareness (70.53%) and Welsh Language Awareness (67.59%) all remain below this target.

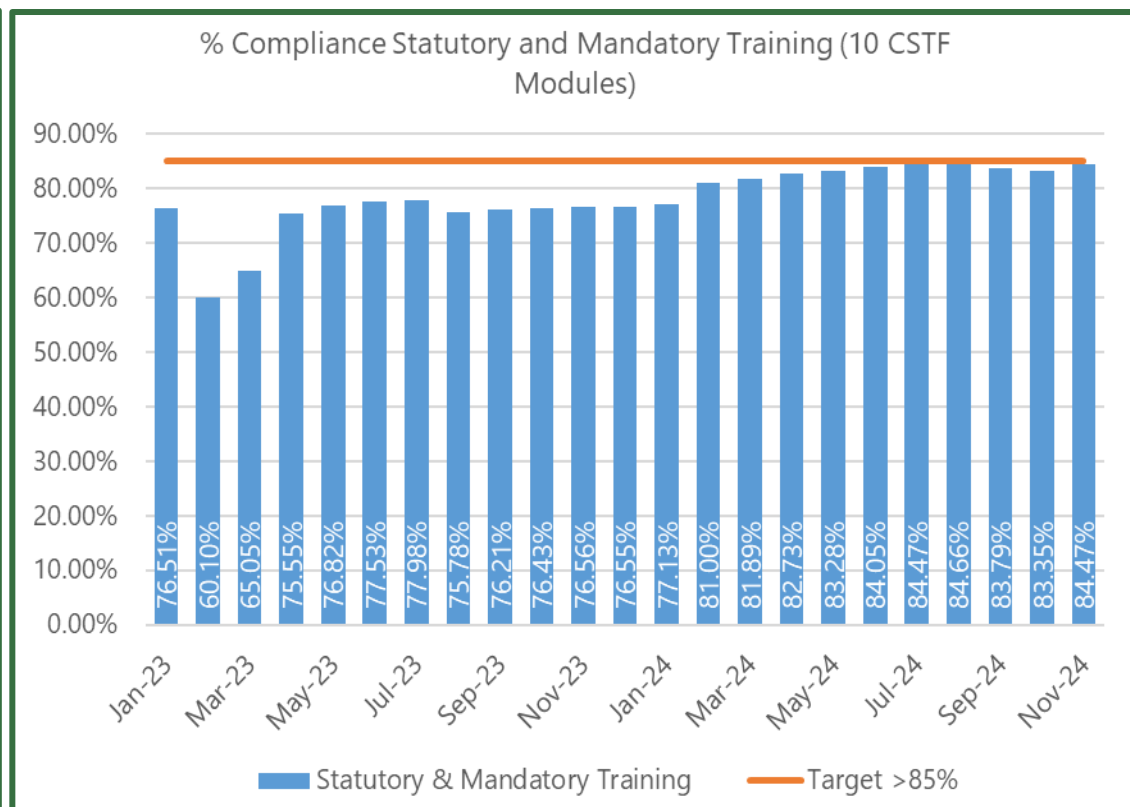
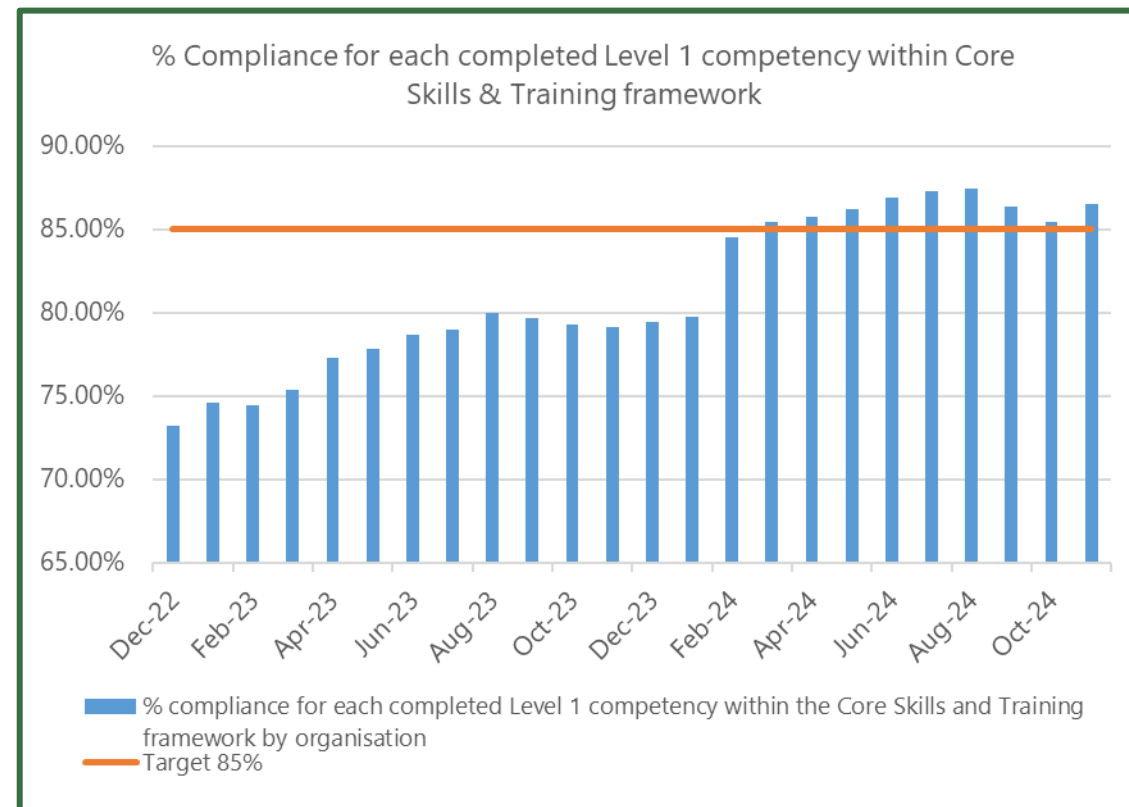
There are currently 18 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table:

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
<b>Mandatory Courses</b>	
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.



# Our People

## Health and Well-being – Shift OVERRUNS

(Responsible Officer: Angela Lewis)

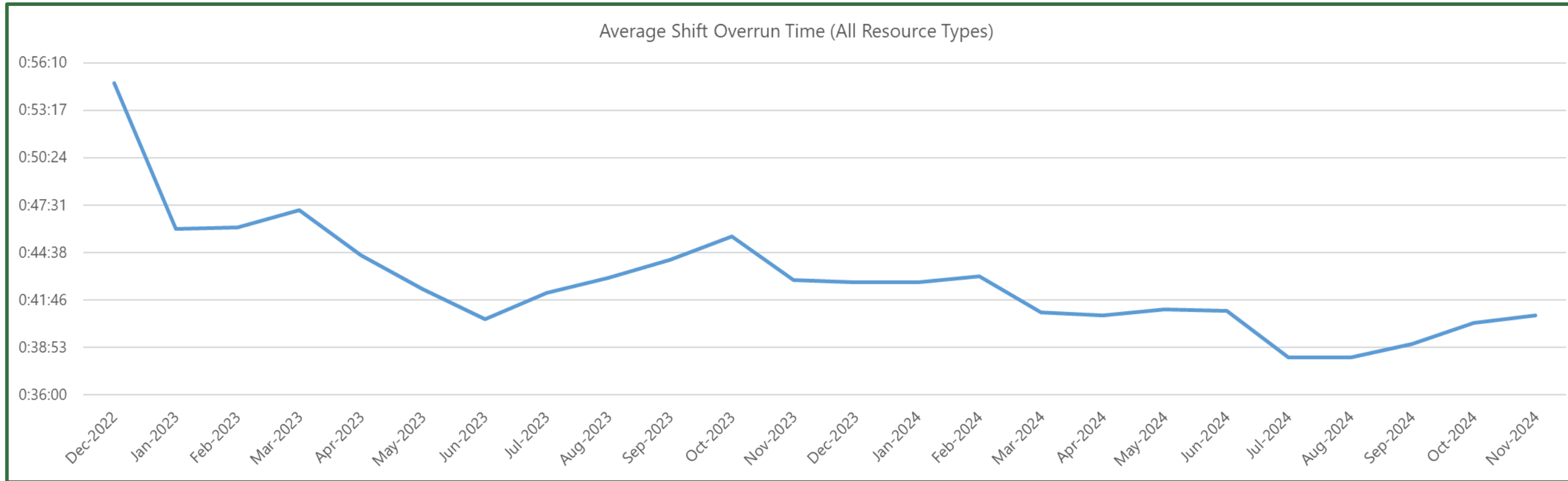
Overruns

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### Analysis

The average overrun figure for November 2024 was 40 minutes and 49 seconds, a minimal increase from October 2024 (00:40:22). 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 75.2% of the total. 19.4% fall within the 61 to 120-minute category, 4.9% in the 121 to 180-minute category, 0.4% in the 181 to 240-minute category and 0.2% in the 241 minutes and over category.

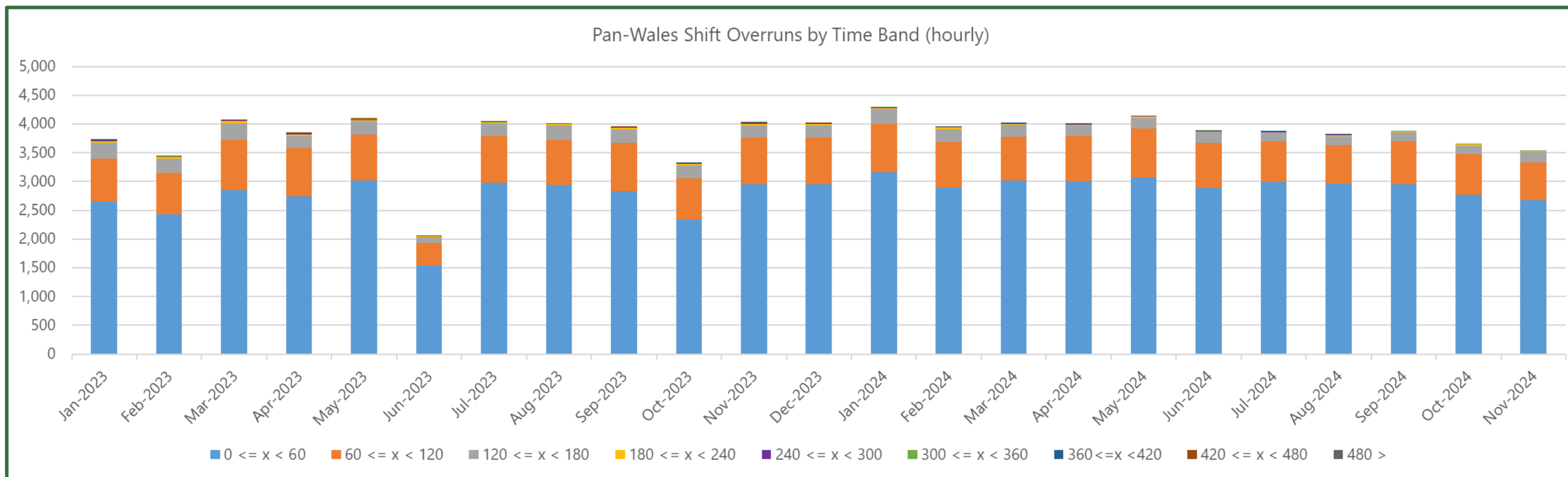
### Remedial Plans and Actions

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 increase in December and January.

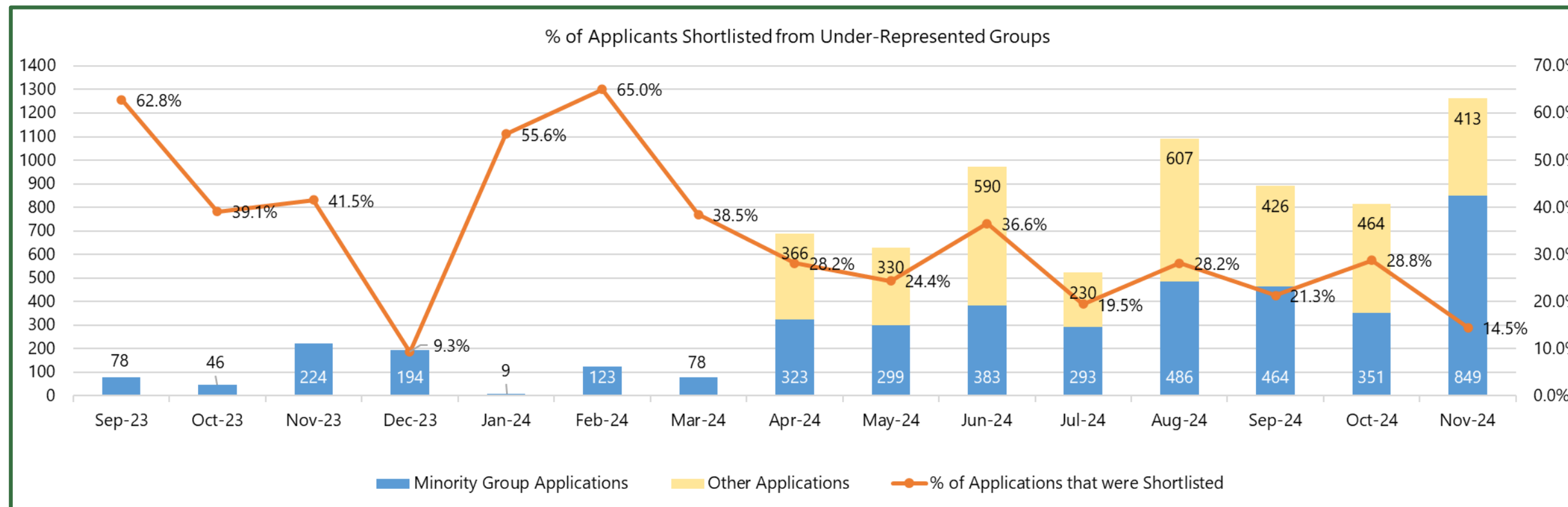
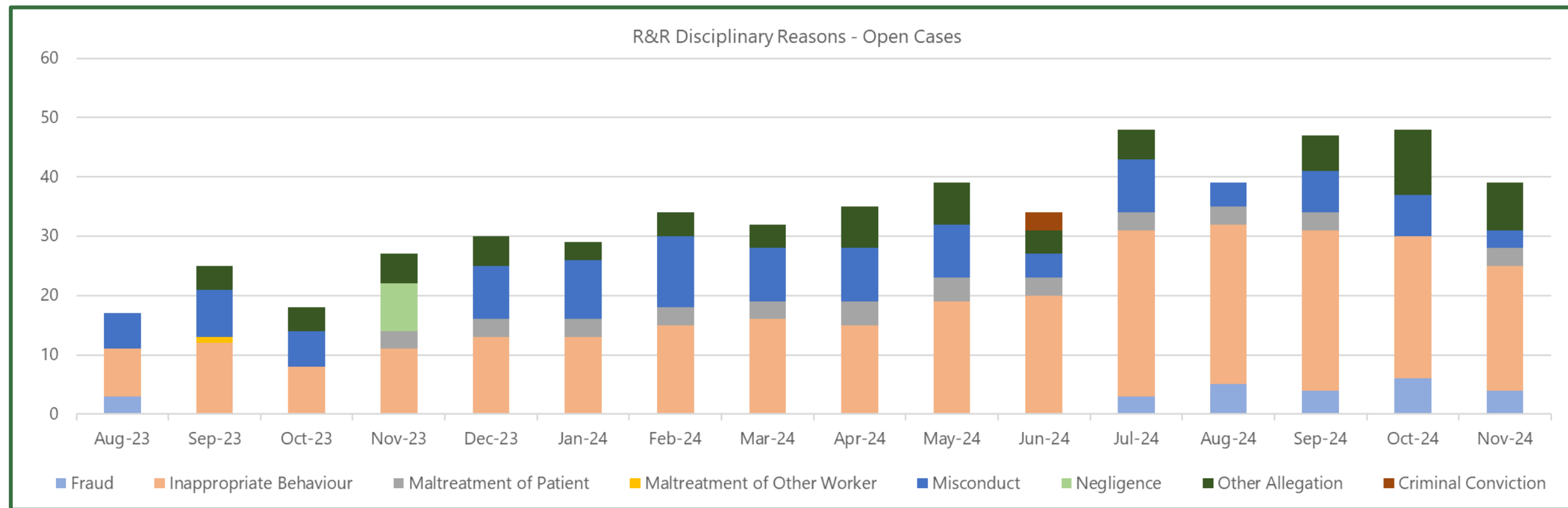


# Our People

## 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



### Analysis

There were 39 open formal disciplinary cases recorded at the end of November 2024, which is a decrease compared to 48 in October 2024. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by fraud.

There were 13 open formal Respect and Resolution cases submitted by employees in November 2024, a slight increase from October 2024 (11). These are a mixture of both Respect and Resolution Grievances and Dignity at work.

The bottom graph shows that in November 2024, 1,262 job applications were processed, and 224 interviews planned.

Of the 1,262 applications, a total of 849 were from under-represented groups with 625 in the category of Ethnicity, 121 within Disability and 103 identifying within Sexual Orientation.

In November 2024, 14.5% (n=123) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a decrease from the 28.8% in October 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. One workshop has taken place, with a second to take place in Nov-24 to recruit for Black, Asian and Ethnically diverse applicants into our digital roles.

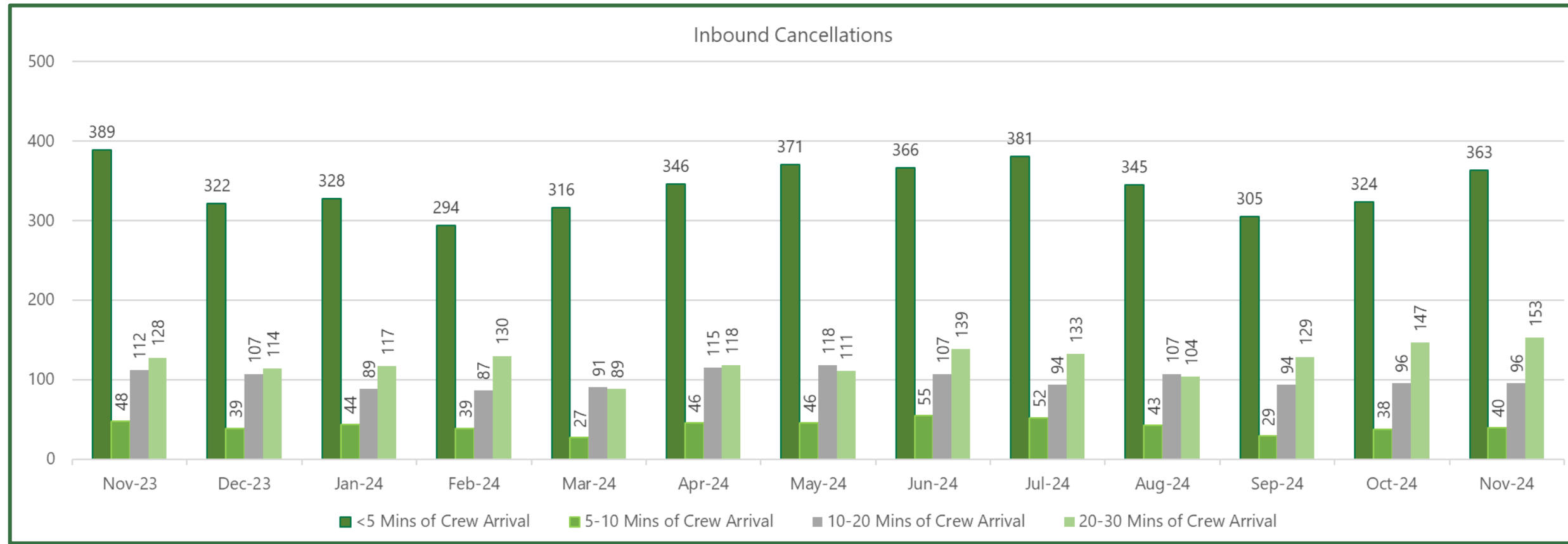
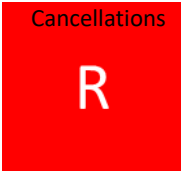
### Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.

# Finance, Resources and Value

## Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)



**Analysis**  
 Inbound cancellations of 5 minutes or less of the crew arrival time saw an increase in November 2024 to 363, compared to 324 in October 2024. The total number of cancellations within 30 minutes increased from 605 in October 2024 to 652 in November 2024.

In November 2024 there were 89 travel bookings cancelled by patients, increasing from 74 in October 2024.

The other top reasons for less than 5-minute cancellations included: 27 patients not located, 17 unwell/too ill to travel and 12 no appointment.

Same day cancellations decreased slightly in November to 13.8% from October 2024 (13.9%).

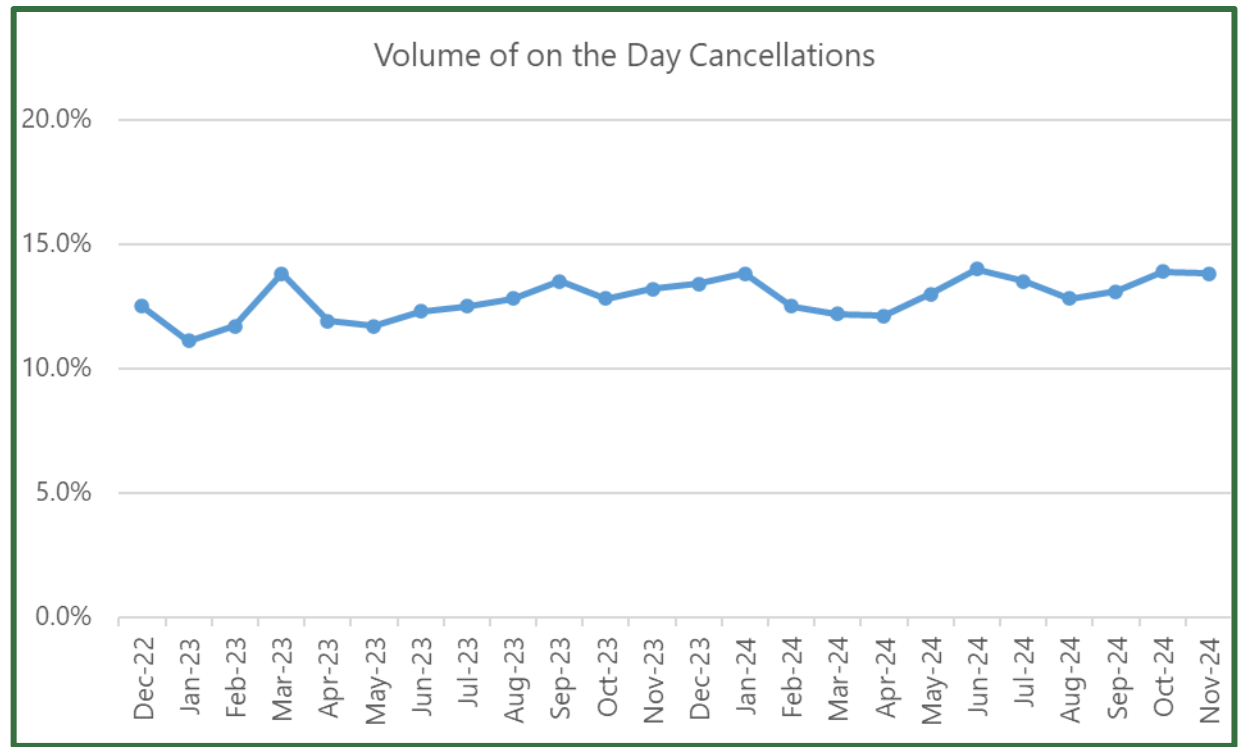
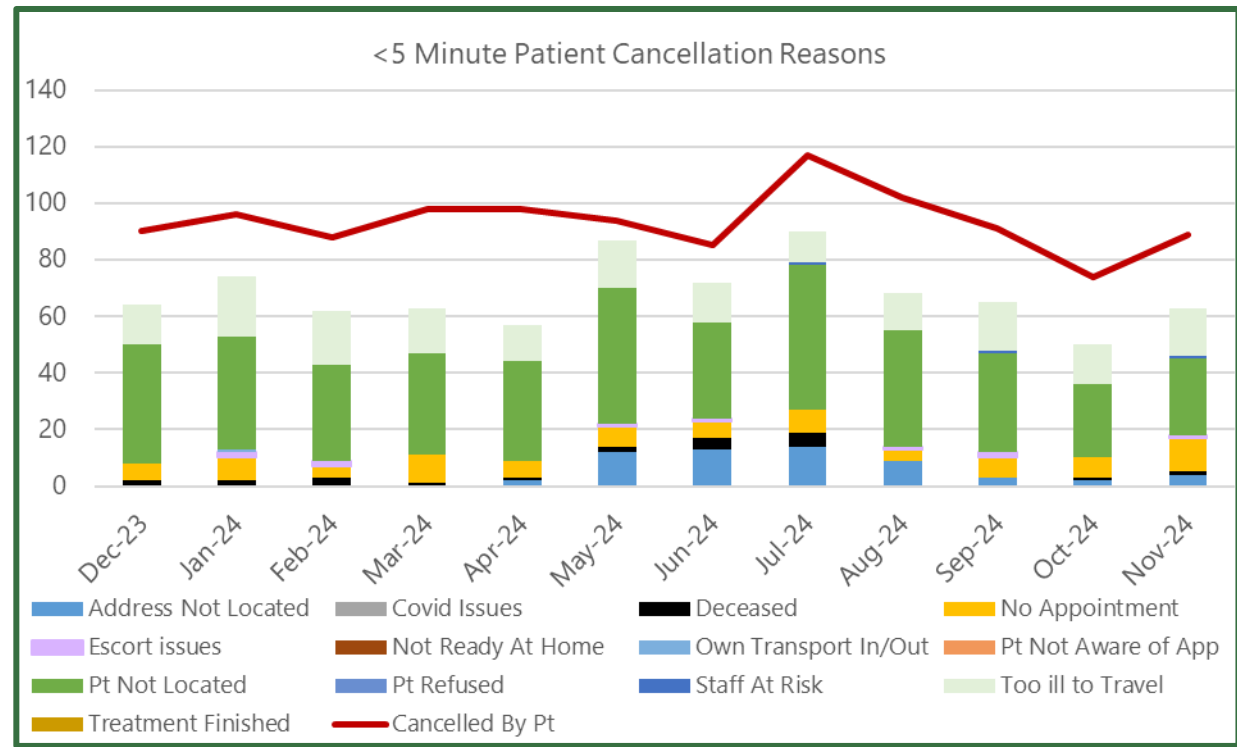
**Remedial Plans and Actions**  
 Work with Hywel Dda to develop a direct link between their PAS system and our CAD but has been delayed by a clash of organisational priorities. Once in place this will allow for WAST to be notified once the health board cancels or alters an appointment.

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

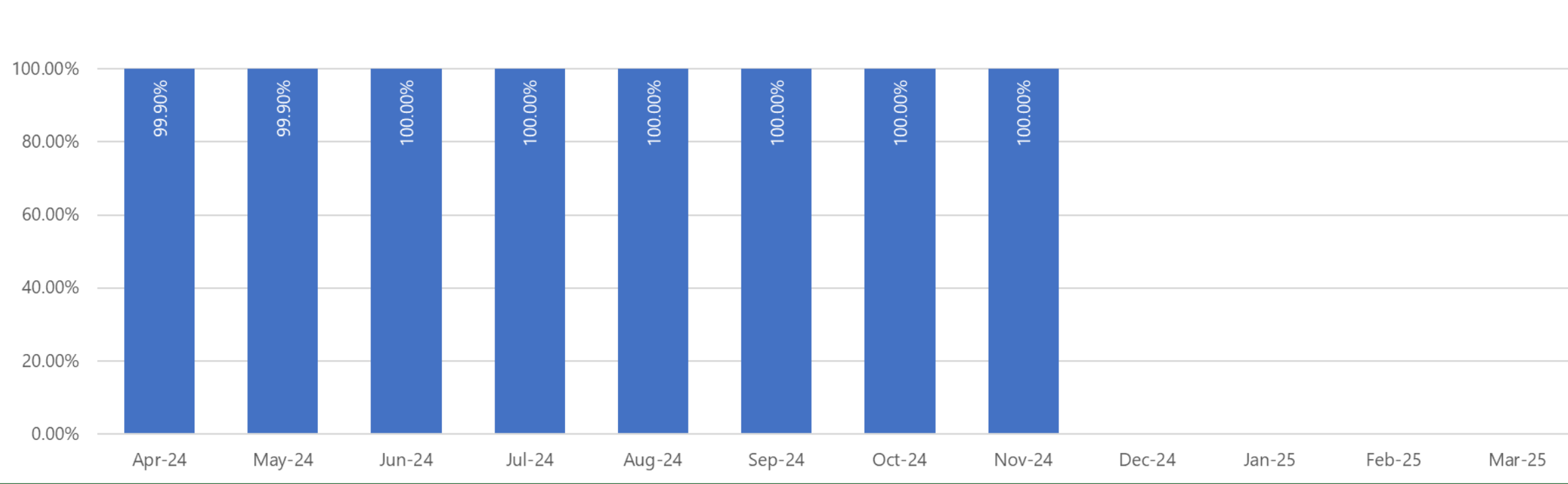
## Value - Finance Indicators

(Responsible Officer: Chris Turley)

G

FPC

Financial Balance - Annual Expenditure YTD as % of Budget Expenditure YTD



### Analysis

The reported outturn performance at Month 8 is a surplus of £42k, with a forecast to the yearend of breakeven

For Month 8 the Trust is reporting planned savings of £4.640m and actual savings of £5.086m (an achievement rate of 119.6%).

The Trust's cumulative performance against PSPP as at Month 8 is 97.7% against a target of 95%.

At Month 8 the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

### Remedial Plans and Actions

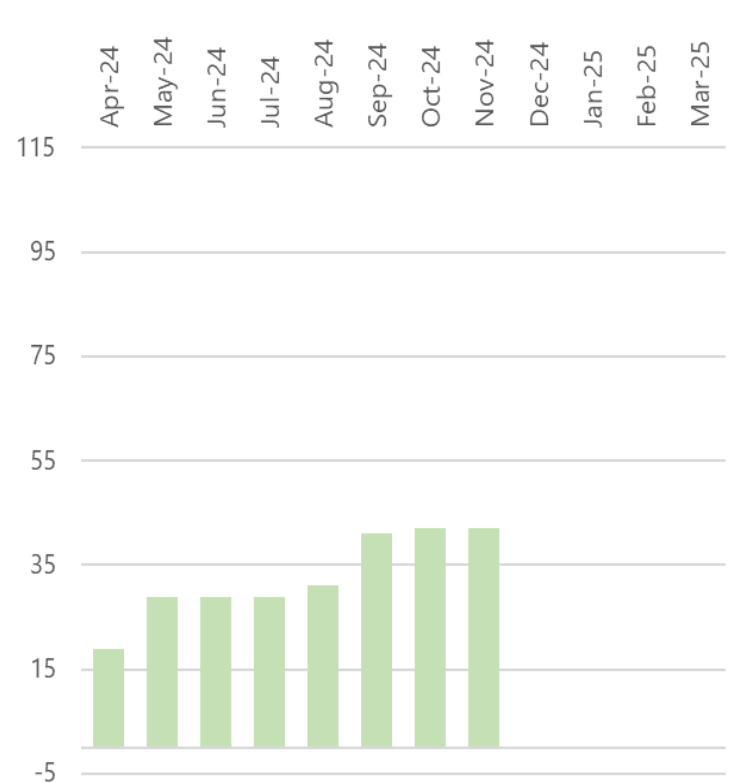
There is no remedial plan required given the Trust is forecasting to breakeven; however, key areas of focus include:-

- 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

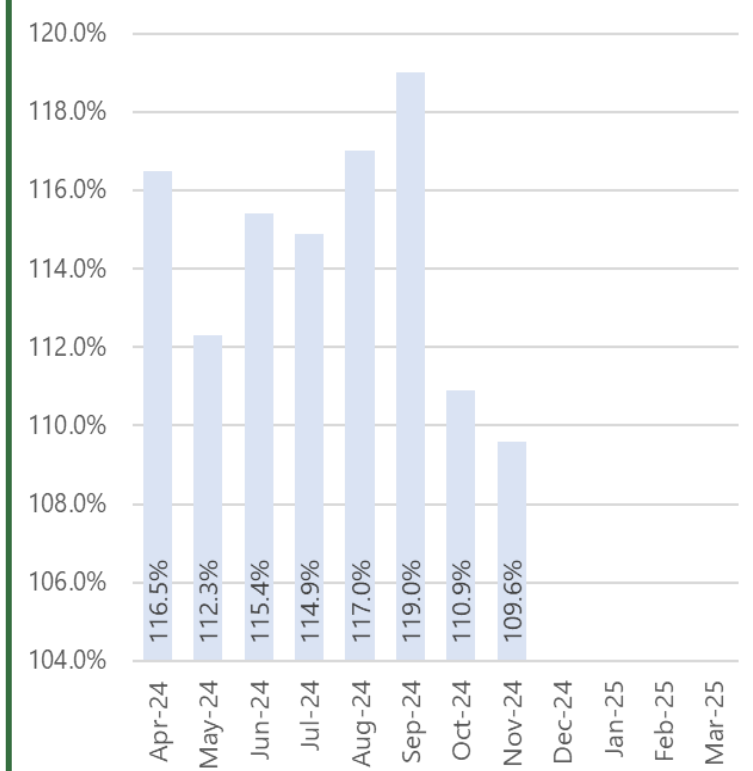
### Expected Performance Trajectory

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.

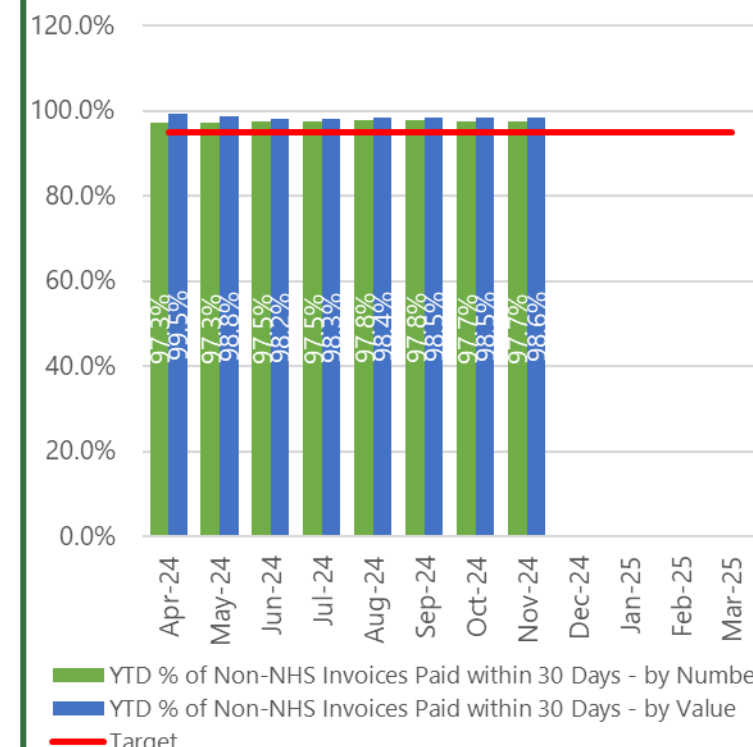
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



YTD % of Non NHS Invoices Paid Within 30 Days - By Number & Value



# Finance, Resources and Value

## EMS Utilisation & Average Job/Shift Times

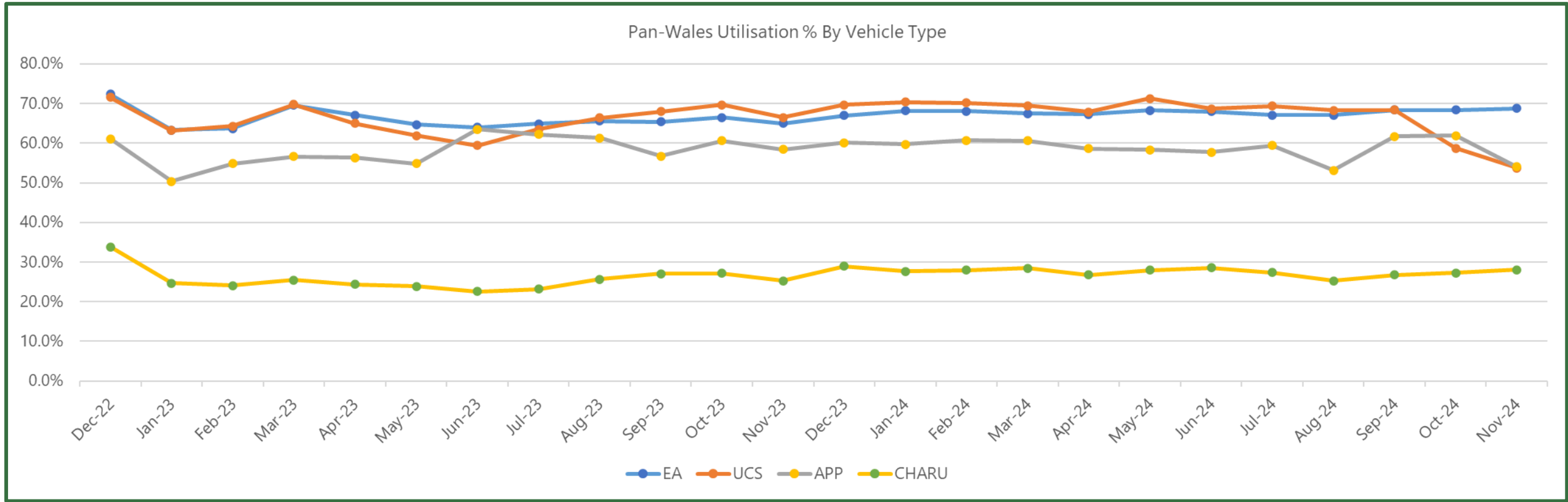
(Responsible Officer: Lee Brooks)

Jobs Per Shift  
**R**

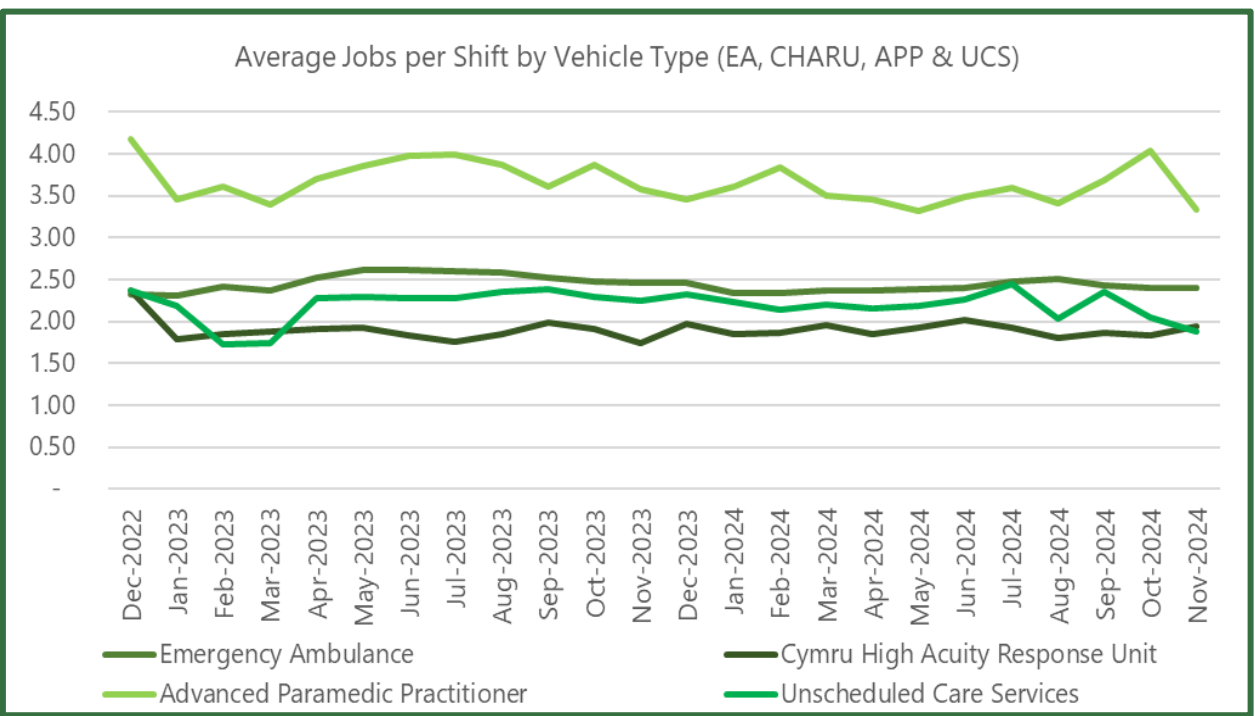
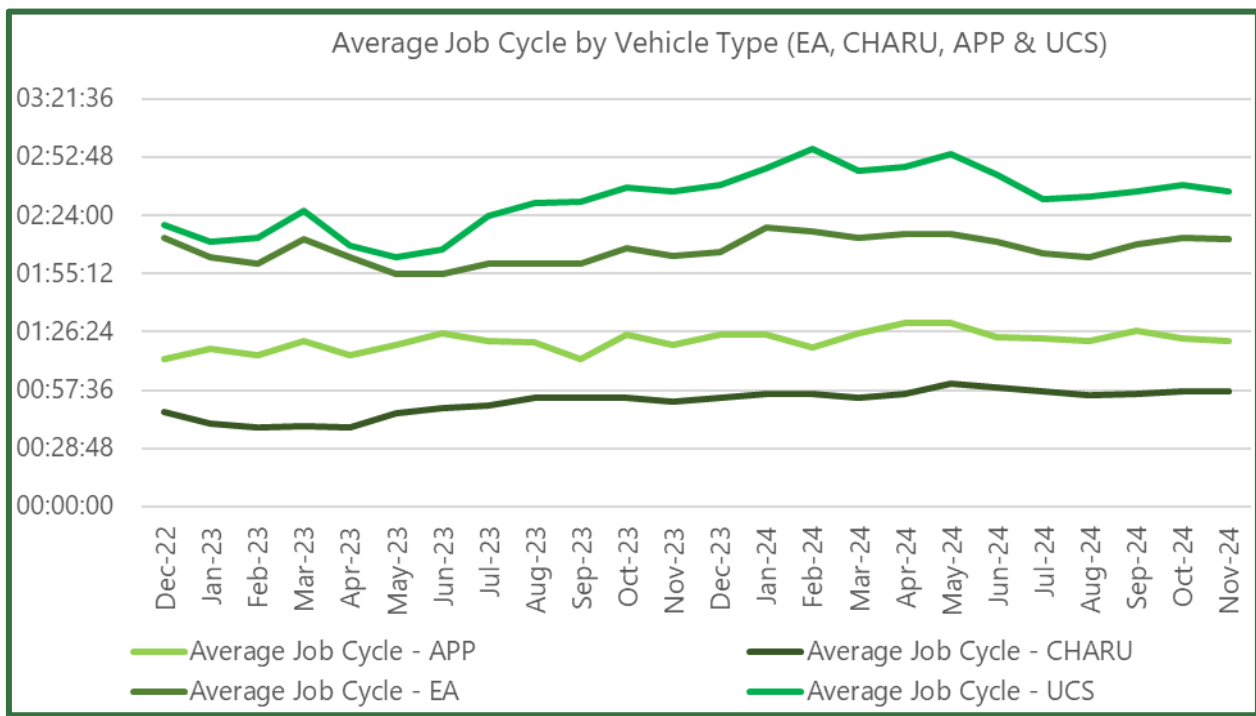
CHARU Utilisation  
**G**

FPC

*NB: Data quality issues have been identified within APP data. These are currently being addressed.*



**Analysis**  
**Pan Wales Utilisation metrics in November 2024 were 57.3% for all vehicles types, decreasing slightly from 57.4% in October 2024.** EA was the highest rate during the month at 68.8%, which has seen a generally stable trend over the past two years. 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 decreased in all categories in November 2024, 57 minutes for CHARU, 2 hours and 36 minutes for UCS, EAs to 2 hours 12 minutes and 1 hour, 22 minutes for APPs.  
 Overall average jobs per shift was 2.26 in November 2024, indicating a slight increase from October 2024 (2.25). EAs averaged 2.40 jobs per shift and UCS crews 1.89 jobs per shift. This is more than what would be ideal and a product of handover delays.  
 APPs attended on average 3.34 jobs per shift and CHARU's 1.94 jobs per shift. 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.

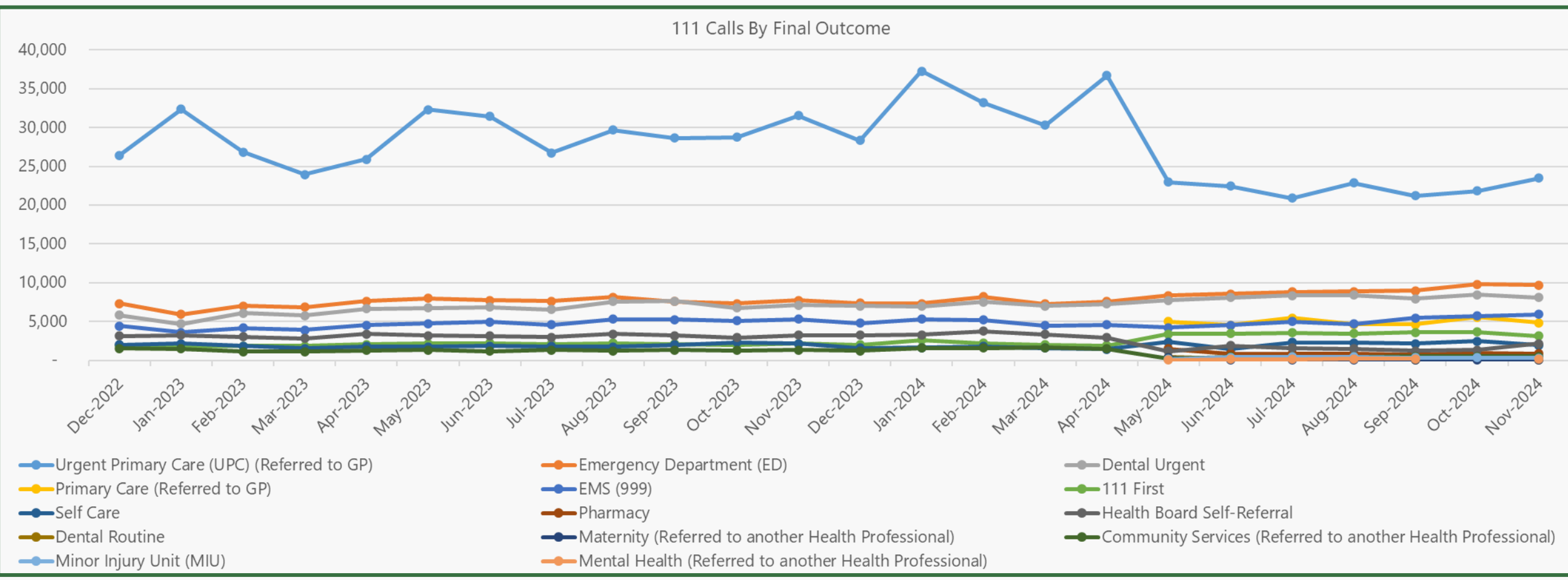
# Partnerships / System Contribution

## NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

### Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

*NB: Data quality issues have been identified in 111. These are currently being addressed.*

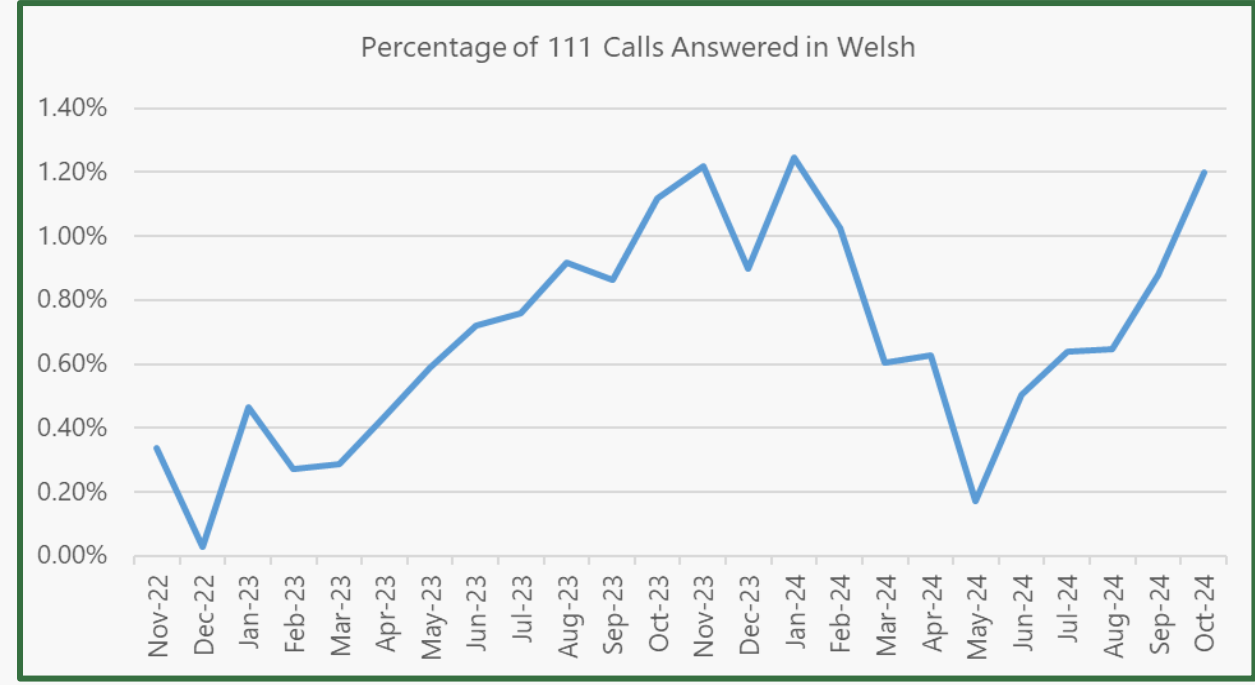
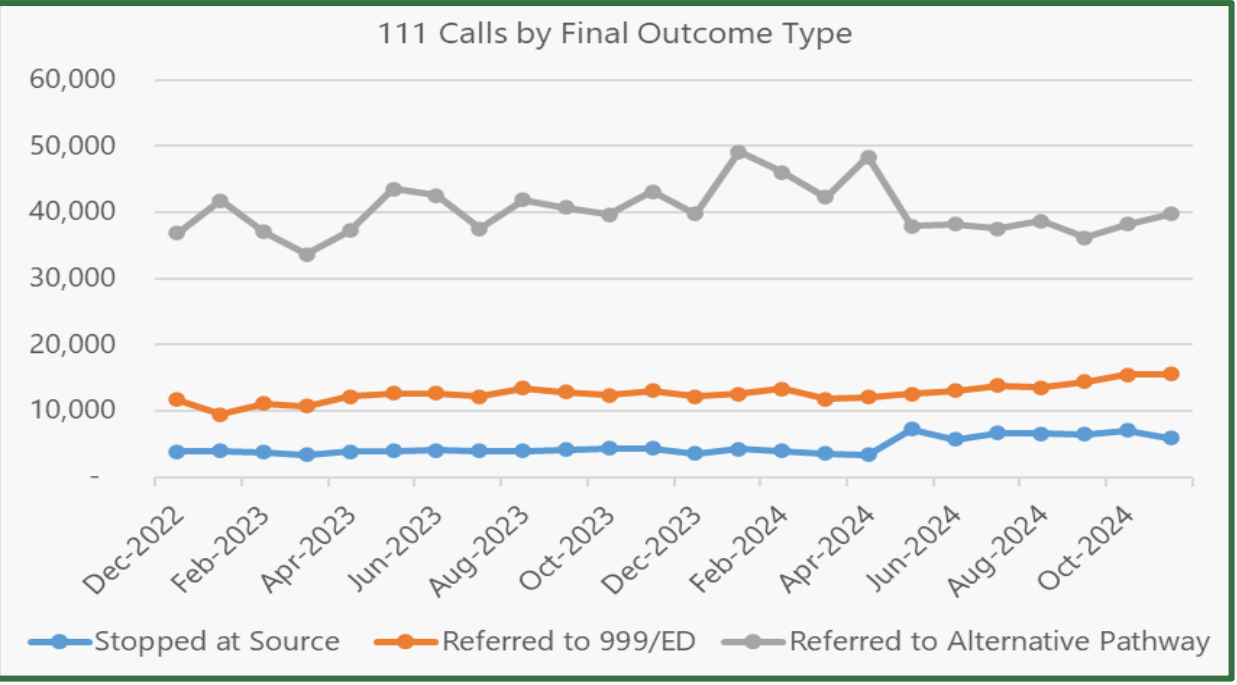


**Analysis**  
 During November 2024, 61,264 calls were allocated into the 14 categories displayed in the graph opposite, an increase compared to the 60,779 seen during October 2024. However, data quality issues have been identified in 111 which are currently being addressed.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 38.29% of all calls during November 2024, but there has been a material drop since the implementation of new 111CAS.

As the bottom left graph highlights, in November 2024, 5,927 calls were 'Stopped at Source', with no onward referral, a decrease from the 7,092 in October 2024. 15,619 calls were referred to 999/ED in November, an increase from the 15,479 in October 2024.

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.



**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.

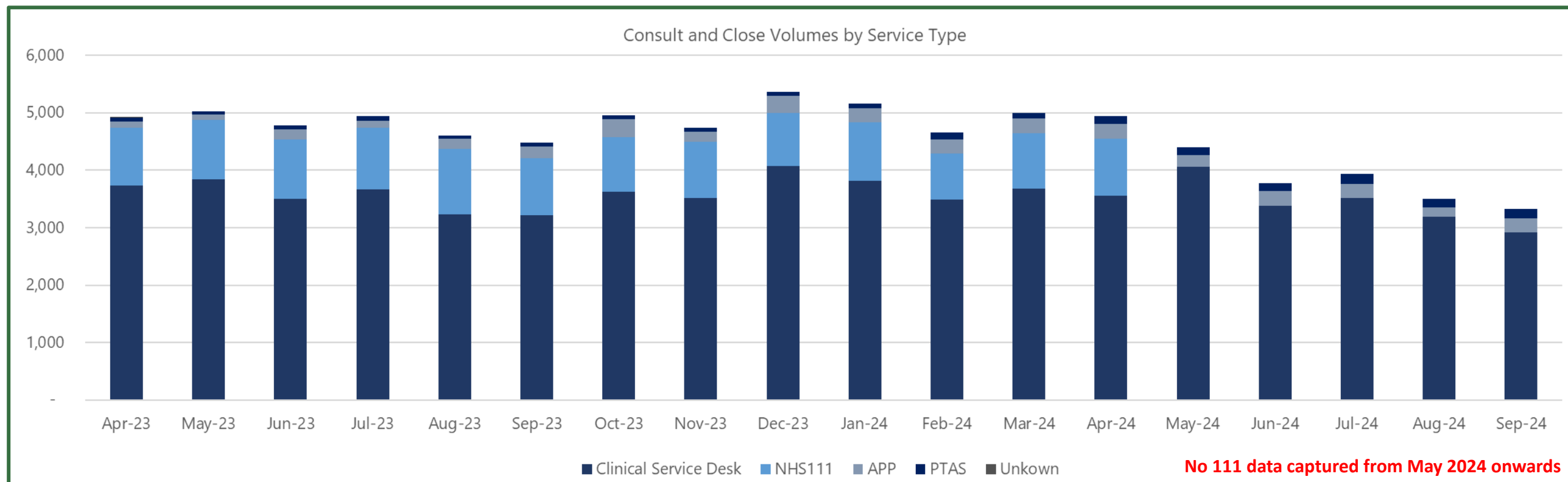
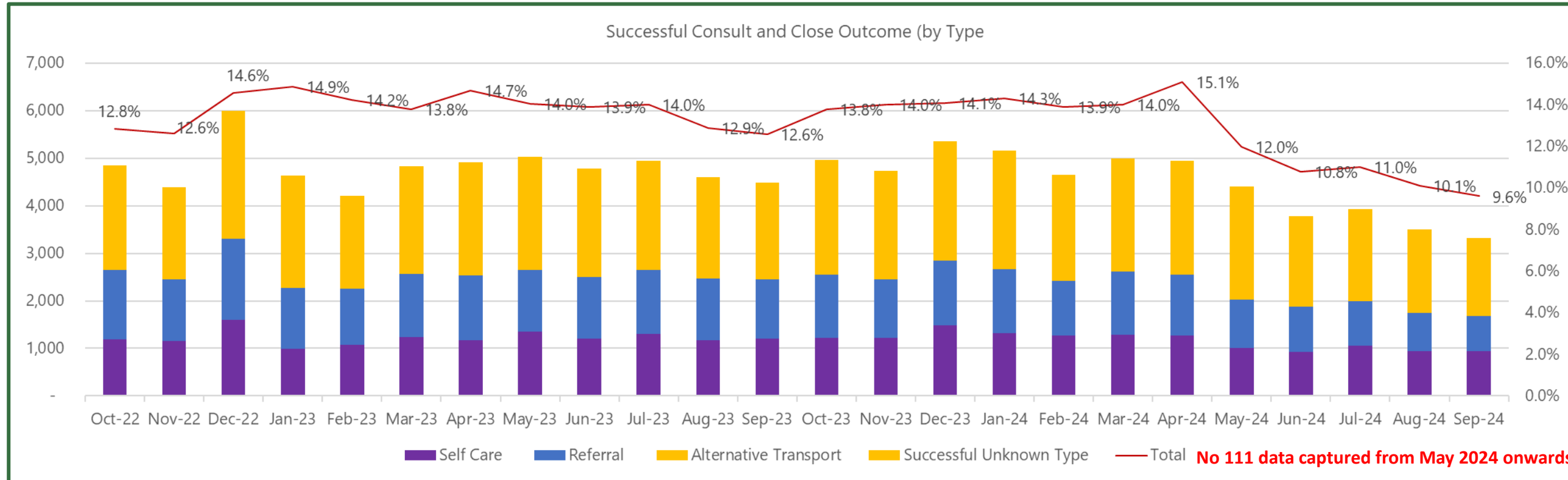
# Partnerships / System Contribution Consult & Close Indicators

(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.**

# Partnerships / System Contribution

## Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

Conveyances

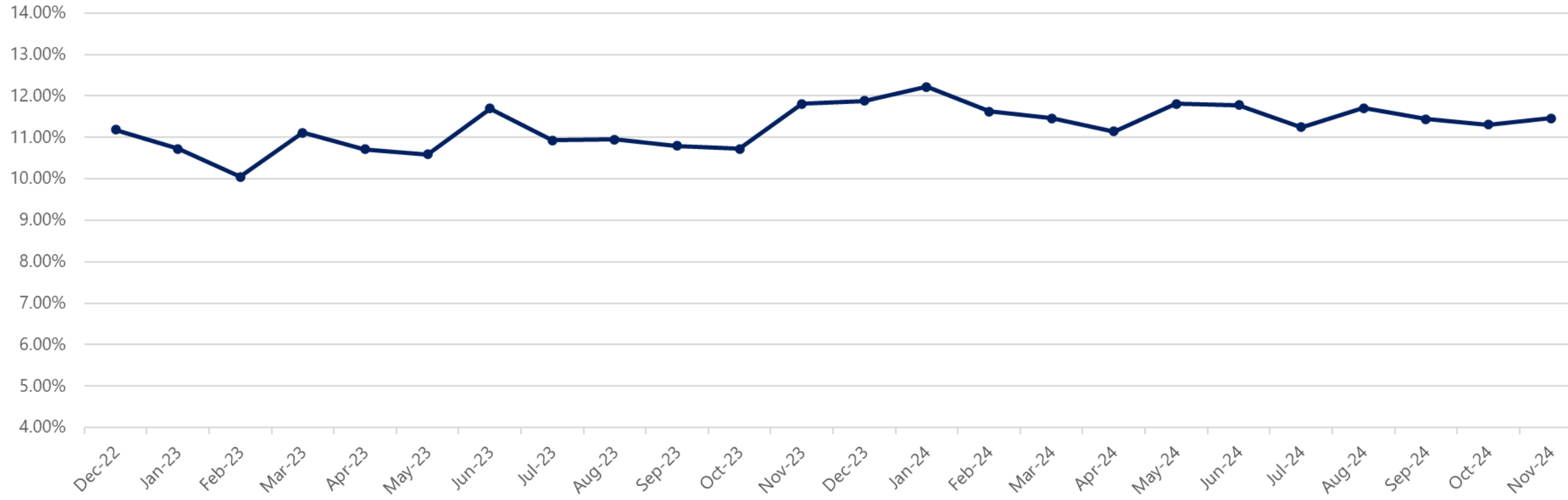
G

FPC

Ministerial Measure

*NB: Data quality issues have been identified in APP data. These are currently being addressed.*

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



### Analysis

**In November 2024 11.46% of patients (1,557) were conveyed to a service other than a Type One ED, while 33% of patients were conveyed to a major ED, as a percentage of verified incidents.**

The combined number of incidents treated at scene or referred to alternate providers decreased slightly, from 3,982 in October 2024 to 3,884 in November 2024.

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 issues around accurately capturing APPs on shift is likely to be contributing to discrepancies in this figure.

Patients conveyed to SDEC's in October 2024 remained low at 0.14%.

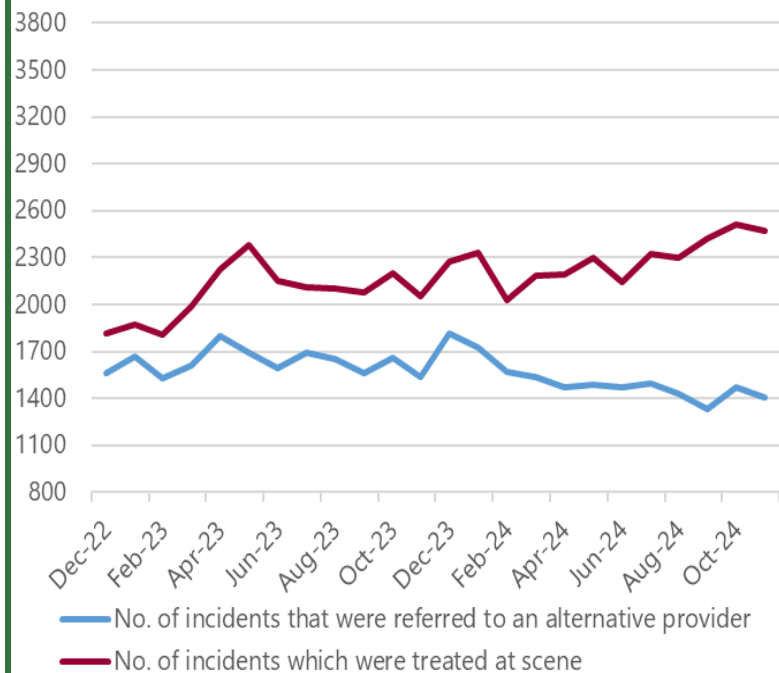
### Remedial Plans and Actions

- 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.

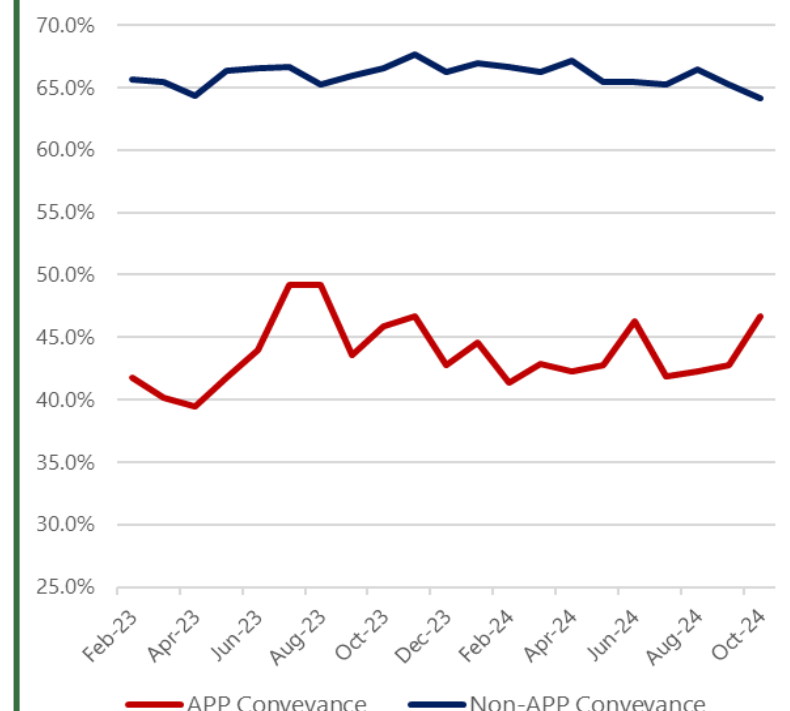
### Expected Performance Trajectory

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.

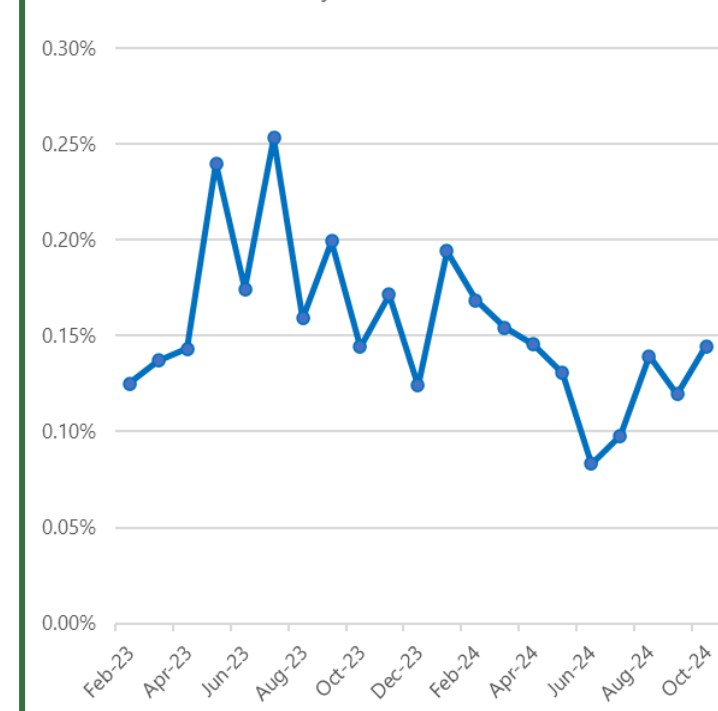
Incidents Treated at Scene VS Incidents Referred to Alternative Providers (Ambulances Stopped)



APP vs Non-APP Conveyance Rates



% Patients Conveyed to SDEC Units Pan-Wales



# Partnerships / System Contribution

## Handover Indicators

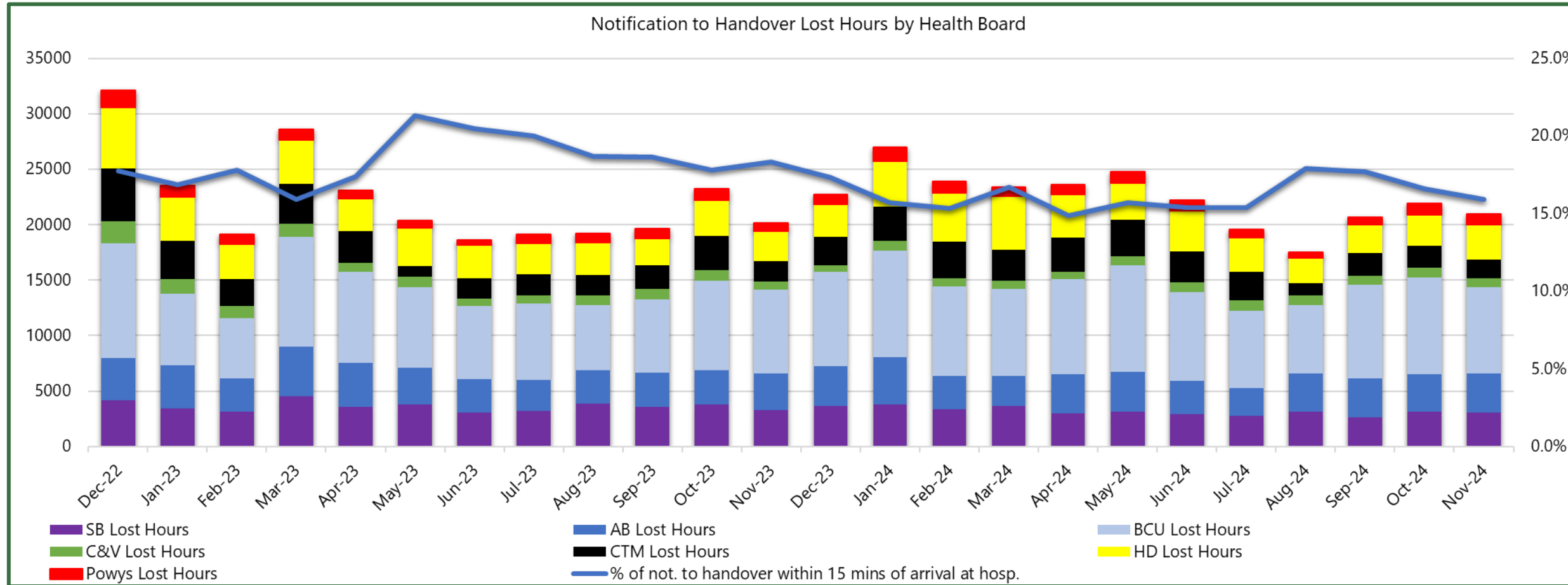
(Responsible Officer: Health Boards)

Lost Hours

R

CI

QUEST



### Analysis

**268,361 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Dec-23 to Nov-24), compared to 266,713 hours over the same timeframe the previous year.** There were 20,995 hours lost in November 2024, which is 4.3% higher than the 20,124 hours lost during November 2023.

The hospitals with the highest levels of handover delays during November 2024 were:

- Grange University Hospital (ABUHB) at 3,365 lost hours
- Morriston Hospital (SBUHB) at 2,988 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 2,612 lost hours
- Maelor General Hospital (BCUHB) at 2,492 lost hours

Notification to handover lost hours averaged 700 hours per day during November 2024 compared to 706 hours per day in October 2024.

In November 2024, the Trust could have responded to approximately 6,623 more patients if handovers were reduced, which highlights the impact these numbers are still having on the service.

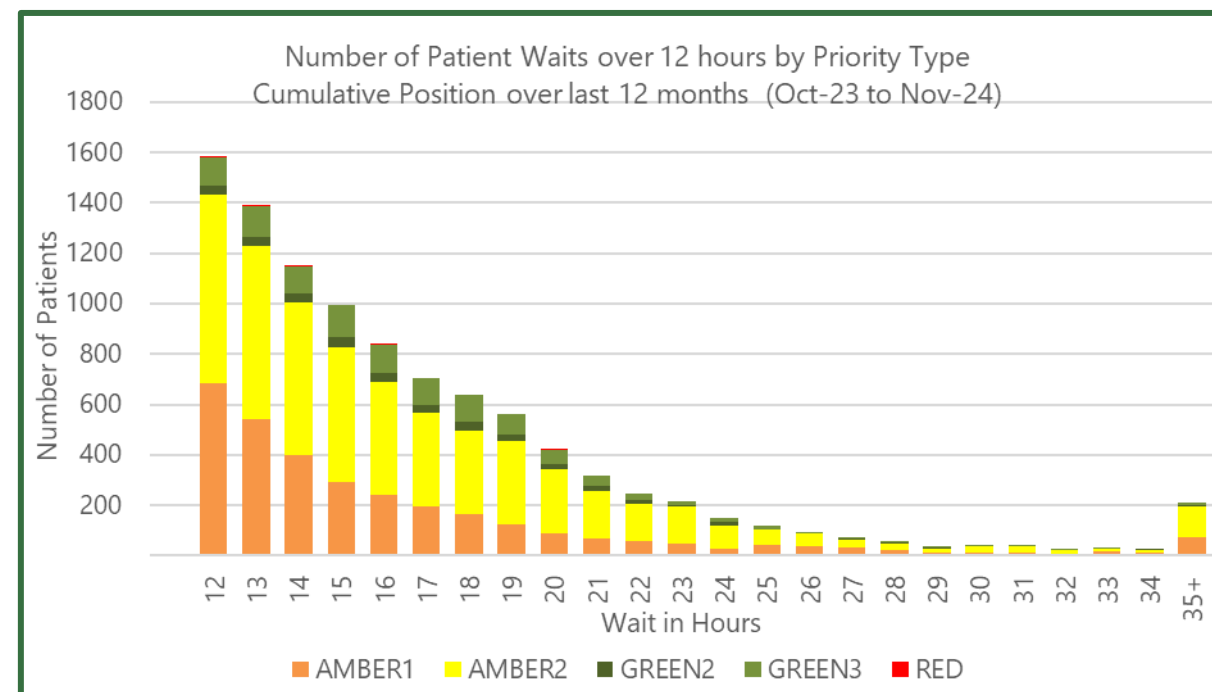
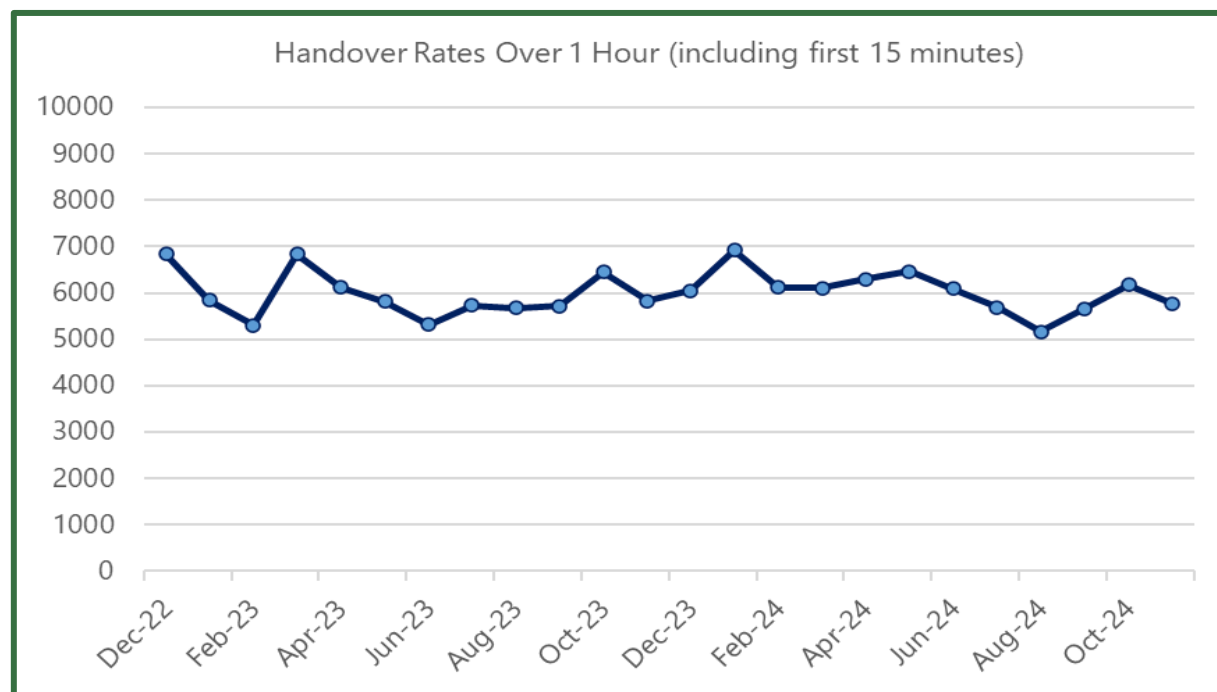
In November 2024, 900 patients waited over 12 hours for an ambulance response. In November 2024 60 compliments were received from patients and/or their families.

### 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.



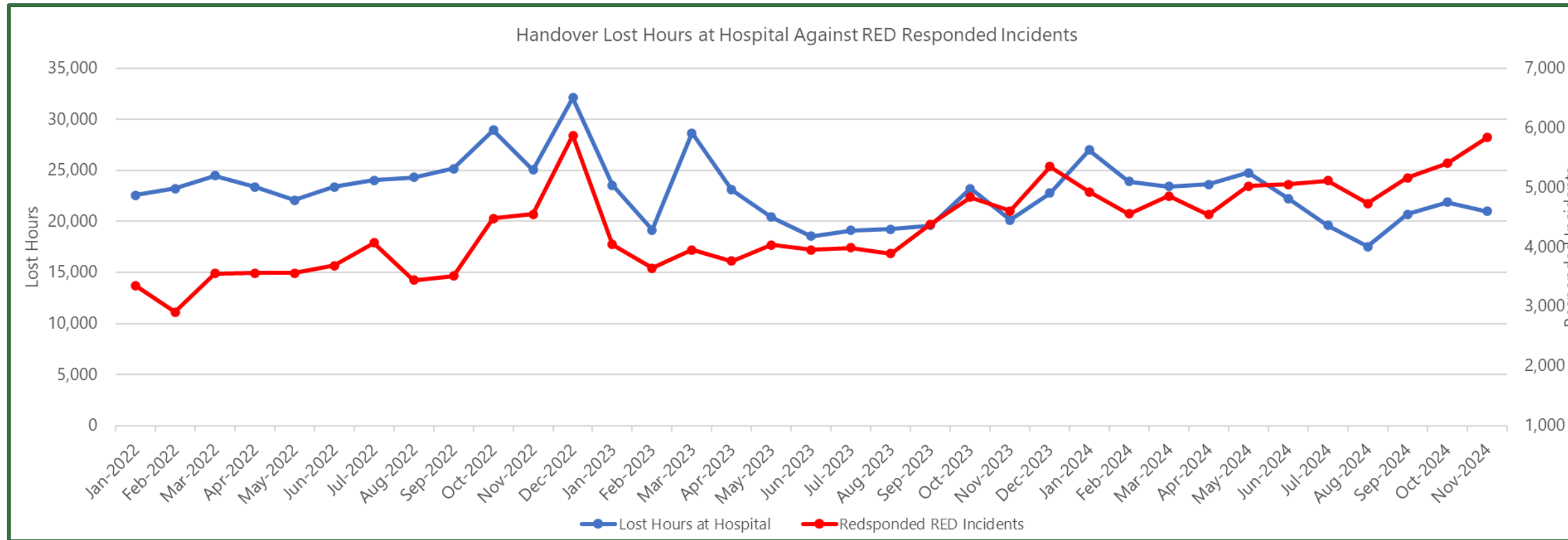
# Partnerships / System Contribution

## 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 November 2021, so too have the number of Red incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system.

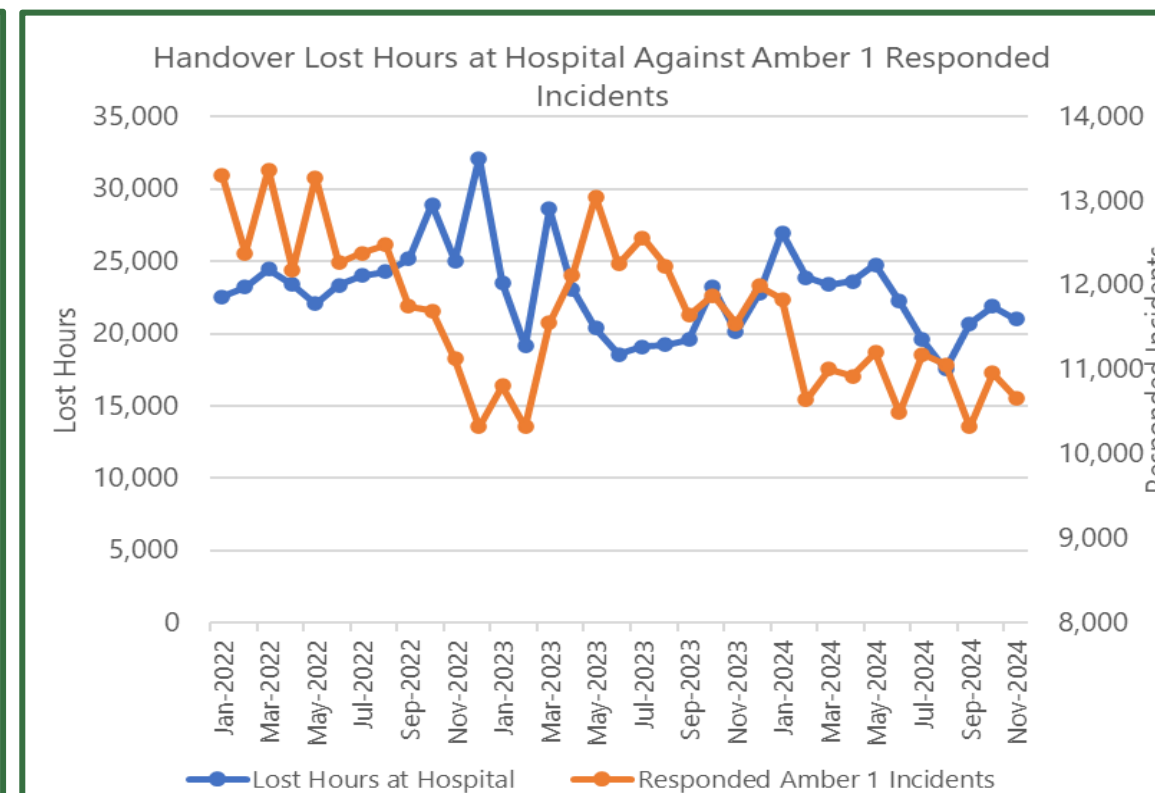
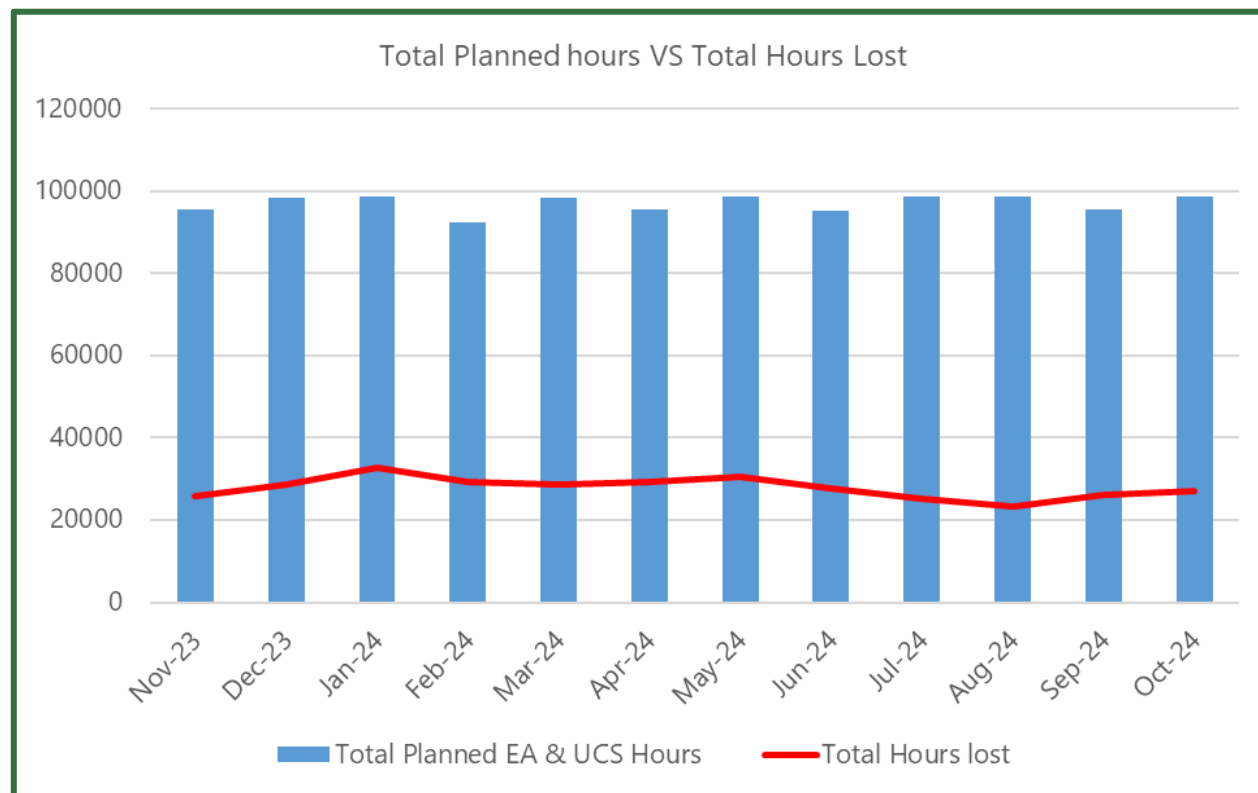
However, as the bottom right graph illustrates, there is a correlation between lost hours increasing and a decrease in the number of Amber 1 incidents being responded to, particularly at times of high demand, such as during December 2022. This is notwithstanding that some of these patients within the 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. Welsh Government want to see a 30% reduction by December 2024 as a move towards this target. The Trust is currently experiencing lost hours in excess of 20,995 hours. Handover in November 2024 was 4.3% higher than November 2023.



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

<b>AGENDA ITEM No</b>	<b>10</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

<b>DIGITAL REPORTING</b>
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<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	16 <sup>th</sup> January 2025
<b>EXECUTIVE</b>	Jonny Sammut, Director of Digital Services
<b>AUTHOR</b>	Leanne Smith, Assistant Director of Digital
<b>CONTACT</b>	<a href="mailto:leanne.smith4@wales.nhs.uk">leanne.smith4@wales.nhs.uk</a>

<b>EXECUTIVE SUMMARY</b>
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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 recently refreshed Digital Plan (see **Appendix 1** for the KPI report).
2. The data in this report offers a full 12 months of historic data, and in-year trends from 1<sup>st</sup> April to 30<sup>th</sup> November 2024, unless otherwise indicated.
3. Key points of note from this report include:
  - a. For the **Data & Analytics** metrics, the average turnaround time for non-trivial data requests peaked in October 2024 at 47 days, indicating a significant backlog and increasing volume of demand. However, the number of requests *completed* in October was higher than the number of requests *received*, and so allowed the average turnaround for non-trivial tasks to be reduced to 28 days by November. The same day turnaround % of 'quick' tasks shows a decreasing/ worsening trend since August, with November data showing a percentage of just 11%. However, it should be noted that this data represents a lower number of 'quick' requests monthly, compared to May and June where demand for this type of task was higher, and so recent low percentages may instead be indicating a shift in focus from 'quick' to 'non-trivial' tasks, meaning it is less feasible to turnaround tasks the same-day.

- b. **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). Two new Records Officers joined the Trust in December; however, due to long term sickness within the Records team, compliance to the target is still at risk, and many of the records management activities (from the improvement plan and recent internal audit) have not been progressed. A records management improvement plan has been refreshed and taken through IGSG.
    - c. The ICT **System Availability Metrics** 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. ‘Up-time’ is still above the UK industry standard of 99.9% for the year-to-date period and per month.
    - d. The **ICT Service Desk** metrics show a period of increased activity around Cleric, and new account generation for ePCR. Incidents resolved within target was slightly lower than in previous months but note that these incidents often reside with external systems or are beyond the control of WAST engineers and must be resolved by partners and suppliers.
    - e. Note that the **111 website** still receives good use, however, engagement rate (defined as any user who spends more than 10 seconds on a single page, or have 2 or more page views per visit, or result in a conversion) has seen a decreasing trend since the beginning of the year. Enhancements to the website are ongoing, despite a very small Digital technical team, and further work is being progressed via the Digital Front End project of the Clinical Model Transformation Programme.
4. 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 Integrated Medium Term Plan (IMTP)). Some key points of note include:
  - a. **Recruitment** into the new Digital posts following additional investment this year is progressing well. Recruitment updates since the last report include: Data Protection Officer (in post), Data Quality Assurance Manager (offer accepted), Data Quality Analyst (offer accepted).
  - b. Specialists across Digital are supporting the **Clinical Model Transformation** efforts, including various asks for baseline data, new categorisation reporting and visualisations, as well as telephony and CAD engineering work. Recent efforts have helped produce live reporting for Rapid Clinical Screening and a first version dashboard for the Mental

Health Vehicle responses - in plan for Q4 2024/25 is a dashboard for those codes which indicate 'arrest', a clinical navigator dashboard, telephony reporting for RCS & Remote Integrated Care Service (RICS), and the enablement of more accurate APP reporting.

- c. The procurement exercise for the **Drones** project concluded in December, with an identified preferred provider. Next steps for procurement and training for HART will commence in February, with an anticipated operational go-live by end of March 2025.
- d. The **PowerBI migration** initiative sought to transition our reporting and dashboards from Qlik to PowerBI to help modernise, streamline and secure our intelligence. This project has been completed, including development of an additional dashboard to support commissioners in their daily access of WAST information, and Qlik servers are switched off, with full decommissioning taking place this month.
- e. The **IG Improvement and IG Strategy** projects have also seen progress since the previous reporting period. See separate Information Governance Reporting paper, also presented at the January meeting of the Finance & Performance Committee.

**5. The COMMITTEE is asked to NOTE the contents of the accompanying report and the trends in metrics presented.**

**KEY ISSUES/IMPLICATIONS**

- 6. 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**

Directorate Plan progress - reviewed by DLG members 3<sup>rd</sup> – 6<sup>th</sup> January 2025

**REPORT APPENDICES**

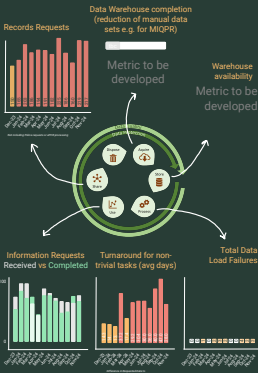
Main report – 'Digital Reporting January 2025 - Metrics'

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

# Digital: Data & Analytics

## Data Lifecycle

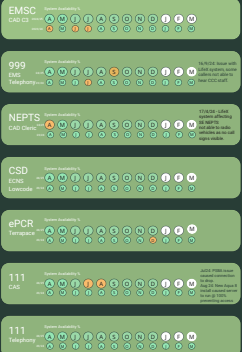
The 6 stages of the data and analytics lifecycle and related metrics.



# Digital: ICT Systems

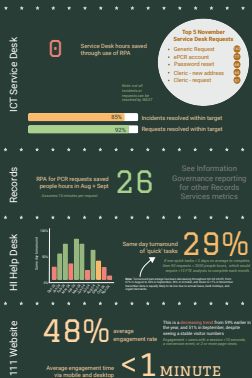
## System availability metrics

Definitions based on industry standards  
N.B. these are not reflective of SLAs, and do not yet differentiate supplier issues & resolutions

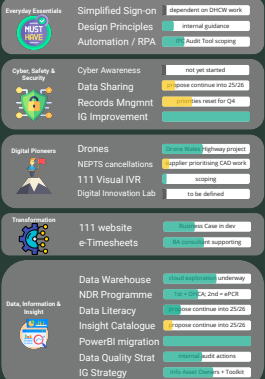


# Digital: Service Provision

Quality, efficiency, and stakeholder feedback: NOV 24

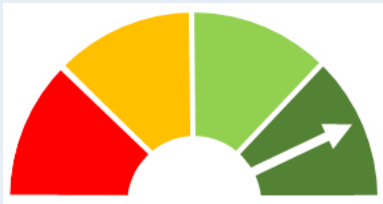


# Digital Contribution 24/25



# 111 Digital Operations Final Internal Audit Report 2024/25

Welsh Ambulance Services University NHS Trust



Substantial Assurance

## Contents

Executive Summary .....	1
Findings & Agreed Action Plan .....	2
Appendix A .....	5

<b>Review Reference</b>	WAST-2425-14
<b>Fieldwork</b>	October / November 2024
<b>Executive Sign Off</b>	18 <sup>th</sup> December 2024
<b>Audit, Risk &amp; Assurance Committee</b>	March 2025
<b>Executive Lead</b>	Jonny Sammut Director of Digital
<b>Head of Internal Audit</b>	Osian Lloyd
<b>Deputy Head of Internal Audit</b>	Martyn Lewis, IT Audit Manager

# Executive Summary

## Purpose

To assess whether the digital operation of 111 is safe and effective, with mitigation plans in place for any weaknesses identified and tracked to resolution.

## Overview

The new 111 system, provided by MIS Emergency Systems Ltd and Priority Dispatch Solutions (PDS), integrates the MIS-111 Patient Management System with the PDS Emergency Communications Nurse System clinical triage and Call Prioritisation and Streaming Service non-clinical triage systems. 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 is 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.

We have concluded substantial assurance on this area. We have identified no matters for reporting in our review.

## Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 Provision of 111 digital services is monitored, reliable, secure and data is protected.	1	<b>Substantial</b>
2 Staff within the 111 service have received appropriate training and support on the new system to ensure they have the skills required.	1	<b>Substantial</b>
3 Management of the digital operation of 111 is appropriate, with the performance of the new system being monitored to ensure it meets the contractual requirements and with risks to service provision identified and managed appropriately.	1	<b>Substantial</b>

# Findings & Agreed Action Plan

**Objective 1:** Provision of 111 digital services is monitored, reliable, secure and data is protected

**Substantial**

## Overview / Summary of Observations

The main supplier of the replacement system for the 111 Wales service is MIS Emergency Systems Ltd who provide the MIS-111 Patient Management System. Additionally, the solution includes the use of the Emergency Communications Nurse System (ECNS) for clinical triage and the Call Prioritisation and Streaming Service (CPSS) for Call Taker assessment, both supplied by Priority Solutions International. The combined system has replaced the legacy CAS system and integrated with existing processes.

The software is installed on a resilient IT infrastructure across mirrored data centres. In order to move to the CAS platform, WAST has upgraded the infrastructure with new servers which were introduced on a server-by-server basis so as not to disrupt the 111 service. All servers are new, 2024 models and are monitored for central processing unit (CPU) load, disk free space, number of terminal sessions with alerts for any discrepancies. Daily backups are run and stored both on the local servers and also onto the backup system and failover protocols are in place.

Management of the system is undertaken by WAST, with incident and events being managed appropriately as per the process reviewed within our previous audit work, and there is a formally defined system administration process.

A system security plan was developed as part of the project, which clearly sets out the security requirements, and the new system includes significant security features, including compliance with Cyber Essentials Plus and DCB (Data Coordination Board) 129 standards, separation from vulnerable systems and enhanced access controls. Security is reinforced by monitoring tools such as Microsoft Defender, Sophos, Fortianalyser, and Paessler Router Traffic Grapher (PRTG), ensuring robust protection against cyber threats.

The security plan also specifies user access controls which is role-based with multi-factor authentication, and privileged account management is in place. Only authorised users with NADEX credentials can access the system, while back-end access is restricted to trained administrators under strict protocols. We also note that regular risk assessments are defined as part of the system administration role. User access permissions will be subject to periodic review going forward, noting one hasn't been undertaken yet following the system's recent implementation.

The plan remains a living document, subject to regular updates and reviews to address emerging risks and support continuous improvement in system security and performance.

**Objective 2:** Staff within the 111 service have received appropriate training and support on the new system to ensure they have the skills required

**Substantial**

### Overview / Summary of Observations

The Trust developed a robust training programme for the 111 system rollout which included all staff. The training was grounded in International Academies of Emergency Dispatch (IAED) standards and covered call triaging, communication and critical thinking, and used a variety of learning methods, including online resources, role-play, and self-reflection exercises. Training plans were also in place for new starters and staff who were off sick during implementation with progress tracked through OneNote logs, ensuring staff met training milestones.

All 111 call takers are required to pass an externally certified exam prior to taking calls. The training department keep a record of who has attended and passed/failed. In addition, all staff had to spend 3 full shifts in the office on the new system before they were allowed to work from home. The high call volumes ensured that staff had ample opportunity to become familiar with the new system during this time.

During and after implementation, staff received extensive support, such as live Q&A sessions, two weeks of on-the-floor assistance at 111 centres, and guidance for returning staff. Additional resources, like self-directed modules and demonstration videos, allowed staff to refresh skills as needed.

Performance is monitored using the Live Supportive Practice Assessment Tool, which provides real-time feedback during use of the system, and through competency checks, key performance indicators (KPIs), and regular reviews.

While no formal long-term feedback forum for users was established, live drop-in sessions enabled staff to raise questions during implementation.

### Overview / Summary of Observations

The 111 Patient Management System (MIS) contract establishes a clear framework of Key Performance Indicators (KPIs) and Service Level Agreements (SLAs) to ensure service quality. Specific performance standards are noted including 99.95% uptime, help desk response times, and a quality control system. There is a requirement for monthly performance monitoring reports, alongside audits and verifications in order to provide accountability, and we note that current performance meets contractual requirements. The contract also includes a structured Dispute Resolution Procedure for issue escalation and mediation, ensuring continuous collaboration.






Regular review meetings are held between WAST and the supplier to evaluate system performance, address issues, and implement corrective actions. We noted that the system is still in the process of being fully implemented, with regular meetings taking place to address ongoing recorded issues. However, no formal minutes are currently being recorded for these meetings. The implementation team is actively working to establish a more structured forum in the near future, which will include the documentation of meeting outcomes to enhance transparency, accountability, and communication across the team.

The system was implemented rapidly in 4 months, with the implementation team acknowledging they had to make decisions on the day and would have liked to have had more time to engage with stakeholders and formalise meetings with suppliers. Subsequent to the implementation, a lessons learned exercise has been undertaken, which noted the benefits of regular meetings, proactive decision-making, and early stakeholder involvement, including beta testing with call handlers and thorough training for engineers.

Risks to delivery of the system and its impact on WAST were identified as part of the project management process and these were monitored and managed appropriately. The lessons learned exercise included a review of the risk management process, with risks now forming part of the overarching risk management structure.

# Appendix A

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

## Prioritisation of Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

## 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 the Welsh Ambulance Services 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 Services 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.



<b>AGENDA ITEM No</b>	11
<b>OPEN or CLOSED</b>	Open
<b>No of ANNEXES ATTACHED</b>	0

<b>INFORMATION GOVERNANCE REPORTING</b>
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<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	16 <sup>th</sup> January 2025
<b>EXECUTIVE</b>	Jonny Sammut, Director of Digital Services / Senior Information Risk Owner
<b>AUTHOR</b>	Leanne Smith, Assistant Director of Digital
<b>CONTACT</b>	<a href="mailto:leanne.smith4@wales.nhs.uk">leanne.smith4@wales.nhs.uk</a>

<b>EXECUTIVE SUMMARY</b>
--------------------------

1. This report brings to the committee an update on the Information Governance (IG) of the Trust and related areas including information security, records services, 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 (Executive Director of Quality & Nursing) and Data Protection Officer. The IGSG reports via AAA to the Executive Leadership Team (ELT) – these AAA’s form the basis of this report to FPC.
2. This paper covers IG related matters as raised in IGSG meetings in November 2024 (specific data and insights may refer to earlier periods). The main discussion areas from IGSG are as follows:
3. **Data Quality Internal Audit Report:** Following an internal audit earlier in the year, there are several audit management actions to undertake in related to Data Quality (DQ) and DQ Assurance. It has been previously agreed that these Audit Actions will be monitored by IGSG, and so an extract of the Trust’s Audit Tracker is to be brought monthly to the group. In November the update highlighted the outstanding actions, specifically one related to the reporting routes – the group discussed the distinction between operational and clinical data quality, with agreement that specific elements of DQ also pass through to the Quality & Performance Management Framework steering group as appropriate. Five actions were due in Q3 2024/25 - 3 were proposed for closure and 2 requested to have the date revised due to capacity constraints:

**a. Action 1-24/24: Data Quality related policies**

Action to confirm that the Information Governance Policy had a planned review date. As per the Trust's recent Policy Prioritisation Exercise, Digital Leadership Group agreed the priority order of Digital policies for review.

**Closure was proposed** noting the Prioritisation Exercise is complete.

**b. Action 3-24/25: Data Quality training module**

**Request to revise date to April-25.**

**c. Action 6-24/25: Reporting arrangements for Data Quality**

**Proposed for closure.** This topic was discussed at IGSG in November. Agreement that reporting should continue to flow to FPC.

**d. Action 7-24/25: 111 CAS data quality reporting**

**Proposed for closure.** This was reported to IGSG via the IG Highlight Report in November and will continue to report via this mechanism monthly until resolved.

**e. Action 10-24/25: Standard template form**

**Request to revise data to May-25.** Recruitment is ongoing, and progressing well, but until these posts are filled, capacity to progress this action is limited.

4. **Data Sharing with Digital Health and Care Wales (DHCW):** At an extraordinary meeting of IGSG, the group discussed the ongoing challenges of lawful data sharing with the wider NHS Wales ecosystem via DHCW (using the National Data Resource or otherwise). Following a position presented by DHCW, jointly developed with WAST's Data Protection experts, it was agreed that we would seek legal advice and further discussions with DHCW before confirming the legal basis and compliance with common law duty of confidentiality of sharing for the described purposes. Following these legal checks, an update will be brought back to IGSG.

5. **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. A check against the original audit actions was carried out to give visibility of any potential emerging risks from the delays in progress. IGSG supported the proposed priority actions for Q4 2024/25 which include:

- a. (Targeted) Line Manager Records Management Guidance
- b. Trust Archive Records Management
- c. Welsh Clinical Portal Records issue

With an increase again in the team's capacity (a return to work following absence, and two new joiners) it is anticipated that progress will begin to be made again on these actions from mid-January 2025.

6. **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. However, to satisfy the Confidentiality Advisory Group (CAG) the improvement actions needed to be complete by November 2024 – **this was achieved** and reported to IGSG. Additional categories and targets for 2024/25 are currently being worked towards in preparation for the March 2025 submission.
7. **IG Training:** the Trust is still **not achieving the 85% IG training compliance** requirement, but in November, compliance was 78% which exceeds the previous year's minimum expectation standard of 75%. WAST continues to work towards the 85% target in readiness for the March 2025 IG Toolkit submission.
8. **Cyber & IG:** the Digital team recently completed an exercise to identify any IT suppliers which do not have cyber security certificates and determine any associated risk. The Trust want to ensure IG and Cyber requirements are given more and earlier consideration during procurement processes in future, and so Shared Services have been contacted and made aware of the findings and recommendations, and WAST's current Procurement Standard Operating Procedure for software and system procurement is being reviewed.
9. **Freedom of Information:** Data trends were shared with IGSG showing the performance of FOI requests to the compliance target. Attention was on recent months whereby the total number of requests received and responded to had increased from 43% in July to 72% and 64% in August and September respectively. During these months the total number of questions received across all FOI's had also increased. The OCP in the Corporate Governance team has been completed, with Lisa Trounce taking on leadership for the FOI function, and a new staff member due to start in April 2025.
10. **Recruitment:** The full-time and permanent Data Protection Officer vacancy has now been filled, and the successful candidate is in post. This creates a Data Protection Compliance Manager vacancy, but with the recent appointment of two new Data Protection Compliance Managers, the team is showing great progress with the DPIA backlog and other activities. Interviews have been completed for the Data Quality Assurance Manager and Data Quality Analyst positions, with offers having been made, and expectations that individuals will join WAST by end of March 2025. In total this means across the Data Quality, Data Protection and Records Management teams we will have recruited 7 new team members in 2024/25.

**11. The COMMITTEE are asked to NOTE the contents of paper.**

### KEY ISSUES/IMPLICATIONS

12. **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 IG Toolkit improvement plan for 2023/24 is complete.
13. **Risk of Physical Security:** The group previously discussed the risk of physical security, with a draft risk being presented, covering areas such as loss and theft of equipment. The draft risk was rated at 12 and is being progressed through usual risk management cycles.

### REPORT APPROVAL ROUTE

The points presented in this paper are taken from the Information Governance Highlight Reports presented at the October 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



**GIG**  
CYMRU  
**NHS**  
WALES

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

<b>AGENDA ITEM No</b>	12
<b>OPEN or CLOSED</b>	OPEN
<b>No of ANNEXES ATTACHED</b>	0

**Environment, Decarbonisation and Sustainability Update -  
as at December 2024**

<b>MEETING</b>	Finance and Performance Committee
<b>DATE</b>	16 <sup>th</sup> January 2025
<b>EXECUTIVE</b>	Chris Turley - Executive Director of Finance and Corporate Resources
<b>AUTHOR</b>	Jo Williams – Head of Capital Development Nicci Stephens – Environment & Sustainability Manager
<b>CONTACT</b>	Joanne.williams10@wales.nhs.uk

**EXECUTIVE SUMMARY**

To provide an update on:

- Decarbonisation Programme Board and other wider governance
- Decarbonisation Co-ordination Reporting (DCR)
- Capital Investment – EFAB Funding
- Single Response Vehicle locations and EV charging

**RECOMMENDATION: The Committee is asked to NOTE this update.**

**KEY ISSUES/IMPLICATIONS**

**REPORT APPROVAL ROUTE**

Capital Management Board – 4<sup>th</sup> November 2024

**REPORT CHECKLIST**

**Confirm that the issues below have been considered and addressed**

**Confirm that the issues below have been considered and addressed**

EQIA (Inc. Welsh language)	n/a	Financial Implications	Y
Environmental/Sustainability	Y	Legal Implications	Y
Estate	Y	Patient Safety/Safeguarding	n/a
Ethical Matters	n/a	Risks (Inc. Reputational)	Y
Health Improvement	Y	Socio Economic Duty	Y
Health and Safety	Y	TU Partner Consultation	n/a

# **WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST**

## **Finance and Performance Committee**

### **Environment, Decarbonisation & Sustainability Update**

**December 2024**

#### **SITUATION**

1. This paper presents the Finance and Performance Committee with an update on the work being undertaken in support of the Trust's Environment, Decarbonisation and Sustainability work programme.
2. It also provides an update on the detailed reporting against the Trust's Decarbonisation Action Plan.

#### **BACKGROUND**

3. WAST has produced a Decarbonisation Action Plan (DAP) in response to the Welsh Government (WG) NHS Wales Decarbonisation Strategic Delivery Plan (*NHSW- DSDP*).
4. The plan has a range of actions which frame the Trust's decarbonisation response and spans all directorates across the Trust. It is vital that all areas of the Trust take ownership for the plan and that work across a potentially complex range of actions is organised appropriately to monitor and demonstrate progress.

#### **ASSESSMENT**

##### **Decarbonisation Programme Board and other wider governance**

5. At the time of writing, the Programme Board last met on 4<sup>th</sup> November 2024 and considered updates on the work of the Transport Task and Finish Group (including EV and infrastructure requirements as outlined later in this paper) and delivery on the EFAB schemes again as outlined in this paper.
6. The Decarbonisation Action Plan (DAP) was reviewed and in particular, the Board considered a deep dive into the Red actions. The current position and barriers to achieving Amber status on these were noted, and the majority of the actions required further investment or were dependent on factors outside of the Trust's control. The risk register is supported by further reporting against the Corporate Risk Register and this is reviewed on a regular basis.

7. The Programme Board is next due to meet on 4<sup>th</sup> February 2025.

## **DCR Reporting**

8. The latest Decarbonisation Co-ordination Reporting (DCR) (WG via NHS Wales Shared Services Partnership (NWSSP) deadline was 4<sup>th</sup> October 2024. The overall RAG status of the DAP and DCR report remains at Amber.
9. It should be noted that the DCR template for Q2 reporting was changed by the central team. Given the need to be pragmatic with the use of resources, the team undertook a comparison of templates and noted that the variations were not material. The DCR template as currently set up allows for a consistent approach to updating both the DAP and DCR template, aligned to internal reporting. In light of this and, given that to change over to the new template would have taken a significant amount of time and resource that the team could not support, it was decided to remain with the previous template. This was advised to the DCR Team and we have not had any feedback to indicate that this was not satisfactory.

## **Capital Investment – EFAB Funding**

10. Delivery is ongoing against a range of WG Estates and Facilities Advisory Board (EFAB) schemes for 2024/25. As previously noted, the Trust was awarded a proportionally significant amount of the total funding available, with a 30% contribution by WAST within the Capital Expenditure Limit.
11. Schemes range across decarbonisation and infrastructure and an update by scheme is provided below:

**Newtown** – site mobilisation has taken place at the end of December, and work will commence in January 2025. The project is scheduled for completion by mid March 2025.

**Tredegar** – site mobilisation work is taking place; there has been a slight delay in confirming the scheme of works for the heating and the team has been working closely with the Mechanical and Electrical Consultants to resolve this issue in conjunction with the Contractor. This scheme should be complete by the start of March 2025.

**Hazardous Area Response Team (HART)** – all work on site has now been completed and the site handed back by the Contractor. EV chargers have been installed but will not be in use until the new hybrid HART vehicles are delivered at the end of March 2025, and a Fire Risk Assessment will be completed in advance of this.

**Pontardawe** – work is progressing well on site, and is due for completion by the end of January 2025.

**Fire alarms and medical gas storage** – work is continuing across a number of sites to make improvements on both of these areas.

12. The delivery of schemes under the EFAB funding scheme is project managed by the Capital Development and Estates Teams and overseen by the Decarbonisation Programme Board.
13. In 2025/26 a Targeted Estates Fund (TEF) will be made available to all NHS Wales, across 6 categories to a total value of £40m per year for 2 years (2025/26 and 2026/27). The team is currently considering options for schemes against decarbonisation, infrastructure and fire safety. It is likely that the focus will be on a small number of larger schemes, to ensure a holistic approach to site interventions, and the ability to maximise the benefits. However, it is acknowledged that this may present a challenge in the value of the schemes able to be supported by this fund, and also recognises a requirement for a continued 30% contribution by the Trust, as per previous years.

### **Single Response Vehicle specification design**

14. It has now been agreed that the Single Responder Vehicles (SRVs) will be one common vehicle across all solo response EMS service lines including Cymru High Acuity Response Unit (CHARU) and Advanced Paramedic Practitioner (APP). The decision has also been taken to move from a car to a van, to accommodate the more generic nature of the vehicle, and to ensure that all the required kit can be accommodated. In line with the DAP commitment to move to hybrid or full EV, the next 20 vehicles to be replaced will be hybrid as standard. In addition to this, however, the Trust has taken the decision to pilot 10 full EVs, and this is currently being designed for roll-out and evaluation when the vehicles are available in early 2025/26.
15. In support of this, and to anticipate any future impacts, further work is being done to consider the required range and operational practices, the charging processes and infrastructure, and the proposed locations of the vehicles. It is anticipated that this will require a change in operational processes and the way in which vehicles are used, given the reliance on a period of time required to charge the vehicles, and a significant amount of engagement will be required within Operational teams to ensure the successful roll out.
16. The EV and Infrastructure Task and Finish Group continues to meet and has focussed on potential/required locations for EV placement. Broadly there appears to be alignment with current infrastructure, and opportunities to place vehicles where there is spare capacity. Further work will now be required to

design the full EV pilot, to ensure that appropriate data can be captured to inform future work.

17. In the meantime initial further survey work has been carried out at Wrexham, Welshpool and Cardiff. It has been confirmed that rapid charging infrastructure can be placed at all three sites, as well as Beacon House in Cwmbran. This is being accelerated via a confirmed supplier following a successful tender exercise for rapid charging via a Framework.

**RECOMMENDATION: Finance and Performance Committee is asked to NOTE this update.**

<b>AGENDA ITEM No</b>	<b>13</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>0</b>

<b>Fire Safety Compliance – January 2025</b>
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<b>MEETING</b>	Finance and Performance Committee
<b>DATE</b>	16 <sup>th</sup> January 2025
<b>EXECUTIVE</b>	Chris Turley - Executive Director of Finance and Corporate Resources
<b>AUTHOR</b>	Richard Davies – Assistant Director of Capital Development & Estates Susan Woodham – Head of Estates and Facilities Kataya Miura – Facilities Manager
<b>CONTACT</b>	richard.davies16@wales.nhs.uk

<b>EXECUTIVE SUMMARY</b>
--------------------------

- To update the Committee in relation to fire safety compliance across the WAST estate, including emergency lighting and fire alarm systems.
- To provide an update on the progress of undertaking Fire Risk Assessments (FRAs) across the whole estate.

**Recommendation: The Finance and Performance Committee is asked to:**

- (1) **NOTE the update and progress made since the appointment of a more dedicated facilities team to progress with the improvement of fire safety compliance across all WAST sites;**
- (2) **NOTE the appointment of new Fire safety advisor, namely Anolex Fire, and**
- (3) **NOTE the changes made to the training of fire marshals through Thomas Carroll Management Services.**

<b>REPORT APPROVAL ROUTE</b>
------------------------------

**SFinCoR – 7<sup>th</sup> January 2025**  
**ELT – virtual circulation – 8<sup>th</sup> January 2025**  
**F&PC – 16<sup>th</sup> January 2025**

**Fire Safety Group (to include discussion on any outcome post F&PC) – 29<sup>th</sup> January 2025**

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

## Welsh Ambulances Services NHS Trust

### Finance and Performance Committee

#### Fire Safety Compliance Update

January 2025

#### SITUATION

1. This paper presents the Finance and Performance Committee (F&PC) with an update on the work being undertaken in support of ensuring and significantly improving fire safety compliance across the WAST estate following the appointment of a more dedicated facilities team, focussing specifically on this. This paper provides the annual update on fire safety, with the plan to continue to provide this to F&PC on an annual basis going forward.

#### BACKGROUND

2. This paper has been developed in part as a result of previous internal audit reviews and recommendations to provide a minimum of an annual update of compliance to the appropriate fire safety group and to ensure Board level awareness of such issues, discharged through the Finance and Performance Committee, for which such issues are devolved from the Trust Board.

#### ASSESSMENT

##### Emergency Lighting Systems (British Standard 5266)

3. Emergency lighting is provided to illuminate evacuation routes should the main building lighting fail. Chubb Fire, our appointed specialist fire contractor, have been appointed to service and maintain the Emergency Lighting systems at all Trust premises throughout Wales.
4. Our statutory obligations (Part A) include the annual servicing and maintenance of all emergency lighting. **We can confirm we are fully compliant as all servicing, maintenance and remedial works have been completed for 2024.** Annual servicing and maintenance has been included in the Annual Planned Preventative Maintenance (PPM) Planner on our 3i Studio CAFM system.
5. Whilst we are fully compliant with (Part A) annual servicing, BS 5266 also requires all emergency lighting systems to be subject to a monthly 'flick' test (Part B) and suitable records maintained.

6. Whilst this is being completed at our larger corporate buildings and higher risk sites, as listed below, we are not currently able carry out the monthly flick tests at all ambulance stations.
  - Vantage Point House
  - Beacon House
  - Matrix One
  - Matrix House
  - Ty Elwy (commencing January 2025)
  - Thanet House
  - Llangunnor
  
7. However, as we have recently completed all outstanding remedial works highlighted in the annual servicing reports, this has been deemed a low risk, but it has been recommended by Chubb Fire that a site lead (site responsible person) or equivalent be nominated to undertake these monthly tests and ensure adequate records are kept for auditing purposes at all sites.
  
8. In conjunction with the Trust's Health and Safety team, we have been working to ensure a site lead/site responsible person or equivalent is nominated for each of our premises, understanding that operationally this can be challenging in some areas. Estates will be undertaking the monthly tests in the North region (c.40 sites) utilising our relatively recently appointed Maintenance Officer from January 2025. For our other 2 regions, options to consider include.
  - Accept the risk and continue to work with operational teams to nominate a site responsible person;
  - Prepare a specification to allow us to tender the works and appoint an external service provider to carry out the monthly testing at all sites;
  - Employ additional Maintenance Officers (Southeast and Central and West) to undertake the role of site responsible person to cover all locations within the 2 regions.
  
9. An updated position and balance of risk assessment will now be further undertaken, the results of which will be reported in due course. A main element of this will be to evaluate the new approach being essentially trialled in N Wales with an Estates Maintenance Officer leading and undertaking much of this, as opposed to relying on local operational colleagues, the support of which will inevitably continue to be needed to see any further improvement required.

### **Fire Alarm Systems - British Standard 5839**

10. All fire systems are currently serviced and maintained by our appointed specialist fire contractor - Chubb Fire. **Servicing and maintenance is completed bi-annually across all WAST owned sites in line with our statutory obligations.**

Bi-annual servicing is included in our Annual PPM Planner for each site and managed by the Facilities Team.

11. Weekly fire alarm testing is being completed at our larger corporate and contact centre sites as follows, and a number of ambulance stations.

- Vantage Point House
- Beacon House
- Matrix One
- Matrix House
- Ty Elwy (commencing January 2025)
- Thanet House
- Llangunnor
- HART

12. It is planned that, once identified and agreed with operations, the nominated site lead (site responsible person) or equivalent, will undertake the weekly fire alarm testing for the remaining Trust sites and ensure adequate records are kept for auditing purposes.

13. The options highlighted above would need to be considered if a site responsible person is not available/nominated at all Trust premises, the Estates Maintenance Officer will undertake monthly fire alarm checks at all sites in the North region and will ensure all corporate sites are tested at least weekly in accordance with the regulations.

### **EICR - Electricity at Work Regulations 1989**

14. **The Trust is fully compliant as all sites have up to date EICR Electrical testing certificates.** EICR testing needs to be completed every 5 years and this is reflected in our site-specific annual PPM planner. An Electrical Fixed Wire testing tender is currently in the procurement process, and we hope to appoint a successful contractor in Q1 of 2025.

### **Fire Risk Assessments (FRAs)**

15. To comply with the relevant statutory provisions of the Regulatory Reform (Fire Safety) Order 2005, fire risk assessments have to been carried out to assist the site 'Responsible Person' of our statutory obligations. It also seeks to address relevant issues relating to business, property and environmental protection. It is a non-invasive survey, carried out in accordance with PAS 79:2020. Over the last 18 months this has progressed in conjunction with our fire safety advisor partner, namely Anolex Fire.

16. **All WAST sites have a current Fire Risk Assessment with several sites due for renewal in the new financial year.** The fire risk assessments provide an overview of the current performance of each premises against our statutory obligations and documents recommendations in the format of a remedial action plan for each site. We have collated all remedial actions from the completed FRAs and categorised the actions based on the following criteria:

- Reactive works via the estate's helpdesk – ongoing;
- Minor investment needed; and
- More significant investment needed.

17. Below is a brief overview of some actions that still need to be addressed with Operational site support: -

#### **Actions from FRAs**

All fire doors should be inspected on at least a 6 monthly basis. Suitable records should be maintained.

Fire doors continue to be wedged open at varies sites at the time of the inspections.

It is recommended that any portable heaters used are limited to oil filled radiators only. Fan heaters and convector heaters should not be used.

A pictorial fire alarm zone plan should be provided adjacent to the main fire panel

Written fire emergency procedures should be produced and displayed at the entrance to the premises.

Weekly testing of the fire alarm system should be carried out by the operation of a different call point each week, in rotation. Records must be maintained.

The emergency lighting system should be subject to monthly 'flick' testing and suitable records maintained (none sighted).

## FIRE RISK ASSESSMENT REMEDIAL ACTION PLAN UPDATE



### Fire Drills

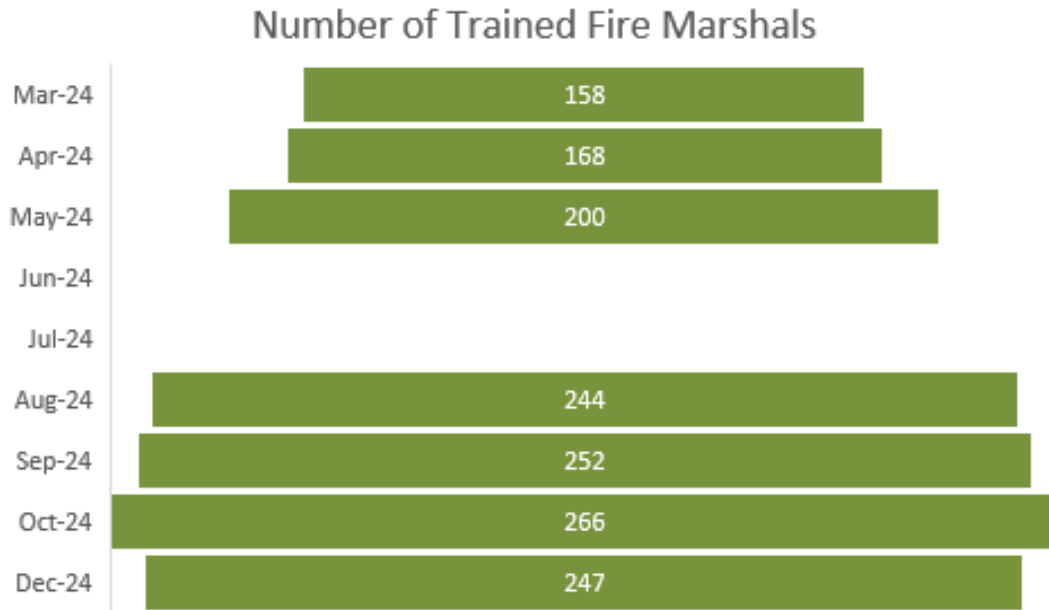
18. In accordance with the Regulatory Reform (Fire Safety) Order 2005, it is recommended that fire drills should be undertaken as a minimum, annually. This is being completed at larger sites but not historically at smaller Ambulance Stations. **Annual fire drills have now been added to the 3i Studio CAFM system and an annual planned preventative maintenance (PPM) task will be raised to prompt all site responsible persons that they need to complete their annual drill.**
19. Estates (via the help desk) will be notified once the fire drill has been undertaken and the correct forms completed providing an overview of the drill and any recommendations that are highlighted are recorded, the forms will be stored for compliance evidence and for Health and Safety audit purposes and recorded in the Estates CAFM system.
20. In previous years, fire drills were solely the responsibility of site leads but no records were available to demonstrate compliance. Estates have taken on the responsibility of managing the annual programme for fire drills across all Trust sites and provide support and guidance at site level if requested. It is therefore expected that the level of fully documented completed fire drills will see a further improvement during 2025.

Completed Fire Drills



## Fire Marshals

21. A suitable number of persons should be trained to ensure that adequate cover is provided in the event of an evacuation for "every operational hour" and available 24 hours a day. A full list of trained site-specific Fire Marshal's should be prominently displayed on site.
22. WASTs Fire Policy states:  
  
*"The Estates department will liaise with Operations to nominate Fire Marshals at each building. The Estates Department will manage an annual programme for fire marshal training and arrange courses as necessary to maintain the overall numbers of trained fire marshals."*
23. Previous internal audits have recommended the 'numbers' of staff that should be trained, however due to WAST supporting agile working, increased numbers of trained fire marshals are required to provide sufficient cover across all WAST sites.
24. Since the introduction of e-Learning provided and supported by Thomas Carroll Management Services, there has been a significant increase in the number of trained fire marshals across the Trust estate. The interactive course can be completed in 2-3 hours and provides staff with a certificate once completed.



25. WAST’s Compliance Officer is responsible for sending out requests on a quarterly basis to the site responsible person (DOM/LM) requesting them to provide details of nominated staff members to undertake Fire Marshal training. The graph above shows a significant increase from the numbers reported in the 2023 Fire Safety Compliance Report.

### ESR Fire Safety Compliance

26. In conjunction with the above, the table below provides the latest available compliance against the Statutory and Mandatory Fire Safety Training. Whilst there are undoubtedly areas of further improvement required, this does provide for a much better level of compliance than in recent years.

#### CSTF - Fire Safety

Directorate	Assignment Count	Required	Achieved	Compliance %
020 CHIEF EXECUTIVE DIRECTORATE (BX01)	16	16	10	62.50%
020 CORPORATE GOVERNANCE (BX02)	8	8	6	75.00%
020 DIGITAL DIRECTORATE (KX01)	62	62	54	87.10%
020 FINANCE & CORPORATE RESOURCES DIRECTORATE (FX01)	109	109	104	95.41%
020 MEDICAL & CLINICAL DIRECTORATE (UX01)	62	63	52	82.54%
020 OPERATIONS DIRECTORATE (DX01)	3879	3880	3011	77.60%
020 PARTNERSHIPS & ENGAGEMENT DIRECTORATE (CX01)	12	12	10	83.33%
020 PEOPLE & CULTURE DIRECTORATE (PX01)	103	103	95	92.23%
020 QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE (JX01)	127	127	124	97.64%
020 STRATEGY, PLANNING & PERFORMANCE DIRECTORATE (HX01)	22	22	18	81.82%
<b>Total</b>	<b>4399</b>	<b>4402</b>	<b>3484</b>	<b>79.15%</b>

## **Reporting Structure**

27. The Fire Safety Group (FSG) will continue to ensure that the reporting of Fire Safety issues is communicated through a formal assurance reporting framework to Board level, including through future annual reports such as this and that any issues that arise in between times by exception. Any high-risk issues recommended at the group will be formally reported at the following ELT. The FSG and Estates Team will produce a detailed action plan to successfully conclude all high-risk recommendations.

## **Conclusion**

28. Whilst there are always areas of future improvement, it is hoped that the Committee will receive assurance from the 2025 Fire Safety Compliance Report in this way, that significant improvements in fire safety have been achieved over the past 12 months and since the last (reasonable assurance) follow up audit and one which will continue to provide a baseline to track future improvement trends.

## **RECOMMENDATION:**

**29. The Finance and Performance Committee is asked to:**

- (4) NOTE the update and progress made since the appointment of a more dedicated facilities team to progress with the improvement of fire safety compliance across all WAST sites;**
- (5) NOTE the appointment of new Fire safety advisor, namely Anolex Fire, and**
- (6) NOTE the changes made to the training of fire marshals through Thomas Carroll Management Services.**

<b>AGENDA ITEM No</b>	<b>14</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>4</b>

<b>RISK MANAGEMENT &amp; BOARD ASSURANCE          FRAMEWORK REPORT</b>
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<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	16 January 2025
<b>EXECUTIVE</b>	Trish Mills, Director of Governance / Board Secretary
<b>AUTHOR</b>	Julie Boalch, Assistant Director of Governance & Risk
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

<b>EXECUTIVE SUMMARY</b>
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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 the 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. For this meeting, the risks presented have not altered to that which was presented to this Committee in November (other than risk 641) given the governance cycle in which this meeting falls. However, those scored 15-25 have been reviewed in line with Annex 3. 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. Updates are highlighted in blue on the BAF which show changes to the narrative, mitigating actions, controls, and assurances.

## **New Committee Risk**

6. A new risk has been developed for the Corporate Risk Register related to the Manchester Arena Inquiry. This new **Risk 641** relates to *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.*
7. Members will note that the gaps in controls relate to four outstanding MAI recommendations which are progressing, and twenty which have been submitted to Commissioners as requiring financial support. 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.
8. This risk is taken in open session of the committee (and subsequently the board) in full transparency. However, members will note that the actions to address individual recommendations are not included in detail in this BAF. This is for reasons of sensitivity and security.
9. While the Operations Senior Leadership Team will ensure continual oversight of treatments, it would be unrealistic to anticipate progress of treatments to controls without external support. Where required, escalation will occur to the Executive Leadership, and onward to this committee and closed Trust Board as required. Further, in the absence of any matters being brought forward, an update can be included within the annual EPRR bundle that is brought to this committee.

## **Risks 223 and 224**

10. 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.
11. 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. Delays are also presenting as a theme in the Medical Examiner Service referrals for the first two quarters of 2024/25.
12. 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.

### **Committee Specific Risks**

13. **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 reduced in score in November from 20 (4x5) to 15 (3x5) reflecting mitigations and actions that have been implemented. This included the revised agreement of the Immediate Release Protocol and assurance from Chief Operating Officers that the agreement will be honoured to release ambulances in the event of a major incident.
14. **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* remains static at a score of 15 (3x5) during this reporting period; however, it is foreshadowed that this may increase to 20 (4x5) in the next reporting round due to the escalated world conflicts and recent increase in targeted cyber-attacks against NHS organisations.
15. **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).
16. **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 in this period.
17. Whilst, other than Risk 641, 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
18. 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:**

19. **Members are asked to consider the contents of the report and endorse the addition of risk 641 on the Corporate Risk Register.**

### **KEY ISSUES/IMPLICATIONS**

20. The key issues are set out in the Executive Summary above.

### **REPORT APPROVAL ROUTE**

21. The BAF was considered by:

- Assistant Directors Leadership Team (14 October 2024)
- Executive Leadership Team (23 October 2024 and 8 January 2025 (for risk 641))
- Finance and Performance Committee (19 November 2024)
- Audit, Risk and Assurance Committee (21 November 2024)
- Trust Board (29 November 2024)




### 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.	<p><b>IF</b> significant internal and external system pressures continue</p> <p><b>THEN</b> there is a risk of an inability and/or a delay in ambulances reaching patients in the community</p> <p><b>RESULTING IN</b> patient harm and death</p>	Executive Director of Operations	<p><b>25</b> <b>(5x5)</b></p> 
224 QuEST	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service.	<p><b>IF</b> patients are significantly delayed in ambulances outside A&amp;E departments</p> <p><b>THEN</b> there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised</p> <p><b>RESULTING IN</b> patients potentially coming to harm and a poor patient experience</p>	Executive Director of Quality & Nursing	<p><b>25</b> <b>(5x5)</b></p> 
641 FPC	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	<p><b>IF</b> the Trust has not fully implemented the MAI recommendations AND a major incident or mass casualty incident is declared</p> <p><b>THEN</b> there is a RISK that the Trust's Incident Response will be suboptimal</p> <p><b>RESULTING IN</b> avoidable patient harm and/or death, detriment to staff wellbeing, reputational damage and potentially expose the Trust to legal liability</p>	Executive Director of Operations	<p><b>20</b> <b>(4x4)</b></p> <p><b>*New*</b></p>
542 FPC	Failure to deliver the Welsh Government NHS Wales Decarbonisation	<p><b>IF</b> there is a lack of resources and available technology and infrastructure</p>	Executive Director of Finance &	<p><b>16</b> <b>(4x4)</b></p> 

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
	Strategic Delivery Action Plan	<p><b>THEN</b> there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines</p> <p><b>RESULTING IN</b> negative environmental and social impacts causing and reputational damage</p>	Corporate Resources	
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems.	<p><b>IF</b> there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place</p> <p><b>THEN</b> there is a risk of a significant information security incident</p> <p><b>RESULTING IN</b> a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life</p>	Director of Digital Services	<p><b>15</b> <b>(3x5)</b></p>
594 FPC	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death.	<p><b>IF</b> a major incident or mass casualty incident is declared</p> <p><b>THEN</b> there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients</p> <p><b>RESULTING IN</b> catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004.</p>	Executive Director of Operations	<p><b>15</b> <b>(3x5)</b></p> <p><b>20</b> <b>(4x5)</b></p>

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
623 FPC	Failure to comply with Data Protection Legislation	<p><b>IF</b> 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</p> <p><b>THEN</b> the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used</p> <p><b>RESULTING IN</b> unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage.</p>	Director of Digital Services	<b>15</b> <b>(3x5)</b> 
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.	<p><b>IF</b> WAST fails to persuade JCC/Health Boards about WAST ambitions</p> <p><b>THEN</b> there is a risk of a delay or failure to receive funding and support</p> <p><b>RESULTING IN</b> a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered</p>	Executive Director of Strategy Planning & Performance	<b>12</b> <b>(3x4)</b> 
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation.	<p><b>IF</b> the Trust does:</p> <ul style="list-style-type: none"> <li>• not achieve financial breakeven and/or</li> <li>• does not meet the planning framework requirements and/or</li> <li>• does not work within the EFL and/or</li> <li>• fails to meet the 95% PSPP target and/or</li> </ul>	Executive Director of Finance & Corporate Resources	<b>8</b> <b>(2x4)</b> 

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		<ul style="list-style-type: none"> <li>• does not receive an agreement with commissioners on funding (linked to 458)</li> </ul> <p><b>THEN</b> there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)</p> <p><b>RESULTING IN</b> potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage</p>		

## Annex 2 - Risk Scoring Matrix

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	Catastrophic
<b>Safety &amp; Well-being - Patients/ Staff/Public</b>	Minimal injury requiring no/minimal intervention or treatment. No time off work. Physical injury to self/others that requires no treatment or first aid. Minimum psychological impact requiring no support. Low vulnerability to abuse or exploitation - needs no intervention. Category 1 pressure ulcer.	Minor injury or illness, requiring minor intervention. Requires time off work for >3 days. Increased hospital stay 1-3 days. Slight physical injury to self/others that may require first aid. Emotional distress requiring minimal intervention. Increased vulnerability to abuse or exploitation, low level intervention. Category 2 pressure ulcer.	Moderate injury/professional intervention. Requires time off work 4-14 days. Increased hospital stay 4-15 days. RIDDOR/Agency reportable incident. Impacts on a small number of patients. Physical injury to self/others requiring medical treatment. Psychological distress requiring formal intervention by MH professionals. Vulnerability to abuse or exploitation requiring increased intervention. Category 3 pressure ulcer.	Major injury leading to long-term disability. Requires time off work >14 days. Increased hospital stay >15 days. RIDDOR Reportable. Regulation 4 Specified Injuries to Workers. Patient mismanagement, long-term effects. Significant physical harm to self or others. Significant psychological distress needing specialist intervention. Vulnerability to abuse or exploitation requiring high levels of intervention. Category 4 pressure ulcer.	Incident leading to death. RIDDOR Reportable. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
<b>Quality/ Complaints/ Assurance/ Patient Outcomes</b>	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.
<b>Workforce/ Organisational Development/ Staffing/ Competence</b>	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.
<b>Statutory Duty, Regulation, Mandatory Requirements</b>	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.
<b>Adverse Publicity or Reputation</b>	Rumours. Low level negative social media. Potential for public concern.	Local media coverage - short-term reduction in public confidence/trust. Short-term negative social media. Public expectations not met.	Local media coverage - long-term reduction in public confidence & trust. Prolonged negative social media. Reported in local media.	National media coverage <3 days, service well below reasonable public expectation. Prolonged negative social media, reported in national media, long-term reduction in public confidence & trust. Increased scrutiny: inspectorates, regulatory bodies and WG.	National/social media coverage >3 days, service well below reasonable public expectation. Extensive, prolonged social media. MP/MS questions in House/Senedd. Total loss of public confidence/trust. Escalation of scrutiny status by WG.
<b>Business Objectives or Projects</b>	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.
<b>Financial Stability &amp; Impact of Litigation</b>	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.
<b>Service/ Business Interruption</b>	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.
<b>Environment/Estate/ Infrastructure</b>	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.
<b>Health Inequalities/ Equity</b>	Minimal or no impact on attempts to reduce health inequalities/improve health equity.	Minor impact on attempts to reduce health inequalities or lack of clarity on the impact on health equity.	Lack of sufficient information to demonstrate reducing equity gap, no positive impact on health improvement or health equity.	Validated data suggests no improvement in the health of the most disadvantaged, whilst supporting the least disadvantaged, no impact on health improvement and/or equity.	Validated data demonstrates a disproportionate widening of health inequalities, or negative impact on health improvement and/or equity.

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

### Annex 3 - Frequency of Risk Review

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

Annex 4 – Board Assurance Framework

<b>Risk ID</b> 223	<b>The Trust's inability to reach patients in the community causing patient harm and death</b>		<b>Date of Review:</b>	01/10/2024	<b>TREND</b>	25 (5x5)
			<b>Date of Next Review:</b>	01/11/2024		
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>
			<b>Inherent</b>	4	5	20
			<b>Current</b>	5	5	25
			<b>Target</b>	2	5	10
IMTP Deliverable Numbers: 1, 2, 3, 4, 5, 6, 7, 8, 10, 14, 15, 20, 22, 24, 25, 27						
<b>EXECUTIVE OWNER</b>		Director of Operations	<b>ASSURANCE COMMITTEE</b>		Quality, Safety and Patient Experience Committee	
<b>Risk Commentary Q1 2024/2025</b>						
<p>The risk score remains constant at 25 (almost certain &amp; 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. <b>Handover lost hours in June were 22,230, July were 19,599 and August were 17,540.</b></p> <p>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.</p> <p>Improvement actions led by Welsh Government and system partners include: -</p> <ul style="list-style-type: none"> <li>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)</li> <li>b) Consideration of additional WAST schemes to support risk mitigation through winter (I)</li> <li>c) NHS Wales reduces emergency department handover lost hours by 25% (E)</li> <li>d) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E)</li> <li>e) Alternative capacity equivalent to 1000 beds (E)</li> <li>f) Implement nationwide approach to emergency department 'Fit 2 Sit' (E)</li> <li>g) Implementation of Same Day Emergency Care services in each Health Board (E)</li> <li>h) National Six Goals programme for Urgent and Emergency Care (E)</li> </ul>						
<b>CONTROLS</b>			<b>ASSURANCES</b>			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
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). <b>V1.3 has been reviewed, updated and released (August 2024).</b>			
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. 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			

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	01/10/2024		TREND	25 (5x5)	
			Date of Next Review:	01/11/2024		→		
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death	Likelihood	4	Consequence	5	Score	20
			Inherent	4	5	20		
			Current	5	5	25		
			Target	2	5	10		
		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	9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The subsequent reduction in the demand is the assurance which is dynamically monitored via ODU.							
10. Recruitment and deployment of CFRs	10. 11 new onboarding courses for June to December with projection of 110 new CFRs by 3 <sup>rd</sup> 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. • 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 31 <sup>st</sup> March 2024. Holding area in Swansea and YGC remains ongoing.							

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	01/10/2024		TREND	25 (5x5)
			Date of Next Review:	01/11/2024		→	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death	Likelihood	Consequence	Score		
			Inherent	4	5	20	
			Current	5	5	25	
			Target	2	5	10	
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 close F&P committee July 2024 and Trust 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 4hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards. An extraordinary incident declared by WAST on 22 October 2023 as direct result of system risk associated with handover delays at Morrison hospital has increased focus on handover delays with external partners and across the media. Some plans are in train (detailed in actions) following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.					
2. Blockages in system e.g., internal capacity within Health Boards which affect patient flow							
3. Local delivery units mirroring WAST ODU							
4. Handover delays link to risk 224							
5. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 12 months there is a low confidence in attaining this.		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.					
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.					
<i>Please note that the gaps listed are not WAST's and are therefore outside of the control of WAST</i>							
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:			

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	01/10/2024		TREND	25 (5x5)
			Date of Next Review:	01/11/2024		➡	
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score
				Inherent	4	5	20
				Current	5	5	25
				Target	2	5	10
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	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. May24 - 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	Aug24 – 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 – implementation of new clinical model.		Assistant Director of <b>Integrated Care (with SRO through CMT Board)</b>		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.		
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 Planning & Performance		Completed	ORH modelling underway. Initial findings January 2024, full report to Trust Board and EASC 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)	<b>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.</b> <ul style="list-style-type: none"> <li>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.</li> <li>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,</li> </ul>		

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	01/10/2024		TREND	25 (5x5)
			Date of Next Review:	01/11/2024		➔	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death			Likelihood	Consequence	Score
			Inherent		4	5	20
			Current		5	5	25
			Target		2	5	10
			<p>onboarding and training continues with aspiration to recruit CWRs across Wales.</p> <ul style="list-style-type: none"> <li>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.</li> <li>The nature of this project of work aligns to the RICs workstream of the Clinical Model Transformation programme; the work will form part of the RICs workstream from September 2024.</li> </ul>				
9. Maximise the opportunity from Consult and Close: <ul style="list-style-type: none"> <li>Successful resolution without ambulance (double EMS)</li> <li>Successful resolution without conveying to ED</li> </ul>			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	Extended to May 2024 - <b>new date TBC</b>	Reducing demand via APPs – 15 <sup>th</sup> January Start. 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	Q1 2024-2025	<ul style="list-style-type: none"> <li><b>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.</b></li> <li>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)</li> <li>WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities.</li> <li>Expected outcomes in 2023/24.</li> </ul>			
12. Royal Glamorgan Early Diagnostic		Executive Director of Operations	<b>August 2024</b>	<ul style="list-style-type: none"> <li>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.</li> <li>May 24 – No improvement in N2H time. Local management having discussions with Health Board for review and next steps.</li> </ul>			

<b>Risk ID</b> 224	<b>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 &amp; Effective Service for Patients</b>			<b>Date of Review:</b>	06/09/2024	<b>TREND</b> →	25 (5x5)
				<b>Date of Next Review:</b>	06/10/2024		
<b>IF</b> patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	<b>THEN</b> there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	<b>RESULTING IN</b> patients coming to significant harm and a poor patient experience		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>	
			<b>Inherent</b>	5	5	25	
			<b>Current</b>	5	5	25	
			<b>Target</b>	3	2	6	
IMTP Deliverable Numbers: 1, 3, 8, 14, 15, 22, 23, 24, 25, 26, 27, 30, 31							
<b>EXECUTIVE OWNER</b>		Director of Quality & Nursing		<b>ASSURANCE COMMITTEE</b>		Quality, Safety and Patient Experience Committee	
<b>Risk Commentary Q2 2024/25</b>							
<ul style="list-style-type: none"> <li>The risk score remains constant at 25 for quarter 2 2024/25 (almost certain &amp; catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm due to handover of care delays. JCC EASC 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 April 2024 were 23,614 compared to 23,082 in April 2023. Eradication of handover waits of &gt; 4 hours: there were 3,404 over four-hour patient handovers in April 2024, compared to 2,730 in April 2023. The expectation is that these would have been eradicated by end of 2023/24. Cardiff &amp; 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.</li> </ul> <p>Improvement actions led by Welsh Government and system partners include:</p> <ol style="list-style-type: none"> <li>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) <b>by the end of April 2025</b></li> <li>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 &amp; Performance.</li> <li>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).</li> <li>NHS Wales eradicates all emergency department handover delays more than 4 hours (LHB CEOs) <b>revised to March 2023/24.</b></li> <li>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.</li> <li>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)</li> <li>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 &amp; 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.</li> </ol>							
<b>CONTROLS</b>				<b>ASSURANCES</b>			
				<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.				1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.			
2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.				2. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the 'Six Goals for Urgent and			

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		Date of Next Review:	06/10/2024		→	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience	Likelihood	Consequence	Score	
			Inherent	5	5	25
			Current	5	5	25
			Target	3	2	6
		Emergency Care' work. An event reviewing the effectiveness of the Joint Investigation Framework is currently being scoped nationally.				
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016))		3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.				
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).		4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.				
5. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i> . Goal 4 incorporates the reduction of handover of care delays through collective system partnership.		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 <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.		14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.				
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government. Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals.		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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			Inherent	5	5	25
			Current	5	5	25
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Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating "The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service's statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets."						
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.				
		<b>External Sources of Assurance Management (1<sup>st</sup> Line of Assurance)</b>				
		1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC), the Emergency Ambulance Services Committee (EASC) including the Integrated Commissioning Action Plans (ICAPS) and Joint Executive Team (JET) meetings with Welsh Government (I&E).				
		2. Healthcare Inspectorate Wales (HIW) 'Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover' Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC				
		3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.				
		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.				
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>				
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.				


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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.																			
			<b>External Gaps in Assurance</b> 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators																			
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:																		
1. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project		WAST QI Team (QSPE)	TBC – Paused	<ul style="list-style-type: none"> <li>Timeframes awaited via Emergency Department Quality &amp; Delivery Framework (EDQDF).</li> </ul>																		
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	<ul style="list-style-type: none"> <li>Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level.</li> <li>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.</li> <li>Local dashboards have been developed but requiring manual data extraction</li> </ul>																		
3. Continued Health Board interactions – my next patient (boarding), patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.		Executive Director of Quality & Nursing	Monthly and as required.	<ul style="list-style-type: none"> <li>Monthly meetings continue to be held and networking through EDoNS.</li> </ul>																		
4. Recruit and train more Advanced Paramedic Practitioners.		Director of Paramedicine	Q4 2024/25	<ul style="list-style-type: none"> <li>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).</li> <li>The above uplifts will increase the APP establishment to 120.7 FTEs.</li> </ul>																		
5. Overnight falls service extension and future modelling		Executive Director of Quality & Nursing	31.09.2024	<ul style="list-style-type: none"> <li>Overnight falls service extension and future modelling</li> <li>Night Car Scheme extension agreed to 31 September 2024 (2 regional resources)</li> <li>Utilisation rates continue to be monitored:</li> <li>Nighttime utilisation: - Q2 65% Q3 64% Q4 to date 64% April 2024 - 67%</li> <li>Daytime utilisation: - Q2 57% Q3 56% Q4 to date 58% April 2024 – 54%</li> <li>Combined day and night Q2-Q3 58% Combined day and night Q4 to date 59% Combined day and night April 2024- 55%</li> <li>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</li> <li>The 2023 EMS Demand &amp; 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.</li> <li>The 2023 EMS Demand &amp; Capacity Review will be formally reported to Trust Board in July 2024.</li> </ul>																		

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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	<ul style="list-style-type: none"> <li>Monthly updates to progress against actions following the baseline assessment and readiness returns continued.</li> <li>RL Datix Dashboards and KPIs under development nationally by National Quality &amp; Safety Group.</li> <li>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.</li> <li>Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly.</li> </ul>																			
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	<ul style="list-style-type: none"> <li>Currently awaiting WG feedback on the submitted business case.</li> <li>Further meetings arranged with between the Executive Director of Quality &amp; Nursing and Six Goals Programme/WG/. Trust has also approach WG with a smaller ask to facilitate 7 FTE CSD clinicians to provide a continuation of the Luscii solution - this would enable a proof of value pilot to further inform a business case.</li> </ul>																			
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	<ul style="list-style-type: none"> <li>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.</li> <li>Final posts due to be recruited to and in place by July 2024.</li> </ul>																			
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	<ul style="list-style-type: none"> <li>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).</li> <li>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.</li> <li>The audit is proceeding. Trust awaiting the outcome. AD Commissioning &amp; Performance has requested an update from Audit Wales.</li> <li>Audit Wales have confirmed this has been refiled into 2024/25.</li> </ul>																			
10. Patient handover actions.		Executive Team	Under review	<ul style="list-style-type: none"> <li>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.</li> </ul>																			
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	<ul style="list-style-type: none"> <li>Fundamentals of Care meeting, chaired by the Executive Director of Quality &amp; Nursing held on 08.03.2024.</li> </ul>																			
12. Trust to produce its own six goals plan (Goal 4 links to handover of care)		Executive Director of Strategy, Planning &		<ul style="list-style-type: none"> <li>Trust to produce its own six goals plan (Goal 4 links to handover of care)</li> </ul>																			

<b>Risk ID</b> 641	<b>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</b>		<b>Date of Review:</b>	16/12/2024	<b>TREND</b>	20
			<b>Date of Next Review:</b>	16/01/2025	<b>NEW</b>	(4x5)
<b>IF</b> the Trust has not fully implemented the MAI recommendations AND a major incident or mass casualty incident is declared	<b>THEN</b> there is a RISK that the Trust's Incident Response will be suboptimal	<b>RESULTING IN</b> avoidable patient harm and/or death, detriment to staff wellbeing, reputational damage and potentially expose the Trust to legal liability.		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>
			<b>Inherent</b>	5	5	25
			<b>Current</b>	4	5	20
			<b>Target</b>	2	3	6
IMTP Deliverable Numbers:						
<b>EXECUTIVE OWNER</b>		Executive Director of Operations	<b>ASSURANCE COMMITTEE</b>		Finance & Performance Committee	
<b>Risk Commentary</b>						
<p>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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>- <b>R106 Capability Report</b></li> <li>- <b>Capability to Prepare</b></li> <li>- <b>Capability to Respond</b></li> <li>- <b>Capability of Specialist Assets</b></li> </ul> <p>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.</p> <p><i>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.</i></p>						
<b>CONTROLS</b>			<b>ASSURANCES</b>			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
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.			
<b>GAPS IN CONTROLS</b>			<b>GAPS IN ASSURANCE</b>			
1. Four (4) outstanding MAI Recommendations, identified as pertinent to WAST by the self-assessment, require action against to implement the associated learning ( <b>REF: MAI recommendations 1, 26, 88, 111</b> ). 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.			
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 ( <b>REF: MAI recommendations 16, 17, 20, 23, 24, 25, 50, 53, 71, 84, 85, 86, 87, 92, 105, 106, 108, 109, 117, 124</b> ).			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.			

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	
			Date of Next Review:	16/01/2025		NEW	(4x5)	
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		
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	<p>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.</p> <p>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 &amp; Exercising Team have established, they will then need to provide sufficient levels of exercising to comply with the exercising-related MAI recs).</p>			

Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan		Date of Review:	26/09/2024		TREND	16 (4x4)
			Date of Next Review:	26/10/2024		→	
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		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		
<b>Risk Commentary</b> Challenges continue around resources and technology, and currently there is not an ability to reduce this score. Decarbonisation Programme Board met. Noting some progress on positive movement to actions within the DAP							
<b>CONTROLS</b>				<b>ASSURANCES</b>			
				<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
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 BERP Project Board				13. Minutes and papers of meeting			
				<b>External - Independent Assurance:</b> • Sustainability section in Annual Report audited by Internal Audit. Annual audits by BSI on accreditation			
<b>GAPS IN CONTROLS</b>				<b>GAPS IN ASSURANCE</b>			
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							
3. Procurement of an electronic fleet of vehicles – this is not currently possible for anything other than a car/van (limited)							
4. NED support ended April 2022							

Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan		Date of Review:	26/09/2024		TREND	16 (4x4)
			Date of Next Review:	26/10/2024			
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		Likelihood	Consequence	Score	
				Inherent	5	4	20
				Current	4	4	16
				Target	2	4	8
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.							
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)				
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				
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	30.09.24	To be further discussed with relevant Directors.			
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				

<b>Risk ID</b> 260	<b>Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems</b>		<b>Date of Review:</b>	25/09/2024	<b>TREND</b> ➔	15 (3x5)
			<b>Date of Next Review:</b>	25/10/2024		
<b>IF</b> there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	<b>THEN</b> there is a risk of a significant information security incident	<b>RESULTING IN</b> a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>
			<b>Inherent</b>	4	5	20
			<b>Current</b>	3	5	15
			<b>Target</b>	2	5	10
IMTP Deliverable Numbers: 1, 15, 19, 24						
<b>EXECUTIVE OWNER</b>		Director of Digital Services	<b>ASSURANCE COMMITTEE</b>		Finance and Performance Committee	
<b>Risk Commentary</b>						
<p>The risk has been fully reviewed in the cycle and the score remains static. Latest National Cyber Security Centre (NCSC) assessment indicates that the threat of Cyber-attacks remains unchanged with activities of state actors and criminal gangs still high. Whilst the Trust and wider NHS Wales organisations have in place several layers of technology to protect the Trust and its information systems, there is still a risk that users will be fooled by phishing emails which are becoming ever more sophisticated. To raise user awareness of cyber threats the Trust ICT department run regular phishing exercises as well as short security training packages, reporting the results and uptake through IGSG and into FPC. A deep dive of the risk was undertaken during the closed session of FPC on the 16.07.2024 with no concerns raised in respect to the management of the risk.</p>						
<b>CONTROLS</b>			<b>ASSURANCES</b>			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1. Appropriate policy and procedures in place for Information/Cyber Security			1. Information Security Policy reviewed every 3 years (currently due for renewal). Incident Policy and Procedure put in place in February 2022 – renewed annually.			
2. Trust Business Continuity Procedure and Incident Response Plan			2. Debrief from significant business continuity incidents captured within organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years - currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing			
3. IT Disaster Recovery Plan			3. Organisation-wide tabletop exercise undertaken in March 2022 with all BC leads and Digital teams.			
4. Relevant expertise in Trust with respect to information security			4. Staff undertake relevant training courses e.g., CISSP to increase knowledge and expertise			
5. Data Protection Officer in post			5. In job description of Head of ICT			
6. Cyber and information security training and awareness			6. Training statistics are available on ESR and from Phish threat module			
7. Mandatory Information Governance training which includes GDPR			7. Training statistics reported on by Information Governance department			
8. ICT tests and monitoring on networks & servers			8. Any issues would be identified and flagged and actioned			
9. Information Governance framework			9. WAST self-assesses its Information Governance Framework against the Welsh Information Governance toolkit.			
10. Internal and NHS Wales governance reporting structures in place			10. Internal WAST Information Governance Steering Group & All Wales Information Governance Management Advisory Group (IGMAG) meets quarterly, National Ambulance Information Governance Group (NIAG) meets every 2 weeks, Operational Security and Service Management Board (OSSMB) (national) – daily/weekly meetings and minuted meetings every 2 months. Minutes and actions logs available for meetings.			
11. Checks undertaken on inactive user accounts			11. Software in place to run check on inactive accounts as and when			
12. Business Continuity exercises			12. Annual schedule of testing			
13. Operational ICT controls e.g., penetration testing, firewalls, patching			13. Monthly scans on infrastructure. Penetration testing has occurred for different systems. 2 physical firewalls on networks to monitor traffic. Monthly patching occurs or as and when. 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			

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:	25/09/2024	TREND	15 (3x5)
			Date of Next Review:	25/10/2024	➔	
<p><b>IF</b> there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place</p>	<p><b>THEN</b> there is a risk of a significant information security incident</p>	<p><b>RESULTING IN</b> a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life</p>		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>
			<b>Inherent</b>	4	5	20
			<b>Current</b>	3	5	15
			<b>Target</b>	2	5	10
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						
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.				
		<p><b>External Independent Assurance</b> NHS Wales Cyber Response Unit independent view of Network and Information Systems (NIS) Directive compliance within last 4 – 5 months (covering controls 1 -,3 – 11, 13 – 14</p>				
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>				
1. Lack of understanding and compliance with policy and procedures by all staff members		1.				
2. No organisational information security management system in place		2. SIRO in place and ISMS evolving in line with refresh of Trust information Security Policy				
3. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects, and procurement and this has a cyber security, information governance and resource impact						
<b>Actions to reduce risk score or address gaps in controls and assurances</b>		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>		
1. Development of a Cyber Improvement Plan		Senior ICT Security Specialist	Next checkpoint date 25.10.2024	Implementation of Cyber Improvement Plan actions ongoing and regularly reported into ICT SMT, DLG, IGSG and FPC.		

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:	01/10/2024		TREND	15 (3x5)
			Date of Next Review:	01/11/2024			
IF a major incident or mass casualty incident is declared	THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	RESULTING IN catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	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		
<b>Risk Commentary Q1 2024/2025</b> <p>The challenges across the unscheduled care system. Handover lost hours in <b>June were 19,599, July were 23,220 and August were 17,540</b>. 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.</p> <p><b>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:</b></p> <ul style="list-style-type: none"> <li><b>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.</b></li> <li><b>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:</b> <ul style="list-style-type: none"> <li><b>50% of vehicles released within 10 minutes</b></li> <li><b>75% of vehicles released within 20 minutes</b></li> <li><b>100% of vehicles released within 30 minutes</b></li> </ul> </li> <li><b>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.</b></li> </ul>							
<b>CONTROLS</b>				<b>ASSURANCES</b>			
				<b>Internal Management (1st Line of Assurance)</b>			
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. <b>V1.3 has been reviewed, updated and released (August 2024).</b>					
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.					
				<b>External Independent Assurance</b>			
				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:	01/10/2024	TREND	15 (3x5)
			Date of Next Review:	01/11/2024		
IF a major incident or mass casualty incident is declared	THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	RESULTING IN catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	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.				
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>				
Despite the controls listed, the single most limiting factor in providing a pre-determined response in line with the Incident Response Plan is the lost capacity due to hospital handover delays. In this area, WAST has no control. – link to CRR 223 on CRR.		The Trust is not assured that Hospital sites have plans in place that are trained and tested to release ambulances effectively and immediately in the event of an incident declaration.				
		Following two incidents (Pembroke Dock Ferry fire on 11 <sup>th</sup> 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).				
<b>Actions to reduce risk score or address gaps in controls and assurances</b>		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>		
1. 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 EASC 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. <b>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</b>		

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:	01/10/2024	TREND	15 (3x5)
				Date of Next Review:	01/11/2024		
IF a major incident or mass casualty incident is declared	THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	RESULTING IN catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	3	5	15	
			Target	2	5	10	
			while 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 (6 <sup>th</sup> 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 EASC management and in the COO meeting.				
1. Ref: Control 1 of 594 – Immediate Release Protocol	Executive Director of Operations	Complete	<p><b>01/10/2024 - Reviewed, updated and released the immediate release protocol and has included the schedule for health board to release vehicles august 2024 (v1.3).</b></p> <p>WAST is currently reviewing the immediate release protocol, and it is our aim to include the release schedule as agreed by COOs. The release protocol schedule for Health Boards to initiate in the event of a major incident is set out as follows:</p> <ul style="list-style-type: none"> <li>- 50% of vehicles released within 10 minutes</li> <li>- 75% of vehicles released within 20 minutes</li> <li>- 100% of vehicles released within 30 minutes</li> </ul>				

<b>Risk ID</b> 623	<b>Failure to comply with Data Protection Legislation</b>		<b>Date of Review:</b>	26/09/2024	<b>TREND</b>	15 (3x5)
			<b>Date of Next Review:</b>	26/10/2024		
<b>IF</b> 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	<b>THEN</b> the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used.	<b>RESULTING IN</b> unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>
			<b>Inherent</b>	4	5	20
			<b>Current</b>	3	5	15
			<b>Target</b>	2	5	10
IMTP Deliverable Numbers: 1, 13, 14, 18, 19						
<b>EXECUTIVE OWNER</b>		Director of Digital Services	<b>ASSURANCE COMMITTEE</b>		Finance & Performance Committee	
<b>Risk Commentary</b>						
<p>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.</p> <p><b>In addition, the Confidentiality Advisory Group (CAG), an independent body advising the Health Research Authority, have indicated that for organisations across NHS Wales who are not able to demonstrate compliance with legislation via the IG Toolkit by November 2024, requests for using sensitive patient information for research purposes are unlikely to be approved – further resulting in risk to WAST’s academic partnerships and reputation, and strategic research endeavours.</b></p>						
<b>CONTROLS</b>			<b>ASSURANCES</b>			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1. Data Protection Expertise: 1 FTE Data Protection and Compliance Manager (DPCM); 1 FTE Information Governance Officer, 1 FTE Cyber Security Officer			1. Two Data Protection and Compliance Managers <b>were</b> employed on a consultancy basis to provide cover and support backlog clearance (E). <b>Both contractors have now left the organisation (funding ceased for the first in Jun-24, and the contract ended Sep-24 for the second).</b>			
2. Temporary Data Protection Officer position held by Head of ICT			2. <b>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.</b>			
3. Data Protection and Information Governance Policies and Procedures (Incl. DPIAs and Cloud Assessments) a. Procedure for auditing Welsh Clinical Portal usage (by WAST staff) has been updated (Jun24).			3. Temporary Data Protection Officer			
4. Contracts and agreements: Data processing, Data Sharing and Employment & Consultancy			4. 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.			
5. Register of information assets and data flows (outdated)						
6. Staff training on updated training module (Apr 2023)						
7. Incident Reporting and management (DATIX)						
8. NIIAS for auditing access to personal information						
9. Digital Notices / comms Ongoing (see Siren & recent Lock-screen notices)						
10. Proactive engagement outbound (not inbound to team)						

Risk ID 623	Failure to comply with Data Protection Legislation		Date of Review:	26/09/2024	TREND	15 (3x5)
			Date of Next Review:	26/10/2024		
<p><b>IF</b> 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</p>	<p><b>THEN</b> the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used.</p>	<p><b>RESULTING IN</b> unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage</p>		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>
			<b>Inherent</b>	4	5	20
			<b>Current</b>	3	5	15
			<b>Target</b>	2	5	10
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>				
1. WAST has been carrying a DPCM vacancy since January 2023. There have now been two unsuccessful attempt to fill the position which has led to capacity constraints. - There are now two DPCM vacancies (following additional investment in the Digital team for 24/25) <b>successful candidates are due to start employment with WAST in November 2024.</b>		1. See 21. Further Actions (1)				
2. Unfilled and unfunded permanent DPO position which is required to meet Article 39 UK GDPR 2018. <i>The DPO must also be independent, an expert in data protection, adequately resourced, and report to the highest management level [DPA 2018].</i>		2. This is a stop gap.				
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.		3. 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.		4. 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)		5. Data Protection and Compliance Risks not fully realised. <b>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.</b>				
6. Currently not meeting levels of IG staff training.		2. <b>Some data errors in ESR reporting for IG mandatory training has been identified, requiring manual effort to calculate Trust-wide compliance percentages.</b>				
7. Lack of Data Protection pre procurement controls which form part of Data Protection by Design and Default means that Departments could purchase 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.				
<b>Actions to reduce risk score or address gaps in controls and assurances</b>		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>		
1. Recruitment of Data Protection and Compliance Manager(s)		Leanne Smith	Q2 2024/25	<b>Two candidates expected in post November 2024.</b>		
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	<b>JD evaluated and translated. Awaiting approval by Recruitment Control Panel to commence recruitment.</b> Expected Recruitment and in post <b>Q4 24/25.</b>		
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 b. Regular monitoring of training compliance through IGSG c. Targeted training compliance reporting to line manager on individuals to ensure that 85% target is reached. d. BAU on Siren training notices and specific guidance or advice		Leanne Smith	Q2 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. IG training compliance still below 85% target. An Action Plan for training has been 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		

<b>Risk ID</b> 623	<b>Failure to comply with Data Protection Legislation</b>			<b>Date of Review:</b>	26/09/2024	<b>TREND</b>	15 (3x5)
				<b>Date of Next Review:</b>	26/10/2024		
<b>IF</b> 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	<b>THEN</b> the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used.	<b>RESULTING IN</b> unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>	
			<b>Inherent</b>	4	5	20	
			<b>Current</b>	3	5	15	
			<b>Target</b>	2	5	10	
			<b>Direct contact to individuals who have been non-compliant for a significant period of time, with escalation through their line management structures as required.</b>				
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			
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)	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.			

<b>Risk ID</b> 100	<b>Failure to persuade JCC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience</b>			<b>Date of Review:</b>	02/10/2024	<b>TREND</b>	12 (3x4)
				<b>Date of Next Review:</b>	02/01/2025		
IF WAST fails to persuade JCC/Health Boards about WAST ambitions	<b>THEN</b> there is a risk of a delay or failure to receive funding and support	<b>RESULTING IN</b> a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>	
			<b>Inherent</b>	4	4	16	
			<b>Current</b>	3	4	12	
			<b>Target</b>	2	4	8	
IMTP Deliverable Numbers: 7, 9, 11, 12, 14, 15, 20, 24, 25, 32							
<b>EXECUTIVE OWNER</b>	Executive Director of Strategy, Planning & Performance		<b>ASSURANCE COMMITTEE</b>	Finance and Performance Committee			
<b>Risk Commentary</b>							
<p>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.</p> <p>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). EASC 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. <b>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 August 2024 was 80%, which is the highest it has achieved, and it is now seeking to close the remaining gap through the recruitment of fully qualified paramedics.</b> 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 23.2 FTEs to Integrated Care. The 111-call abandonment rate has not been achieved for the last seven months. Ambulance Care performance is stable.</p> <p>NEPTS is also commissioned via JCC (it is commissioned at NEPTS, not Ambulance Care), with agreement that in Q1 2024/25 there should be a joint collaborative workshop between the Trust, the JCC and health boards (completed).</p> <p>The previous controls are currently transitioning into the new JCC arrangements, so are currently a bit fluid. Quarter 3 should see the arrangements stabilise.</p>							
<b>CONTROLS</b>			<b>ASSURANCES</b>				

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:	02/10/2024		TREND	12
			Date of Next Review:	02/01/2025			(3x4)
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	
		<b>Internal &amp; External Management (1<sup>st</sup> Line of Assurance)</b>					
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. EASC 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. Evolving clinical model.		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. Programme structure has been established for evolving the clinical model including commissioners		7. This is now an established programme of work with the Trust making an offer to the system via the Six Goals Programme in January 2024.					
8. Commissioning intentions.		8. In year progress reported each quarter to the relevant commissioning meeting and 24/25 commissioning intentions approved for 111Wales and expected to be approved by Mar-24 EASC (approved).					
9. Governance arrangements for 111 commissioning: 111 Board, 111 Commissioning Board + 111 DAG etc.		9. Minutes of meetings and a standard agenda item					
		<b>External Management (1<sup>st</sup> Line of Assurance)</b>					
		1. Plans go to every bi-monthly meeting					
		2. Meet bi-monthly and agendas, minutes and action logs available					
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>					
1. 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.					
<b>Actions to reduce risk score or address gaps in controls and assurances</b>	<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>				
1. Agree and influence JCC/Health Boards that sufficient funding to be provided to WAST	CEO WAST	NEW Checkpoint Date	30.09.22 Additional £3m provided for +100 FTEs into Response by 23/01/23. 12/01/23 Recurrent funding for the +100 not secure. 02.05.23 Recurrent funding still not secure. 16.04.24 Recurrent funding for +100 FTEs now secured. 28.07.23 Funding secure for 23/24, but not recurring. 18.01.24 Offer being made to the system in January 2024 via the Six Goals Programme. The reception of the Trust's offer was mixed. A key area of focus in the 2024/25 IMTP will be data linking that enables the Trust to better prove the value of investing in the Trust; (16/04/24) and the development of system metrics dashboard that enables the Trust to track its impact on the wider system (currently under development). 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.				

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:	02/10/2024	TREND	12 (3x4)	
			Date of Next Review:	02/01/2025			
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
2. Agree and influence JCC/Health Board of the need for significant reduction in hospital handover hours	CEO WAST	NEW Checkpoint Date	30.09.22 4-hour handover backstop agreed and -25% reduction in handover from October 2021 baseline. 12/01/23 There has been a significant worsening picture. 02.05.23 Continued worsening picture with almost 29,000 lost in March 2023. 28.07.23 There has been some reduction, but levels remain extreme. 18.01.24 NHS Leadership Board is increasing accountability and focus of health board handover reduction actions. The emerging 2023 EMS Demand & Capacity Review models the level of resource required with no handover reduction and the level of resource required if there is a handover reduction to 12,000 hours 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.				
3. Increased understanding of NEPTS by JCC	Executive Director of Strategy Planning and Performance	02/08/23 30/06/24 20/08/24	30.09.22 "Focus on" session in May 2022 EASC and NCCU represented on Ambulance Care Programme Board. 12/01/23 F&P Deep Dive made available to NCCU. 02.05.23 Continued attendance by NCCU at Ambulance Care Transformation Programme. 28.07.23 EASC want WAST to develop a LTS for NEPTS, which will increase the focus on it. 18.01.24 Ambulance Care strategy sessions held as part of the inverting the triangle programme and IMTP development held, which will now be taken forward into a collaborative workshop with commissioners in Q1 2024/25. 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.				
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.				
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:	02/10/2024		TREND	8 (2x4)		
		Date of Next Review:	02/01/2025		→			
<b>IF</b> the Trust does: <ul style="list-style-type: none"> <li>not achieve financial breakeven and/or</li> <li>does not meet the planning framework requirements and/or</li> <li>does not work within the EFL and/or</li> <li>fails to meet the 95% PSPP target and/or</li> <li>does not receive an agreement with commissioners on funding (linked to 458)</li> </ul>		<b>THEN</b> there is a risk that the Trust will fail to achieve all its statutory financial obligations, and the requirements as set out within the Standing Financial Instructions (SFIs)	<b>RESULTING IN</b> potential interventions by the regulators, qualified accounts, and impact on delivery of services and reputational damage		Likelihood	Consequence	Score	
					Inherent	3	4	12
					Current	2	4	8
					Target	2	4	8
IMTP Deliverable Numbers: 9, 12, 15, 18, 24, 25, 30, 31, 32								
<b>EXECUTIVE OWNER</b>		Executive Director of Finance and Corporate Resources		<b>ASSURANCE COMMITTEE</b>		Finance and Performance Committee		
Risk Commentary: Q2 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 5 of the 2024/25 Financial Year. The score is consistent with that of Qtr. 1 2024/25 due to a presented opening balanced financial plan for 2024/25 and the Month 5 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 and the ability to fund / receive income may impact on the delivery of the financial plan for 2024/25. The current challenging financial climate for all public sector organisations may also impact on WAST financial performance especially as the financial year progresses.								
<b>CONTROLS</b>				<b>ASSURANCES</b>				
				<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>				
1.	Financial governance and reporting structures in place			1. Risk is reviewed quarterly at 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.				
				<b>External Assurances Management (1<sup>st</sup> Line of Assurance)</b>				
				5. Monthly Monitoring Returns to Welsh Government				
				7. EASC management meetings. Monthly meetings with EASC and DAG for NEPTS.				
				8. Bi-monthly Capital CRL meetings with Trust and WG capital leads				
				9. Regular P2P meetings diarised (bi-monthly)				
				10. Monthly monitoring returns into Welsh Government				
				<b>Independent Assurances (3<sup>rd</sup> Line of Assurance)</b>				
				1-10 Internal audit reviews covering				
				1-10 External audit reviews				
<b>GAPS IN CONTROLS</b>				<b>GAPS IN ASSURANCE</b>				
<ul style="list-style-type: none"> <li>Lack of formalised service contracts between Commissioner and WAST as a commissioned body</li> </ul>				10. None identified.				

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:		02/10/2024	TREND	8 (2x4)																
		Date of Next Review:		02/01/2025	→																	
<b>IF</b> the Trust does: <ul style="list-style-type: none"> <li>not achieve financial breakeven and/or</li> <li>does not meet the planning framework requirements and/or</li> <li>does not work within the EFL and/or</li> <li>fails to meet the 95% PSPP target and/or</li> <li>does not receive an agreement with commissioners on funding (linked to 458)</li> </ul>		<b>THEN</b> there is a risk that the Trust will fail to achieve all its statutory financial obligations, and the requirements as set out within the Standing Financial Instructions (SFIs)		<b>RESULTING IN</b> potential interventions by the regulators, qualified accounts, and impact on delivery of services and reputational damage		<table border="1"> <thead> <tr> <th></th> <th>Likelihood</th> <th>Consequence</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td><b>Inherent</b></td> <td>3</td> <td>4</td> <td>12</td> </tr> <tr> <td><b>Current</b></td> <td>2</td> <td>4</td> <td>8</td> </tr> <tr> <td><b>Target</b></td> <td>2</td> <td>4</td> <td>8</td> </tr> </tbody> </table>		Likelihood	Consequence	Score	<b>Inherent</b>	3	4	12	<b>Current</b>	2	4	8	<b>Target</b>	2	4	8
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<b>Target</b>	2	4	8																			
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

<b>Strategic Objective 1: Providing the right care or advice, in the right place, every time</b>		<b>BAF risks</b>
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
<b>Strategic Objective 2: Enabling our people to be the best they can be</b>		
13.	Culture: <ul style="list-style-type: none"> <li>Enhance and strengthen internal capacity for delivering culture change</li> <li>Develop amplify employee voice to increase employee engagement</li> <li>Continue the implementation of our compassionate practices approach</li> </ul>	160, 558, 623, 201, 163, 424
14.	Capacity: <ul style="list-style-type: none"> <li>Implement our Strategic Workforce Plan</li> <li>Continue to embed a culture of positive attendance management</li> <li>Continue our focus on 'getting the basics right.'</li> </ul>	100, 160, 163, 223, 224, 424, 558, 594, 623
15.	Capability: <ul style="list-style-type: none"> <li>Grow and develop our leadership and management capability</li> <li>Reinforce and promote career pathways and professional development.</li> <li>Create an environment centred around effective, ongoing conversations ('Check Ins')</li> </ul>	100, 139, 160, 223, 224, 260, 594, 424
16.	Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish	201, 424
<b>Strategic Objective 3: Being at the forefront of innovation and technology</b>		
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 <ul style="list-style-type: none"> <li>Everyday essentials</li> <li>Security, Safety &amp; Cyber</li> <li>Digital Pioneers</li> <li>Transformation</li> <li>Data, Information &amp; Insight</li> </ul>	163, 260, 623, 424
<b>Strategic Objective 4: Developing services in collaboration</b>		
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
<b>Strategic Objective 5: Being quality driven and clinically led</b>		
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
<b>Strategic Objective 6: Delivering exceptional value</b>		
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



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<b>AGENDA ITEM No</b>	<b>15</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES</b>	<b>1</b>

## Committee Priorities and Cycle Monitoring Report

<b>MEETING</b>	Finance and Performance Committee
<b>DATE</b>	16 January 2025
<b>EXECUTIVE</b>	Trish Mills, Director of Corporate Governance/Board Secretary
<b>AUTHOR</b>	Trish Mills, Director of Corporate Governance/Board Secretary Alex Payne, Corporate Governance Manager
<b>CONTACT</b>	<a href="mailto:Trish.mills@wales.nhs.uk">Trish.mills@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. This report updates the Committee on progress against the priorities it set for 2024/25 and progress against the agreed cycle of business for the Committee. There is nothing to escalate on the cycle of business monitoring report.

#### **RECOMMENDATION**

2. The Committee is asked to note the update.

### KEY ISSUES/IMPLICATIONS

No issues to raise.

### REPORT APPROVAL ROUTE

Not applicable.

### REPORT APPENDICES

Annex 1 – FPC Cycle of Business Monitoring Report



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<b>REPORT CHECKLIST</b>			
<b>Confirm that the issues below have been considered and addressed</b>		<b>Confirm that the issues below have been considered and addressed</b>	
EQIA (Inc. Welsh language)	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



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## COMMITTEE PRIORITIES AND CYCLE OF BUSINESS MONITORING FOR 2024/25

### SITUATION

- 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. There is nothing to escalate on the cycle of business monitoring report.

### BACKGROUND

- 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.
- 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.
- 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.
- 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

- The Committee priorities, and progress against them is as follows:

Priority	Progress
<p><b><u>PRIORITY HAS BEEN FULFILLED</u></b></p> <ul style="list-style-type: none"> <li>The development and approval of the Digital Plan.</li> </ul>	<p><u>2024/25 Progress</u></p> <ul style="list-style-type: none"> <li>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.</li> </ul>



- 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).



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<ul style="list-style-type: none"><li>• Oversight of the potential commercialisation streams in the Financial Sustainability Programme.</li></ul>	<ul style="list-style-type: none"><li>• An update on the Financial Sustainability Programme has been programmed for receipt at the Committee meeting in January 2025. It is expected that this update will provide the latest position on the recruitment of the Head of Commercial.</li><li>• 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.</li><li>• 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).</li><li>• 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.</li></ul>
<ul style="list-style-type: none"><li>• Focus on the new elements of its terms of reference relating to Information Governance and Information Security.</li></ul>	<ul style="list-style-type: none"><li>• 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 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.</li><li>• 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.</li></ul>



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## **RECOMMENDATION**

**9. The Committee is asked to note the update.**

PAPER	PRE-C'EE FORUM	FREQUENCY	MAY	JUL	SEP	NOV	JAN	MAR	LEAD	PURPOSE	COMMENT/COMPLIANCE
<b>FINANCE AND PERFORMANCE COMMITTEE - CYCLE OF BUSINESS 2024/25</b>											
<b>TERMS OF REFERENCE NOTED IN RED TEXT</b>											
<b>FINANCE</b>											
Annual revenue budget	ELT	Annually							EDOF	Endorsement	
Annual capital budget (Closed session)	Capital M'tment Board	Annually							EDOF	Endorsement	May 24: Received in Q1 24/25; Nov 24: update on capital programme for 24/25 taken to closed.
Financial report	ELT	Each meeting							EDOF	Assurance	
Year end M12 report (same time as M1 in new year)	ELT	May meeting							EDOF	Assurance	
Business cases over £500K (Closed, if so)	TBC	As required							EDOF	Endorsement	July 24: Potentially item to take to Closed FPC.
IMTP financial plan	STB/ELT	Annually							EDOF	Endorsement	
Value Based Healthcare Report [Note 2]	TBC	Every other meeting		→				→	EDOF	Assurance	July 24: Agreed to defer to September 2024. Jan 25: Commissioned for Jan but subsequently deferred to March 2025 based on advice from LW.
Assurance paper on PIR process	TBC	One off and then cyclical							EDSPP	Assurance	July 24: Assurance rec'd in 2023 and no PIRs to bring forward.
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	July 24: Agreed not to programme; inc update in the Finance PPT instead. Consideration of every other meeting from September 2024.
<b>PLANNING</b>											
Refreshes of 2030 Delivering Excellence	ELT	Ad Hoc							EDSPP	Endorsement	
Service or Directorate Specific Plans: New & Refreshes [Note 9]	ELT	Ad Hoc							EDSPP	Endorsement	
IMTP for following year	STB/ELT/Board	Annually							EDSPP	Endorsement	Nov 24: ESPP sought inclusion of 25/28 IMTP on the agenda. Jan 25: Confirmed 25/28 IMTP update on agenda.
Report on commissioning [Note 3]	TBC	TBC							EDSPP	Assurance	May 24: EMS/NEPTS Commissioning intentions update. July & September 2024: no update required.
Demand and capacity reviews [Note 6]	ELT	Ad Hoc	→						EDSPP	Endorsement	Received in July 2024.
<b>PERFORMANCE</b>											
Monthly Integrated Quality Performance report	ELT	Each meeting							EDSPP	Assurance	
MIQPR review of metrics	ELT/Board Committees	Annually	→						EDSPP	Endorsement	Not received in May 2024.
Annual HART KPI report	TBC	Annually		→					EDO	Assurance	Deferred from July to September 2024 as not available.
IMTP progress updates	STB/ELT/Board	Each Meeting							EDSPP	Assurance	July 24: To include transition plan to Future Clinical Services Model.
QPMF update report	QPMF Steering Group	Bi-annually							EDSPP	Assurance	July 24: Update not required yet; implementation being overseen by the ARAC.
<b>ESTATES AND FLEET</b>											
Estates Condition and Backlog Maintenance Update [EPFMS Data/Repo 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	July 24: FinCor to provide update for Board in onward paper in July. Jan 25: Closed - Fleet SOP Re-write.
Fleet replacement programme (Closed)	Capital M'tment Board	Annual BJC see notes					→		EDOF	Approval/Endorsement	Nov 24 Update: Item deferred and to be rec'd in early 2025 (in closed session); position agreed w/WG.
Fire safety annual report	ELT/Board	Annually							EDOF	Assurance	
Fire safety exception report	TBC	Periodically as required							EDOF	Assurance	
<b>ENVIRONMENTAL AND SUSTAINABILITY</b>											
Decarbonisation Update [Note 7]	Decarb Programme Board	Every other meeting							EDOF		
Waste Management Update [Note 7]	Decarb Programme Board	Annually							EDOF	Assurance	
Sustainability Report	Decarb Programme Board	Annually							EDOF	Assurance/Endorse	No sustainability report for 23/24 therefore nothing to schedule.
<b>DIGITAL SYSTEMS AND STRATEGY</b>											
Digital Plan - new and refreshed [Note1]	STB	Periodically as required							DD	Review and Endorse	July 24: Taken back to FPC with external facing doc prior to Board.
Metrics for digital systems infrastructure [Note 1]	TBC	Three times a year							DD	Assurance	
Review/Monitor of major projects	TBC	Ad Hoc							Relevant Director	Assurance	
<b>BUSINESS CONTINUITY AND CYBER</b>											
WG Annual Emergency Planning Report	ELT/Board	Annually							EDO	Assurance	Was deferred from July as it wasn't ready (at commissioning), but then it was available to take to the July 2024 mtg. MR updated.
Incident Response Plan Report [Note 5]	ELT	Annually							EDO	Assurance	July 24: IRP rec'd in July instead of September 24 (and not required to take again this year).
Business Continuity Annual Report [Note 5]	ELT	Annually							EDO	Assurance	July 24: BS annual Report and Annual EPRR report (with WG self-assessment) and MAI update in closed.
Cyber Resilience and Cyber Security Reporting (Closed)	TBC	TBC							DD	Assurance	May 24: Cyber risk deep dive deferred to July (taken in closed).
<b>INFORMATION GOVERNANCE AND INFORMATION SECURITY</b>											
Information Governance Toolkit	IGSC	Annually	→						DD	Assurance	May 24: Verbal update for May; full report to be received in July. July: Programmed.
Information Governance Report	IGSC	Each meeting	→						DD	Assurance	
<b>POLICIES</b>											
Report from policy group	Policy Group	Annually							BS	Assurance	
Policies for review and approval	Policy Group	Ad Hoc							BS	Approval	
<b>CORPORATE RISKS AND AUDIT</b>											
Board Assurance Framework	Board	Each meeting							BS	Assurance	
Corporate Risk Register	Board	Each meeting							BS	Assurance	
Audit Recommendation Tracker	ADLT	Each meeting							BS	Assurance	Jan 25: Audit Tracker going to March 2025 as opposed to January 2025.
Audits within purview of Committee	Audit Committee	Ad Hoc							Relevant Director	Assurance	Jan 25: 1 internal audit presented.
<b>STANDARD ITEMS</b>											
Quarterly operations update	TBC	Each meeting							EDO	Information/Discussion	Sept 2024: Not required for Sept mtg as Q1 taken to July.
<b>GOVERNANCE</b>											
Committee effectiveness review and annual report	Audit/Board	Annually							Board Sec.	Approval	
Review of Terms of Reference	Audit/Board	Annually							Board Sec.	Approval	
Committee cycle of business refresh	N/A	Annually							Board Sec.	Approval	
Committee Cycle of Business review	Audit/Board	Each meeting							Board Sec.	Approval	
Committee Review of Annual Priorities	None	Every other meeting							Chair	Review	
<b>SUB-GROUPS</b>											
Where applicable	N/A	Ad Hoc							N/A	N/A	No sub-committees - but may set up task and finish groups from time to time
<b>PROMPTS</b>											
External Reports	N/A	Ad Hoc							TBC	TBC	

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

**Key: Pre-agenda setting**  
 Cycled for each meeting  
 Ad hoc item - prompt for agenda setting  
 Reporting developing

**Key: Post-agenda setting**  
 Presented as cycled  
 Ah hoc / item considered - not programmed  
 Item deferred  
 Reporting developing

1	<b>Digital</b>	<p>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</p> <p>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</p> <p>FPC = reporting on technology &amp; process related metrics i.e. where Digital Directorate is responsible</p> <p>oE.g. Provision of training, provision of exercises / campaigns, infrastructure, physical barriers etc.</p> <p>oThis would include near misses related to software, suppliers, network, technology.</p>
2	<b>Value Based Healthcare</b>	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	<b>Commissioning</b>	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	<b>MIQPR</b>	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	<b>Emergency Preparedness</b>	<p>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</p> <ul style="list-style-type: none"> <li>- Assess local risks and use this to inform emergency planning</li> <li>- Put in place emergency plans</li> <li>- Put in place Business Continuity Management arrangements</li> <li>- 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</li> <li>- Share information with other local responders to enhance co-ordination</li> <li>- Co-operate with other local responders to enhance co-ordination and efficiency</li> </ul> <p>CCA Part one devolved to Wales.</p> <p>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.</p> <p>Internal Audit on Major Incidents - September 2022 AC - raised F&amp;P review of incident response plan when reviewed next.</p> <p>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</p> <p>Business Continuity Annual Report: SBAR to include compliance with CCA 2004 if not included in WG annual report and compliance under policy; list of plans that underpin BCP are in date and regularly reviewed; staff training in place, compliance levels and resourcing for assurance if not included in IRP report above; exercises carried out and planned; learning from incidents/exercises/debriefs.</p>
6	<b>Demand and Capacity</b>	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
7	<b>Decarbonisation</b>	<p>WAST Decarbonisation Action Plan (DAP) supports delivery of the national NHS Wales Decarbonisation Strategic Delivery Plan. IMTP sets out DAP details. Every second year IMTP must include copy of DAP and update - next 24-27.</p> <p>Decarbonisation reporting to WG as follows, however the reporting to FPC will draw from these reports and may or may not append them:</p> <p>(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.</p> <p>(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 compiled 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.</p> <p>(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.</p> <p>(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 section of the website. This developed from the data provided in the Quantitative Report above.</p>
8	<b>Fire safety reporting</b>	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	<b>Service or Directorate Plans</b>	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	<b>Information Governance</b>	<p>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.</p> <p>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.</p> <p>WG notified of significant impact on continuity of essential services under the Network and Information Systems Regulations (NIS Regs). H&amp;C Standards x 3 related to IG and identified metrics against these (see annual report).</p> <p>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 demonstrate 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 FOIA).</p>