

## Bundle Finance and Performance OPEN 20 January 2022

### Agenda attachments

Agenda item 10c Draft F and P Agenda Open 20 January 2022.docx

- 0 OPENING ITEMS
- 1 09:30 - Chair's welcome, apologies, and confirmation of quorum
- 2 09:31 - Declarations of Interest  
*Members are reminded that they should declare any personal or business interests which they have in any matter or item to be considered at the meeting which may influence, or may be perceived to influence their judgement, including interests relating to the receipt of any gifts or hospitality received. Declarations should include as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.*  
*Standing Declarations*  
*Emrys Davies, Retired Member of Unite*  
*Ceri Jackson, Trustee of the Stroke Association*
- 3 09:32 - Minutes from the last meeting  
ITEM 3 OPEN F and P Minutes 18 November 2021 (003).doc
- 4 09:33 - Action Log  
ITEM 4 F and P Action Log.docx
- 4.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 5 09:35 - Operations quarterly report  
ITEM 5 Ops Directorate Quarterly Report for Committees 21-22 Q3 (Jan22) FINAL.docx.pdf
- 6 09:50 - Quality and Performance Framework update - PRESENTATION
- 7 10:10 - Financial Position for Month 9 - PRESENTATION  
ITEM 7 Month 9 21-22 Financial Performance - FPC 20 Jan 2022 - FINAL.pptx
- 8 10:25 - Monthly Integrated Quality and Performance Report - TO FOLLOW  
ITEM 8 MIQPR SBAR December 2021.docx  
ITEM 8a Annex 1 MIQPR December 2021.pdf  
ITEM 8b Top indicators MIQPR Dashboard December 2021.xlsx
- 9 10:45 - Integrated Medium Term Plan Progress report  
ITEM 9 Executive Summary - IMTP 2021-22 Delivery Tracker \_FPC.docx  
ITEM 9a Appendix 1\_IMTP Delivery Programmes Assurance Report\_6th January 2022.docx  
ITEM 9b Appendix 2 - IMTP Deliverables 2021\_22.pdf
- 10 11:05 - Integrated Medium Term Plan Planning Update - PRESENTATION
- 10.1 11:25 - COMFORT BREAK
- 11 11:35 - Risk Management and Board Assurance Framework Report  
ITEM 11 Executive Summary Risk Management Report F&P 200122.docx
- 12 11:45 - Internal Audit Tracker report  
*Audit Tracker circulated separately by e mail.*  
ITEM 12 Executive Summary F&P - Internal Audit Report 200122.docx
- 13 11:55 - Decarbonisation and Sustainability update  
ITEM 13 FPC Decarb update Jan 22 - FINAL.docx
- 14 12:05 - Value Based Healthcare - VERBAL UPDATE
- 15 12:15 - Deep dive on a particular area on Performance for March Committee meeting - VERBAL
- 15.1 CLOSING ITEMS
- 16 12:25 - Key messages for Board
- 17 12:28 - Any other business
- 18 Date and time of next meeting: 17 March 2022



## MEETING OF THE OPEN FINANCE AND PERFORMANCE COMMITTEE

Held on 20 January 2022 from 09:30 to 12:10

Meeting held virtually via Microsoft Teams

### AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
<b>OPENING ITEMS</b>					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Emrys Davies	Verbal	5 Mins
2.	Declarations of interest	Information	Emrys Davies	Verbal	
3.	Minutes of last meeting	Approval	Emrys Davies	Paper	
4.	Action log	Review	Emrys Davies	Paper	
<b>ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION</b>					
5.	Operations quarterly report	Assurance	Lee Brooks	Paper	10 Mins
6.	Quality and Performance Framework update	Assurance	Rachel Marsh	Presentation	20 Mins
7.	Financial Position for Month 9	Approval	Chris Turley	Presentation	15 Mins
8.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	15 Mins
9.	Integrated Medium Term Plan Progress report	Assurance	Rachel Marsh	Paper	20 Mins
10.	Integrated Medium Term Plan Planning Update	Assurance	Rachel Marsh	Paper	20 Mins
<b>COMFORT BREAK 11:15 – 11:25</b>					
11.	Risk Management and Board Assurance Framework Report	Assurance	Julie Boalch	Paper	10 Mins
12.	Internal Audit Tracker report	Assurance	Julie Boalch	Paper	10 Mins
13.	Decarbonisation Update	Discussion	Chris Turley	Paper	10 Mins
14.	Value Based Healthcare	Discussion	Chris Turley	Verbal	5 mins
15.	Deep dive on a particular area on Performance for March Committee meeting	Discussion	Rachel Marsh	Verbal	5 Mins
<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.					
<b>CLOSING ITEMS</b>					
16.	Key messages for Board	Discussion		Verbal	5 Mins
17.	Any other business	Discussion		Verbal	



18.	Date and time of next meeting: 17 March 2022	Information		Verbal	
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## Lead Presenters

Name	Position
Chris Turley	Executive Director of Finance and Corporate Resources
Emrys Davies	Chair and Non Executive Director
Lee Brooks	Director of Operations
Trish Mills	Board Secretary
Julie Boalch	Head of Risk and Corporate Governance
Rachel Marsh	Director of Strategy, Planning and Performance
[insert]	[insert]

## **UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 18 November 2021 VIA TEAMS**

**Chair: Emrys Davies**

### **PRESENT :**

Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Ceri Jackson	Non Executive Director
Joga Singh	Non Executive Director

### **IN ATTENDANCE:**

Julie Boalch	Head of Risk and Corporate Governance (Items 10 and 11 only)
Lee Brooks	Director of Operations
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rachel Marsh	Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Chris Turley	Executive Director of Finance and Corporate Resources

### **64/21 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. He added that the meeting was quorate. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite and Ceri Jackson as a Trustee of the Stroke Association was noted.

#### **Minutes**

The minutes of the open and closed sessions held on 23 September 2021 were considered by the Committee and agreed as a correct record.

#### **Action Log**

The action log was considered:

Action Number: 39/21 IMTP – Deep Dive on risks. Item on Agenda, action closed.

Action Number 61/21: Decarbonisation and Sustainability, Consider whether individual staff objectives on environmental actions could be included in PADR's. Remain on Action log

#### **RESOLVED: That**

**(1) the Minutes of the open and closed meeting held on 23 September 2021 were**

**confirmed as a correct record;**

**(2) the declaration of interests as stated were noted; and**

**(3) the action log was considered and updated as described.**

## **65/21 OPERATIONS QUARTERLY REPORT**

Lee Brooks, prior to presenting his report, advised the Committee that the Senior Pandemic Team was now meeting twice a week.

In terms of the update the Committee's attention was drawn to the following:

1. The consequences of Military Aid to Civilian Authorities (MACA) was having a positive effect on the Trust's performance. The current MACA was due to expire on 30 November 2021 and an extension to this had been requested.
2. The Committee were updated on other measures to improve performance as the Trust moved in to the winter period. Most of these would be deployed across December, January and also into February.
3. In terms of the Non Emergency Patient Transfer Service (NEPTS), the transfers of work had all been completed.
4. Seasonal planning had been completed which included a winter exercise.
5. In terms of 999 call pick-up performance the Trust had faced some real challenges over the last couple of months. All ambulance services across the UK were experiencing extreme challenges in terms of responsiveness to 999 volume. The data collected by BT regarding long waits and transfers to other services to answer, had shown that WAST was performing as one of the best in the UK.

Comments:

1. In respect of Volunteers was the Trust content that the appropriate Personal Protective Equipment and Covid and Flu vaccinations were in place? Lee Brooks confirmed that from a PPE perspective the relevant training and equipment had been provided. In terms of the Covid vaccination there had been a very high rate of uptake, however in respect of the flu vaccination, although volunteers had access, it was too early to provide a categorical response. Lee Brooks gave an update on current Community First Responder (CFR) development which included the pending business case in relation to the use of analgesia on patients for pain relief.
2. In terms of the application to extend military support beyond 30 November, unless it was resolved by 25 November, the Chair would be raising this at the next Board meeting.

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

## **66/21 FINANCIAL PERFORMANCE AS AT MONTH 7 2021/22**

The Committee received a detailed paper on the financial performance as at month seven by Chris Turley. Members' attention was drawn to the following key headlines:

1. The Trust was still on forecast to deliver financial balance by the end of the financial year; noting some of the risks and assumptions as identified in the report.
2. In terms of revenue, it was now expected that, for the rest of the financial year, a fixed quantum of funding will be provided for all known developments, based on the Trust's estimate of spend. This is still to be confirmed.
3. With regards to Capital, on top of the already agreed schemes, Welsh Government (WG) had requested details of any additional schemes and ideas that could be used from the allocation of available slippage. These schemes as detailed in the report had already been submitted and received approval.
4. The Committee was asked to note that the WG invoice for WAST's contribution to the NHS Wales Shared Services Partnership (NWSSP) Welsh Risk Pool (WRP) risk sharing element of £0.374m, had been received and will now be paid. This has been included in the Board approved budget at the outset of the financial year.

Comments:

1. With regards to the Covid spend, would it be funded should it increase significantly? Chris Turley explained he was confident, should there be any unexpected costs these would be met by WG.
2. Members were very pleased to see the informal approval for the purchase of Mannequins. The Chair asked for further detail regarding the numbers of mannequins required. Full details would be provided in the subsequent Board approval required for this expenditure, now that funding had been confirmed. .
3. The Committee referred to the variations in spend in each Directorate noting that some were quite high. Chris Turley provided the Committee with a brief explanation and agreed to provide more detail in the next report.
4. Following a query from Ceri Jackson in respect of the Trust's estate, in particular, why conditions varied across Wales. Chris Turley agreed to discuss with Ceri Jackson separately.
5. Members acknowledged and thanked the Team for their work in maintaining financial balance.

**RESOLVED: That the Committee;**

- (1) noted and gained assurance in relation to the Month 7 revenue and capital financial position and performance of the Trust as at 31 October 2021 and;**
- (2) noted the Month 6 & 7 Welsh Government monitoring return submissions included within Appendices 1- 4 (as required by WG)**
- (3) formally noted the requirement to pay the invoice relating to NWSSP WRP risk sharing element of £0.374m, as contained within the base budget for 2021/22 approved by the Trust Board on 25 March 2021.**

Rachel Marsh in presenting the report drew attention to the following:

1. Call answering times. Answering times for 999 calls continued to present challenges through an increase in demand. Delays in answering 111 calls also continued. Several measures were being developed to improve the call answering performance; this included the recruitment of more staff.
2. Ambulance response times continued to be below that expected and mitigating initiatives were being implemented to improve this performance.
3. Ambulance Care Performance had improved in particular with renal patients and their arrival times for appointments. Due to the increase in demand and to comply with social distancing measures, additional temporary funding had been received to increase Ambulance Care capacity.
4. In terms of response to Concerns this had fallen to 47% against a target of 75%.
5. The Emergency Ambulance Unit Hours Production was at 91% in October and had improved; this was due in essence to the military support that commenced in October.
6. Staff abstractions continued to be high, a large proportion owing to staff sickness. Several measures were in place which continued to support staff.
7. Post production lost hours (PPLH); EMS had lost of total of 17,180 PPLH, there were several reasons for this, the biggest loss, 40%, had been attributed to staff returning to base for a meal break. There is currently a health warning on this data, and this is being explored.
8. One of the Trust's ambitions, Hear and Treat which was designed to convey less people to hospital had increased to 9.7% in October, this was against a benchmark of 10.2%.
9. The number of hours lost when handing over patients at emergency departments stood at 18,212 in October, against a target of 5,000. This extreme level was unprecedented and the Trust continued to raise the issue with EASC.

Comments:

1. Has the Trust considered the impact of staff fatigue and have measures been implemented to address this? Lee Brooks explained that the Trust was receptive to the issues and advised that further work which included looking at shift patterns and other initiatives were ongoing.
2. The Committee accepted that poor performance in several indicators highlighted the extreme pressure on the Trust and was having a detrimental outcome on patients. Attention was drawn to the care bundle for STEMI outcomes. Lee Brooks advised that the Trust was completely alert to the issues highlighted and following discussions at the Senior Operations Team held a view this was more likely to documentation rather than clinical practice and activity through the Senior Paramedics to drive improvement has been requested. The ePCR solution will be particularly helpful in this regard.
3. Members were pleased to hear of the initiatives that were starting to make an impact and asked whether further improvements were able to be forecasted going forward and what were the confidence levels, and potential impacts for WAST reputation? Rachel

Marsh explained the difficulties and challenges in predicting future performance and reassured the Committee that further analysis would be conducted to clarify what could be predicted. Lee Brooks added that regarding reputation, reporting of the pressure and impacts for ambulance was balanced and had captured causes with general recognition that the issues were NHS wide.

4. The Chair noted the positive actions in the report and it was agreed to refer to Quest and the People and Culture Committees for them to conduct a detailed review in to people well-being impacts related to the issues highlighted.

**RESOLVED: That the Committee considered the Aug/Sep 21 Integrated Quality and Performance Report and actions being taken and determined whether:**

- a) the report provided sufficient assurance;
- b) whether further information, scrutiny or assurance was required, or
- c) further remedial actions were to be undertaken through Executives.

**68/21 DRAFT QUALITY AND PERFORMANCE ACCOUNTABILITY MANAGEMENT FRAMEWORK**

Rachel Marsh presented the Committee with a PowerPoint presentation and drew their attention to the following highlights:

1. The purpose of the framework was to develop an integrated approach and to establish a shared understanding about what was to be achieved.
2. Within the framework there were five building blocks; setting objectives, developing a set of performance measures and targets, implementing assurance and review tools, enabling ownership and accountability and providing resources and educational supporting. The Committee were shown further details of each of the five building blocks with an explanation in terms of how each one would be implemented.
3. Rachel added that the framework would be reviewed formally every three years and would be presented to the Trust Board in March 2022.
4. This framework would formally integrate quality and performance and formalise many of the improvements that had been made with previous iterations of the framework.

Comments:

1. Members welcomed the ambitious and positive framework recognising there would be challenges in its delivery.
2. The Committee supported the framework and advised that communication to staff in terms of the delivery was vital to its success and subsequent benefit to patients.
3. The Chair added that the biggest challenge would be the change from a command and control organisation to a bottom led up organisation. In terms of reporting on progress he advised that Rachel Marsh consider which Committee would receive updates

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

## 69/21 INTEGRATED MEDIUM TERM PLAN (IMTP) 2021-2024 - PROGRESS REPORT

The Committee noted the update from Rachel Marsh who drew attention to the key highlights:

1. There were two actions due in quarter 1 and quarter 2 which required urgent attention (Red); developing a business case to support level two falls response model and implementation of the new 111 system.
2. Welsh Government had issued a letter which asked the Trust to ensure that WAST Board was assured on the delivery of its annual plan. These issues were being developed through the Trust's assurance report.
3. Through the Strategic Transformation Board (STB), the Trust had prioritised the deliverables within the IMTP which included those which were being paused.
4. The NHS Wales Planning Framework had been published and the Trust was required to submit a Board approved IMTP to WG by 28 February 2022.

Comments:

1. In respect of the red rated actions, what level of risk was there in these delays? In respect of the falls response model, Rachel Marsh explained that the risk was to the safety of individual patients adding that progress was being made in collaboration with Betsi Cadwaladr Health Board in the North. Members noted that the delays with 111 would be discussed in the closed session of the meeting.
2. Was it possible in respect of actions in progress (amber) to include a date of forecasted completion? Rachel Marsh explained that the STB reviewed this detail.
3. In respect of the letter from WG, in particular the risks associated with the handover issues at the Grange Hospital was there any further comment? Rachel Marsh explained this referred to the issues during the bedding in process. The handover issues were still in existence and any risks associated continued to be monitored regularly, not only at the Grange but also at other hospitals.

**RESOLVED: That the Committee;**

- (1) noted the IMTP Delivery Assurance Report and headlines highlighted in the executive summary;**
- (2) advised of any further information required to assure the Board around IMTP delivery; and**
- (3) delays with 111 would be discussed in the closed session of the meeting.**

## 70/21 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

The report was presented as read by Julie Boalch who drew the Committee's attention to the following areas:

1. There were 10 corporate risks assigned to the Committee for oversight. There has been minimal activity of these since the last meeting.

2. Work was continuing in the way in which the Trust could improve the methods in which it articulated risk going forward. In order to support this work the request for an additional risk officer was being proposed at the next Audit Committee meeting.

Comments:

1. In respect of Risk 343 (failure to undertake tactical seasonal planning), was this the correct description of the risk? Julie Boalch agreed for the description of the risk to be reviewed at the Assistant Directors Leadership Team (ADLT). Lee Brooks added that this risk had recently been lowered from a score of 12 to 8.
2. Risk 331, impact around impact on estates, has it been reviewed since February? Julie Boalch advised it had been reviewed recently at ADLT and explained it would be updated accordingly.
3. Julie Boalch further added that as soon as the Once for Wales Datix module was implemented, dates would be updated automatically.
4. Trish Mills commented that risks 343 and 229 were now below the target and queried whether they could be closed. The Chair asked that a process for closure be provided to the Committee at its next meeting.

**RESOLVED:**

**1. The Committee received assurances on the report and specifically:**

- a) **noted and discussed the contents of the report; and**
- b) **highlighted any specific aspects or concerns that need to be raised to Senior Management and/or Audit Committee.**

## **71/21 INTERNAL AUDIT TRACKER REPORT**

Julie Boalch presented the report as read and highlighted the following

1. There were 72 recommendations assigned to the Committee for oversight, of these 8 were high priority with 3 overdue and continued to receive close scrutiny. Revised completion dates had been proposed.
2. The two longest overdue recommendations from 2019/20 related to the Information Systems Security Leavers reasonable review and both had received revised completion dates of March 2022.
3. In terms of the four limited assurance recommendations, two were overdue and were expected to be completed by April 2022.

Comments

The Committee acknowledged the report and recognised the work involved in clearing the longer overdue risks.

**RESOLVED: That the Committee;**

- (1) noted the contents of the report;**

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

## **72/21 DECARBONISATION AND SUSTAINABILITY UPDATE**

Chris Turley updated the Committee on several areas from the report which included:

1. The Committee were reminded of the details at the last Board Development day in which an agreed list of the next steps/actions were discussed.
2. ISO14001 continued to be complied with; the Committee noted that the External Audit had been completed on 22 September 2021.
3. Further updates would continue to be presented at Committee going forward.

Comments:

1. The Committee made reference to the Board Development session and were pleased to see the progress being made in this area.
2. ISO140001, the Chair urged for wider involvement in respect of developing the actions required.

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

## **73/21 VALUE BASED HEALTHCARE – VERBAL UPDATE**

1. Chris Turley updated the Committee on work that was being progressed, notwithstanding the inherent challenges due to the pandemic.
2. One aspect of the current work was the development of a more detailed costing system.
3. It was also noted that the Steering group which managed this would start to meet on a bi-monthly basis.
4. Members noted that this item would be kept on the Agenda for future meetings.

Comments:

1. Rachel Marsh advised the Committee that value based healthcare continued to be a strong theme from the Commissioners perspective

**RESOLVED: That the Committee;**

## **74/21 KEY MESSAGES TO BOARD**

The Chair advised the Committee that the following items would be reported to the Board.

1. The risk around ongoing military support.
2. NEPTS transfer was complete.
3. Seasonal planning was ongoing.
4. The Trust was in financial balance.
5. A fixed funding for the remainder of the year was being agreed with the Commissioner.
6. There was good governance arrangements around Fleet.
7. The Covid costs to date were covered.
8. There were some systems improvements due with 111 and 999 call handling.
9. Currently there was a 38% conveyance rate.
10. EASC actions – some actions were being referred to other Committees; how to look after staff welfare etc...
11. The Quality Performance Framework was in development.
12. IMTP updates - Prioritisation of actions due to Covid.
13. Value based health care and the ongoing work.
14. Sustainability and Decarbonisation update.

**RESOLVED: That the Key Messages was noted**

**Date of next meeting: 20 January 2022**

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
61/21	23 September 2021	Decarbonisation and Sustainability	Consider whether individual staff objectives on environmental actions could be included in PADR's	Chris Turley	20 January 2022		Open
66/21	18 November 2021	Financial Performance	In respect of vacancies, mainly in the Quality and Safety Directorate it was requested that further information be provided at the next meeting and further information be provided regarding variations in spend across directorates	Chris Turley	20 January 2022	The Information is illustrated in the Finance update report.	open
66/21	18 November 2021	Financial Performance	Further detail was requested on the number of Mannequins	Chris Turley	20 January 2022	Information contained in the internal business case through Chairs Action that has been circulated to members	open
68/21	18 November 2021	Draft Quality and Performance Accountability Management Framework	Consider which Committee should receive updates going forward	Rachel Marsh	20 January 2022		open
71a/21	18 November 2021	Risk Management and BAF	In respect of Risk 343 (failure to undertake tactical seasonal planning), was this the correct description of the risk? Julie Boalch agreed for the description of the risk to be reviewed at ADLT.	Julie Boalch	20 January 2022	It was agreed at Trust Board on 25/11/21 to close this risk from the Corporate Risk Register and therefore there is no further action required.	closed
71b/21	18 November 2021	Risk Management and BAF	A process for the closure of risks be implemented	Trish Mills	20 January 2022	The Trust Board will approve the closure of risks deemed to be within tolerance.	closed



## **OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2021-22 Q3 (January 2022)**

### **❖ PANDEMIC RESPONSE**

The Trust returned to the Response Position within the Response Phase of our Pandemic Plan. The Senior Pandemic Team (SPT) has been stepped back up and is currently meeting twice weekly, with a remit which incorporates both seasonal pressures we anticipate over the winter period, alongside the challenges which remain associated with the pandemic.

An extension of military support beyond the end of November 2021 to 31<sup>st</sup> March 2022 was submitted and approved and the numbers of personnel increased from 110 to 251. From week commencing 17 January this higher number shall be on task and deployed across WAST.

Between October and early November 2021, staffing abstractions in the directorate (reported from GRS) as a result of Covid remained stable at around 4-5%. Towards the end of December 2021 this began to increase reaching a peak on New Year's Eve (10-11%). This increase is attributed to the new Omicron variant which has an extremely high transmission rate. Since this peak we have experienced gradual reduction in Covid related abstractions however only time shall inform whether this is to be sustained.

Throughout Quarter 3 the focus of the Operations Directorate has been firmly on the pandemic response and winter pressures.

In addition to the SPT Tactical Plan and staff welfare measures outlined previously, additional tactical actions have been progressed to mitigate the increased risks posed by the Omicron variant:

- Review of premises Covid risk assessments including those of corporate buildings to ensure sufficient physical workplace distancing
- Increased home working across all critical functions to limit face-to-face contact and reduce onsite presence
- Our corporate staff volunteering to be reassigned temporarily to support critical functions
- Available clinicians moved into NHS 111 to support rosters
- Encourage staff to receive the Covid vaccinations/booster and enable military personnel to access vaccinations and boosters locally
- Extension of the strategic winter cell until the end of January 2022
- Deep cleaning and swabbing undertaken in all Trust contact centres

### **❖ RESOURCING & EMS COORDINATION**

#### **Emergency Rule**

In response to increased and sustained pressure on the 999 call handling demand the EMS Coordination team reviewed tactics that could reduce average handling time and therefore increase the capacity of our Emergency Medical Dispatchers to handle 999 calls. The current process consists of 8 elements including recording key incident information, prioritisation processes, recording patient demographics as well as providing advice and additional scripting associated with Covid screening, Clinical safety plans and ETAs.

Following a review of call handling escalation/business continuity plans from other UK ambulance services a proposal was submitted to the Executive Management Team to enhance our Emergency Rule guidance. The International Academy of Emergency Dispatch (IAED) who provide the governance structure for MPDS define the emergency rule as 'designed to be used when a service's call volume suddenly and unexpectedly exceeds the services ability to handle their call volume'. In WAST this guidance meant that when implemented all advice including CPR instructions would be removed from the call handling process, due to the significance of this approach the Emergency rule has not been implemented even at times of significant pressures.

Following EMT approval on 5th January 2022 a revised approach to Emergency Rule implementation has been agreed which applies the guidance in a phased approach and also reduces the questioning process to the minimum required to achieve a code. This phased approach would allow EMS Co-ordination to protect the most vulnerable patients for as long as possible even in times of extremis. A four stage approach has now been incorporated into the Clinical Safety Plan including required approvals to initiate each of those levels.

## ❖ EMERGENCY MEDICAL SERVICE (EMS)

One of the efficiencies and recommendations identified in the 2019 ORH report was to review all operational rosters within the EMS function by December 2021 to improve the safety of patients and the wellbeing of staff and in particular aligning our peak production more closely to the daily patient demand pattern. This was supported by a recommendation to increase EMS staffing by 263 FTE to assist with closing the gap that was identified in relation to the capacity for relief working.

In response to the Review WAST has established the EMS Operational Transformation Programme, of which the EMS Roster Review Project is one of ten partnership projects. The objectives as set out in the terms of reference is twofold; 1) improving patient safety by delivering rosters aligned to patient demand 2) improving staff well-being by delivering good workable shift patterns.

To date the following steps have been established:

**Step One - Core Principles** – the negotiation and agreement between management and trade union colleagues of the principles around which the rosters will be designed, which concluded in July 2021.

**Step Two - Working Parties** – 15 local groups working across Wales, in partnership between managers and local trade union representatives, on the detailed design of station rosters, circa 85 across Wales that require a full review. Due to the complexity of this work, timelines for this step were initially set to take place from September to December 2021. Working Parties 1 was completed, on schedule, in September 2021.

We recently "paused" the project to take the opportunity to review more recent data on the unscheduled care system and consider stakeholder feedback. This has now been completed and following due consideration of the current COVID19 response balanced against the importance of achieving agreed revised roster patterns before Winter 2022, Working Parties 2 will recommence from January 17<sup>th</sup> 2022.

Included in the new modelling is the intention to introduce the concept of CHARU (Cymru High Acuity Response Unit), which will be deployed to support patients with suspected critical illness or injury. The CHARU will replace the traditional RRV model. The dispatch criteria is currently being finalised but will include all red category calls but will also include examples such as falls from height, serious road traffic incidents and serious assaults.

## ❖ **AMBULANCE CARE (Non-Emergency Patient Transport Service - NEPTS)**

### **Covid Response & Recovery - Additional Capacity**

In September we were awarded additional funding for the period until 31st March 2022 to help continue to support Health Boards as they endeavour to reduce the backlog of planned care.

We created a temporary new post of Ambulance Car Driver and the 30 successful candidates were recruited have commenced conveying T1 patients, enhancing our Volunteer Car Service and reducing our use of private taxi hire.

### **Quality Dashboard**

Since first approval in February 2021, several operational performance measures have been added to our dashboard to create a balanced scorecard for NEPTS.

The quality dashboard is entering its twelfth month of reporting and as so, an additional section will be included within February's report sharing what actions have been taken to improve the measures within the dashboard and provide a deep dive into certain measures. The patient survey element continues and we have started to consider how we can share the outcomes with our staff.

### **Update re: 3Q's**

The NEPTS Quality Management Framework has now been approved by EMT and work is now underway to successfully deliver the aims during 2022.

As part of the framework a Quality Framework a Quality Assurance, Quality Control & Award system, has been developed, the system will be called the '3Q's' Quality, Quality, Quality.

The 3Q's will allow the monitoring and measurement of quality against a set of standards. Providers will then be allocated the appropriate number of Q's based on their performance as measured against those standards.

The Q's will be awarded on the following basis:

- 2 Q's from the Quality Assurance Exemplar. (The Document that lays out and assesses what excellent looks like)
- 1 Q based upon performance against the QA Performance Matrix. (6 Performance related prerequisites that can be measured to show excellent performance)

It is the intention that these standards will also be used to assess WAST's ability to deliver on Quality and so we will also shine a light on ourselves to ensure we practice what we preach.

Colleagues from the NCCU have been engaged with this process and there has been overwhelming support and praise for this work.

Following approval, the team are currently undertaking virtual engagement sessions with external providers to discuss the awards in readiness for the implementation on the 1st of April 2022. Initial feedback from providers is very positive and we have had good engagement, all have commented how refreshing it is to be fully engaged with and having the opportunity to shape the future of NEPTS in Wales with WAST. We shall provide an update on this progress to QuEST.

## ❖ INTEGRATED CARE

### 111 Operations

Recruitment continues to satisfy the demand from the Pandemic and the final roll out of Cardiff and Vale to the NHS 111 Wales programme with an enhanced estates provision within the Trust's own premises enabling an increased hiring to meet the demand.

A new Interactive Voice Recording system was introduced to the 111 telephone number which is helping to signpost callers to the right destination earlier in their call, prior to speaking to a call handler. In early results, 15% of callers are not remaining on the line to speak with the initial call handler.

Additionally, an informative Estimated Wait Time is now presented to the 111 caller to help manage expectation, especially during busy times. The old chargeable 0845 number for contacting NHS 111 Wales has been retired and all callers are now directed to 111. In a low-key switchover, the Trust is now able to pinpoint the dialling location of the caller and there will be no further caller charges for contacting the service.

Preparations continue for the delayed roll out of Cardiff and Vale with an expected go live data in the first week of March 2022.

### CSD Operations

36 WTE paramedics have now been recruited to the Clinical Support Desk and through a staggered programme of training and mentoring will all be on line before the end of March 2022. Over half are on line already. Work is underway to enable the first Integrated Care Advanced Practitioners to provide senior clinical support to CSD operations, starting January 2022.

### 111 Christmas Bank Holiday Weekend

111 Operations saw its highest ever volume of presented calls during the Christmas Bank Holiday weekend with almost 6,000 callers presenting to the 111-call queue on Tuesday 28<sup>th</sup> December. Plans were already in place to bring in additional staff and to move staff from traditionally quieter days. While the abandoned calls were similar to a regular weekend the service also set a new record of calls to 111 answered in a single day at 3,180. Across the weekend the telephony platform was tested and it was gleaned that additional capacity was needed to enable the volumes trying to access the service could connect. A root cause analysis is underway and shall be considered by the EMT when complete, and in the interim additional capacity has been provided.

## ❖ NATIONAL OPERATIONS AND SUPPORT

### Preparedness & Seasonal Planning Exercises

The EPRR and Specialist Ops team supported a table top exercise run by the Prepare Delivery Group called Celtic Consolidation. This was held on 25<sup>th</sup> November based on a terrorist CBRN attack and focussed on Control Room management; Tactical management; Strategic Management; Mass Fatalities processes; Mass casualties and health; Warning and Informing and Governance and Humanitarian issues. The afternoon session was a reflection on early themes gleaned from the ongoing Manchester Arena Inquiry.

The EPRR team ran the annual Seasonal Planning exercise over Teams on 13<sup>th</sup> October and used the opportunity to refresh commander's knowledge of the various plans and procedures we have in place to support decision making over the winter period. We shall be collating recent process developments relating to incident preparedness and shall present these to the relevant Committee for assurance.

## **Specialist Operations Response Team (SORT) Business Case**

A business case for enhancing the Specialist Operations Response Team (SORT) was approved at EMT and has been submitted to Welsh Government for their consideration. This enhancement is based on a similar process already undertaken in England to strengthen the Trust's response to Marauding Terrorist and CBRN attacks and if approved will support an increase in SORT volunteer numbers, dedicated trainer, Senior Paramedic role and additional funding to support provision of training and PPE across Wales. Papers shall be prepared and progressed for any spending approval at the appropriate time.

## **Winter Ops Order**

As part of setting up the Winter Cell the EPRR team drafted an Winter Cell Operations order which outlined all of the processes and capabilities that had been put in place to manage the additional demand, this also included a separate New Year's Eve annexe that was routinely updated to ensure the latest information was available.

## **Volunteering**

Following successful recruitment an appointment has been made to the Trust's inaugural National Volunteer Manager position. The new post holder brings with them a wealth of experience from the voluntary sector. It is anticipated that they will take up post towards the end of January 2022.



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# Finance & Performance Committee

## Month 9 2021/22 Financial Performance

20th January 2022





# Key headlines

- The cumulative year to date revenue financial position reported is a small **underspend against budget of £0.051m**;
- The forecast for 2021/22 is one of breakeven;
- Capital expenditure is forecast to be fully spent;
- In line with the financial plans that support the IMTP gross savings of £2.497m have been achieved against a year to date target of £2.362m;
- Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.2% for the number, and 98.4% of the value of non NHS invoices paid within 30 days.**





# Financial Performance by Directorate



Financial position by Directorate @ 31st December	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
<b>Directorate</b>					
Operations Directorate	134,206	97,740	97,896	155	0.2%
Chief Executive Directorate	1,895	1,399	1,404	5	0.3%
Board Secretary	339	252	223	-29	-11.6%
Partnerships & Engagement Directorate	699	510	459	-52	-10.1%
Finance and Corporate Resources Directorate	32,797	24,818	25,045	228	0.9%
Planning and Performance Directorate	1,211	685	571	-114	-16.6%
Quality, Safety and Patient Experience Directorate	4,809	3,474	3,084	-391	-11.2%
Digital Directorate	10,989	7,727	7,592	-134	-1.7%
Workforce and OD Directorate	4,403	3,240	3,172	-68	-2.1%
Medical & Clinical Services Directorate	2,719	1,951	1,878	-72	-3.7%
Trust Reserves	-911	-4,098	-3,680	418	-10.2%
Trust Income (mainly WHSSC)	-193,157	-137,699	-137,695	4	0.0%
<b>Overall Trust Position</b>	<b>0</b>	<b>0</b>	<b>-51</b>	<b>-51</b>	

## Comments:-

- Board Secretary – Funded vacancies from turnover and time to recruit as well as travel reduction and some software savings;
- P&E - Funded vacancies from turnover and time to recruit. Travel reductions and majority of awards ceremonies now arranged online;
- P&P - Funded vacancies savings from maternity, staff funded via development projects and turnover and time to recruit;
- QSPE - Funded vacancies from turnover and time to recruit and travel reductions;
- Reserves – agreed additional expenditure such as equipment & consumable purchases and provisions to offset underspends in other areas.



# Reported and forecast Covid – 19 revenue spend



Income and Expenditure	YTD	FYF
	£'000	£'000
Total Pay	4,069	6,150
Total Non Pay	3,514	5,165
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
<b>NET COVID</b>	<b>7,583</b>	<b>11,315</b>



# Remaining risks

- Pay enhancements of 1% for Bands 1-5 together with an additional day of annual leave for all staff - £1.8m - *low risk*;
- PIBS (Permanent Injury Benefit Scheme) verbal confirmation has been provided by WG of the availability of this annually provided matched funding - *very low risk*;
- Additional risk re outstanding additional depreciation and impairment income required, until fully confirmed – *low risk as never not funded in previous financial years*;
- 111-Think First funding flows – *again low risk, but now the only outstanding development funding for 2021/22 to be fully confirmed*





# Capital spend to date



	Actual £'000	Plan £'000
<b>All Wales Capital Programme:</b>		
<b>Schemes:</b>		
ESMCP – Control Room Solution	5	26
111 Project Costs	384	1,094
WAST - Make Ready Depot - Cardiff	2,304	3,162
GUH transfer vehicles	(1)	412
WAST vehicle replacement programme	2,191	6,250
EPCR	366	822
National Programme – Fire	17	109
National Programme – Infrastructure	2	438
National Programme – Decarbonisation	30	387
COVID-19 Recovery Plans - 2021-22	200	200
NDR Programme	9	250
Additional Capital Funding - November - 2021-22	0	881
Infrastructure and Decarbonisation	0	118
<b>Sub Total</b>	<b>5,507</b>	<b>14,149</b>
<b>Discretionary:</b>		
I.T.	409	677
Equipment	422	3,817
Statutory Compliance	0	0
Estates	734	5,130
Other	70	230
Unallocated Discretionary Capital	0	0
<b>Sub Total</b>	<b>1,635</b>	<b>9,854</b>
<b>Total</b>	<b>7,142</b>	<b>24,003</b>
Less NBV reinvested		(130)
<b>Total Funding from WG</b>	<b>7,142</b>	<b>23,873</b>

- The Trust has expended to date £7.142m against a budget of £23.873m, given the time of the year this is in line with plan;
- Over the remaining three months of the year the Trust will be pressing forward with plans to ensure achievement of the CEL.



## Other items to note

- Planning and interim audit work is now ongoing in respect of the 2021/22 Trust Annual Accounts. There is an emphasis on frontloading as much work as possible;
- The 2021/22 year-end audit will again be conducted virtually maximising the use of available technology and building on the experiences of the previous two years;
- The focus of the teams now is to produce the financial plan for 2022/23 that underpins the IMTP and submission to the Board for sign off ahead of 31<sup>st</sup> March 2022.





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<b>AGENDA ITEM No</b>	<b>8</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

<b>MONTHLY INTEGRATED QUALITY &amp; PERFORMANCE DASHBOARD – December 2021</b>
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<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	20 January-22
<b>EXECUTIVE</b>	Rachel Marsh – Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Hugh Bennett – Assistant Director of Commissioning and Performance Nicola Quiller – Commissioning and Performance Officer
<b>CONTACT</b>	<a href="mailto:Hugh.bennett2@wales.nhs.uk">Hugh.bennett2@wales.nhs.uk</a> <a href="mailto:Nicola.Quiller@wales.nhs.uk">Nicola.Quiller@wales.nhs.uk</a>

<b>EXECUTIVE SUMMARY</b>
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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 **Dec-21** (with the exception of WOD and AQI data, where Nov-21 data is provided).

**RECOMMENDATION**

Trust Board is asked to:-

- **Consider** the Dec-21 Integrated Quality and Performance Report and actions being taken and determine whether:
  - a) the report provides sufficient assurance;
  - b) whether further information, scrutiny or assurance is required, or
  - c) further remedial actions are to be undertaken through Executives.

## KEY ISSUES/IMPLICATIONS

### **Overview**

Mar-21 Trust Board & QUEST received a revised Integrated Quality & Performance Report which contained 28 key indicators at a highly summarised level and demonstrated how the Trust is performing across four integrated areas of focus:

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

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

The Strategy, Planning & Performance Directorate has continued the formal update of the report, based on feedback from Board, committees and individual responses from non-executive directors and executives. The overhaul is now complete. The report will continue to be reviewed on an iterative basis, likely to be annually in line with the IMTP.

The review of the Quality & Performance Management Framework has stopped and started due to the on-going pandemic response; however, it is now almost finalised and on-target for the Mar-22 committee cycle and Board. This Framework has several components, one of which will relate to the use of metrics and indicators across all areas and levels of the Trust to demonstrate progress towards the Trust's strategic objectives and goals as well as to point to areas where improvement is required. The Framework will therefore set out how metrics and indicators will be used at Board level, at Executive level, at Directorate level and at locality level.

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

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

999 answering times have been challenged through significant increases in demand. 111 call answering performance, measured by call abandonment rates, remains at unacceptable levels, also due in part to increases in demand over and above that forecast. In both areas, very high levels of staff sickness levels, linked to the pandemic, are impacting on capacity.

Actions to improve both of these areas involve the recruitment of additional call handlers. For the 999 calls, additional staff recruitment has been agreed by EMT, has been actioned, with the recruitment and training of up to 32 WTE due to have been completed by mid February 2022; however, increased attrition means this target date will not be achieved. The Omicron Tactical Action Plan includes additional support to CCC from Workforce & OD to aid recruitment and deliver this action. Similarly, within the 111 service, recruitment continues with a further 30 WTE funded by the 111 Programme Board. The teams have, at pace, increased the capacity (including physical capacity) in the training cohorts planned from January onwards in order to achieve this uplift in Q4.

Within the 111 service, a recently implemented telephony system for interactive voice response provides callers with expected answer times and sets out alternative options as the caller waits (for example, informing callers that they may find answers

on the 111 website). In due course, there will also be an option for the caller to be called back rather than hold on. This will improve the patient experience, reduce numbers of calls that end up with the call handler and reduce abandonment rates.

**111 Clinical response:** Whilst we continue to see achievement of the clinical call back times for the highest priority 111 calls, a decline in performance was seen in Dec-21 in the lower priority calls. The Trust knows that the waits for a clinical ring back are too long. Call Handler and Clinical Advisor recruitment continues with a planned training course on 10 Jan-22 with a further cycle planned to commence mid-Feb-22 (across the 3 sites for up to 29 staff; subject to workforce supply and ability to recruit). As with the call handler recruitment, The Trust is also urgently looking to secure additional numbers into each of the cohorts.

**Ambulance response (safety / patient experience):** Red and Amber response times have increased further in Dec-21 due to an increase in patient demand and extreme hours lost at hospitals (accounting for 22% of conveyance resource production) which cannot be offset by increased ambulance production. Response times continue to be much longer than the Trust would want. Actions within the Trust's control include:

Capacity:

- Recruitment of an agreed, funded additional 127 FTE front line staff as part of the Year 2 EMS Operational Transformation Programme. The Trust is on course to have completed this action by the end of March 2022. This will close the relief gap and allow the Trust to deliver 95% of UHP more consistently (subject to abstraction rates, in particular, sickness absence);
- Securing of additional temporary capacity from alternative sources, including St John Cymru, Fire & Rescue Services and the military. A significant number of additional hours have now started to be added as part of this capacity with emergency ambulance unit hours production (UHP) at 96% in Dec-21 i.e. above the benchmark of 95%. This will increase further in Q4.

Efficiency:

- Work is ongoing on a range of workforce modernisation proposals in partnership with trade union partners, aimed at increasing capacity and efficiency. This programme of work is likely to take 3 to 4 months of negotiations and performance study before agreement and subsequent implementation. The response to Omicron has cut into this work, but an initial report is expected for the end of Jan-22.
- The roster review programme, designed to match hours produced with demand patterns across Wales, has re-commenced with significant elements of the project already complete. The project was paused whilst consideration was given to consider further modelling on patient safety. The revised implementation timeframe is Sep-Nov 22 i.e. in time for winter 2023, with some rosters going live before this implementation timeframe where a station wants to go live early.

Demand Management

- The Chief Ambulance Services Commissioner (CASC) has funded 40 additional clinicians into the Clinical Support Desk, with recruitment now underway and on-target with 36.72 Paramedic FTEs recruited and the mental health professionals also recruited with on-boarding and full go live occurring

through Feb-22 and Mar-22. As well as improving the safety of the calls that are waiting, this investment will also mean an increase in hear and treat rates.

The Trust has combined various tactical plans into a single Performance Improvement Plan (PIP) which is being reported to the Executive Management Team every two weeks (and onto the CASC). Actions are set out under four main headings with actions including:

- Better management of demand;
- Increasing capacity;
- Increasing effectiveness and efficiency of resources; and
- Supporting staff well-being.

The PIP is being supported by a range of sub-structures, for example, the re-establishment of the Senior Pandemic Team as part of moving back into “response” mode for the pandemic and its impact. Forecasting and modelling was completed for the winter period, which was fed into the PIP, with the current forecasting and modelling focus being on quarter one 2022/23 i.e. once military aid stops.

**Ambulance Care (formally NEPTS) (Patient Experience):** performance was above target for enhanced renal patient arrivals prior to appointment in Dec-21 and has improved for patients requiring discharge; however, Ambulance Care core (outpatient) demand has not yet recovered to pre CoVID-19 levels. As the system “re-sets” the Trust anticipates a situation where Ambulance Care demand returns or surpasses previous levels; this coupled with reduced capacity caused by social distancing could mean that Ambulance Care will have insufficient capacity to service patient demand. The Trust has received external funding to increase its Ambulance Care capacity through the procurement of third party providers which is now live, but further discussions are now taking place on what happens beyond 31 Mar-22 as part of the 2022-25 Integrated Medium Term Plan (IMTP) process.

**National Reportable Incidents (NRIs) / Concerns Response:** The Trust reported 4 NRIs to the Delivery Unit in Dec-21, compared to 9 in Nov-21; and 23 patient safety incidents were referred to health boards under the “Appendix B” arrangement, compared to 30 in Nov-21. Complaint response times improved to 70%, which in the circumstances is good (target 75%). In the main, many of these incidents will be as a result of the longer response times and the actions outlined below therefore are key.

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

**Hours Produced:** 116,484 EMS ambulance unit hours were produced in Dec-21. The emergency ambulance UHP was 96% in Dec-21, achieving the 95% UHP benchmark; however, RRV UHP was 74%. The emergency ambulance UHP has improved as a result of military aid, Fire & Rescue Services support and St John Ambulance capacity. The Trust continues to recruit additional staff in line with the EMS Operational Transformation Programme so that numbers of substantive staff in post increase as well; however, the level of abstractions means that capacity gain from this recruitment is less than the Trust would expect under more normal operating conditions.

**Response Abstractions:** Abstraction levels increased in Dec-21, remaining very high at 45.42% (benchmark 30%). CoVID-19 has had a significant impact on

abstractions with sickness abstractions being 15% in Dec-21 (benchmark 5.99%) the highest since Jan-21. Workforce fatigue is also an issue.

**Trust Sickness absence:** The Trust's overall sickness percentage (Nov-21) was 11.07% and high sickness levels were seen across all areas of the Trust's operations including Ambulance Response, CCC, 111 and NEPTS, affecting capacity in all areas. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level, although it is difficult to forecast the ongoing impact that CoVID-19 will have on staff and volunteers. In addition, Employee Assistance Provider (EAP) data suggests that most requests for counselling are as a result of work related stress. As outlined above, the PIP contains additional actions being taken in relation to staff well-being.

**Staff training and PADRs:** PADR compliance and Stat / Mand training compliance are below target. This has been impacted on by the pandemic. The Learning and Development Team will continue to utilise Siren using the #WASTMakeltHappen tagline to reinvigorate My Learning on ESR to improve compliance rates for Corporate staff.

### **Finance and Value**

**Financial Balance:** The Trust's year to date (YTD) expenditure to budget position is 100% i.e. balance.

**Post-production lost hours:** The efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). EMS Response lost 13,099 PPLHs (across EA, RRV, UCS & APP Vehicles) in Dec-21, compared to the 116,484 hours produced. The reasons for PPLHs are many and varied, with around 51% in December being attributed to return to base for meal break. The PPLH figure needs to be treated with a degree of caution, with further work currently being undertaken on data input accuracy. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base. The Trust and TU partners are currently collaborating on PPLHs through the Leading Service Change Together workshops which started in Sep-21. At this moment in time there is no agreed benchmark for PPLHs; however, it is anticipated that it would be significantly less than the 13,099 hours reported above. Further benchmarking work with Operational Research in Health (with three other ambulance services) indicated that the Trust benchmarked favourably with two of the three. Contact is being sought with the third ambulance service which performs better.

### **Partnerships/ System Contribution**

**Shift left:** Much of our work as a Trust relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **hear and treat** rates after 999 calls; and the Trust achieved 11% in Dec-21, compared to the benchmark of 10.2%.

The Trust has an ambition to shift more patient demand left, where it is clinically safe to do so through both hear & treat and see & treat, a position consistent with the EMS commissioning framework. To this end EASC has recently supported an increase of 36 Paramedic FTEs and a cohort of mental health professionals FTEs into the Clinical Support Desk (CSD). Recruitment is complete with staff on-

boarding and going live in quarter four. This FTE increase will represent an almost doubling of the size of the CSD, and alongside recruitment, work is ongoing to develop the new service and workforce model. The Trust is also implementing new clinical triage software (on-target) and working with health boards on how they can support remote demand management (some delays and escalation to the CASC by the Trust). Further work is currently underway to identify a revised benchmark for hear & treat into 2022/23.

The Trust **conveyed** 36% of patients to emergency departments in Nov-21, an increase compared to 30% in Oct-21; however, analysis shows that this may be linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls. Further strategic modelling work is currently being undertaken on “optimising conveyance” with the initial results being reported in w/c 24 Jan-22.

**Handover lost hours:** The 2021/22 Emergency Ambulance Services Committee (EASC) commissioning intentions include an intention that handover lost hours should not exceed 150 hours a day for 95% of the year, which would mean a monthly loss of approximately 5,000 hours. 18,860 hours were lost in Dec-21. These levels are unprecedented and extreme and whilst the Trust can seek to mitigate the impact of handover lost hours, the Trust cannot offset this scale of lost hours. The Trust continues to raise this issue with EASC, Health Boards and Welsh Government and will continue to support any improvement programmes such as the EDQDF. The 2022/23 EASC commissioning intentions for handover lost hours focuses on setting improvement trajectories per site; however, the pressure on the unscheduled care system and system hangover as Wales emerges from the pandemic mean that the Trust can expect these extreme levels to continue into 2022.

## **Summary**

The indicators used at this high-level show, in many areas, a deteriorating picture in terms of the quality and safety of the service that the Trust provides. This is due in part to increasing demand across all areas of the service, the onset of the Omicron CoVID-19 variant, coupled with increasing levels of sickness and CoVID-19 related absence. Pressures within the rest of the urgent and emergency care system are played out in the very high levels of lost hours at hospital. Commissioners of both the EMS, NEPTS and 111 services have been very supportive of proposals put forward to increase resources across a number of schemes, and staff across the Trust are focusing all efforts on a range of strategic and operational actions that will reduce demand, increase capacity or improve our efficiency and effectiveness. The Trust has undertaken a prioritisation exercise with the result that some IMTP actions have been paused or slowed down to allow the Trust to concentrate on those programmes which will have the highest impact on patient safety and staff well-being.

**REPORT APPROVAL ROUTE**

<b>Date</b>	<b>Meeting</b>
17 Jan-22	Assistant Director of Commissioning & Performance Director of Strategy Planning & Performance
20 Jan-22	Finance & Performance Committee

**REPORT APPENDICES****Appendix 1 – Top Indicator Dashboard****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)		Financial Implications	
Environmental/Sustainability		Legal Implications	
Estate		Patient Safety/Safeguarding	
Ethical Matters		Risks (Inc. Reputational)	
Health Improvement		Socio Economic Duty	
Health and Safety		TU Partner Consultation	



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# Monthly Integrated Quality & Performance Report

## December 2021

### Annex 1 – Top Indicator Dashboard





# Section 1: Monthly Indicators / Top Indicators Dashboard



Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Nov-21	Dec-21	2 Year Trend	RAG
<b>Our Patients - Quality, Safety and Patient Experience</b>						
111 Abandoned Calls	< 5%	11.00%	17.8%	16.2%		R
111 Patients called back within 1 hour (P1)	90%	95.30%	94.8%	94.4%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:03	00:37	-		R
999 Red Response within 8 minutes	65%	63.6%	53.0%	51.1%		R
Red 95th percentile	00:14:00	00:17:59	00:21:44	00:23:27		R
999 Amber 1 95th percentile	01:18:00	02:24:10	04:34:47	06:02:36		R
Return of Spontaneous Circulation (ROSC)	Improve	9.97%	-	-		G
Stroke Patients with Appropriate Care	95%	95.83%	-	-		G
Acute Coronary Syndrome Patients with Appropriate Care	95%	73.50%	-	-		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	74%	77%	77%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	88.00%	88%	88%		A
National Reportable Incidents reports (NRI)	-	4	9	4		R
Concerns Response within 30 Days	75%	75%	56%	70%		A

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Nov-21	Dec-21	2 Year Trend	RAG
<b>Our People</b>						
EMS Abstraction Rate	29.92%	37.00%	41%	45%		R
Hours Produced for Emergency Ambulances	95%	96.0%	103%	96%		G
Sickness Absence (all staff)	5.99%	7.30%	11.07%	-		R
Frontline CoVID-19 Vaccination Rates	-	-	4,248	4,258		-
Statutory & Mandatory Training	>85%	83.1%	82.82%	82.06%		A
PADR/Medical Appraisal	>85%	52%	58.84%	57.87%		R
Ambulance Response FTEs in Post	1700	1702	1637	1639		A
Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	-	1117	1713	1687		-
<b>Value</b>						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%		G
EMS Utilisation metric	57%	-	-	-		-
Post-Production Lost Hours (All Vehicles)	Reduction Trend	11,053	15,979	16,063		R
<b>Partnerships / System Contribution</b>						
111 Consult and Close	Improve	5,612	5,915	6,875		G
999 Hear & Treat	10.2%	9.9%	10.0%	11.0%		G
% Incidents Conveyed to Major EDs	<48.6%	44.58%	36.57%	-		G
Number of Handover Lost Hours	< 150 hrs per day	6,093	18,160	18,860		R

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (To Be Determined)





# CoVID-19 Circuit Breaker Dashboard



## Headline Indicators



Figure 1



Figure 2



Figure 3



Figure 4

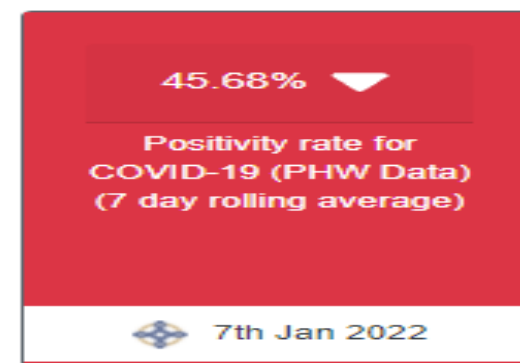


Figure 5

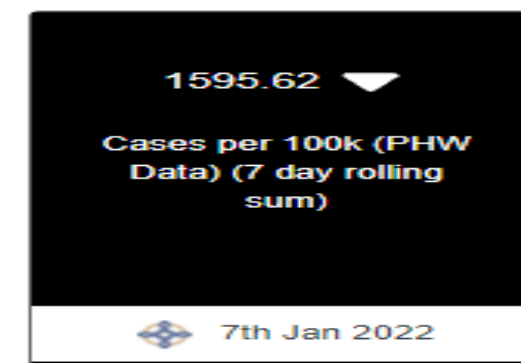


Figure 6

## Transmission, Incidence and/or prevalence of the virus



Figure 14

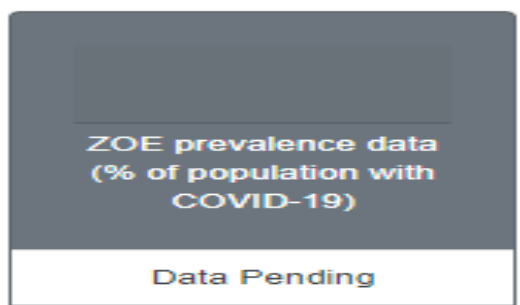


Figure 15



Figure 16



Figure 17

## Cases in last 7 days per 100k population by local authority

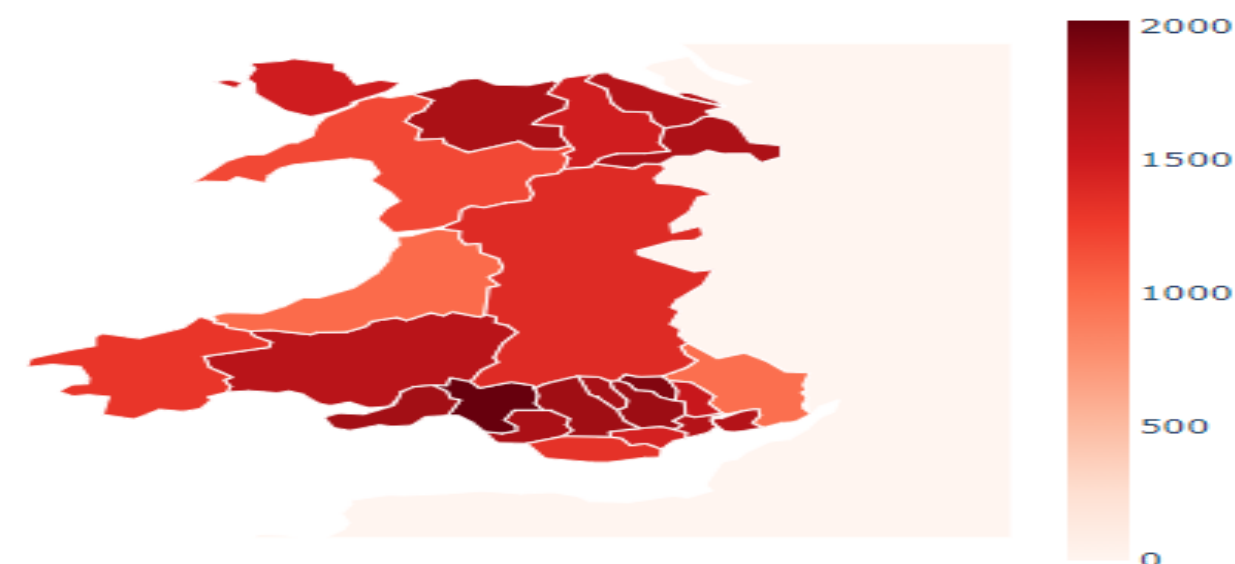


Figure 22 - 11th Jan 2022



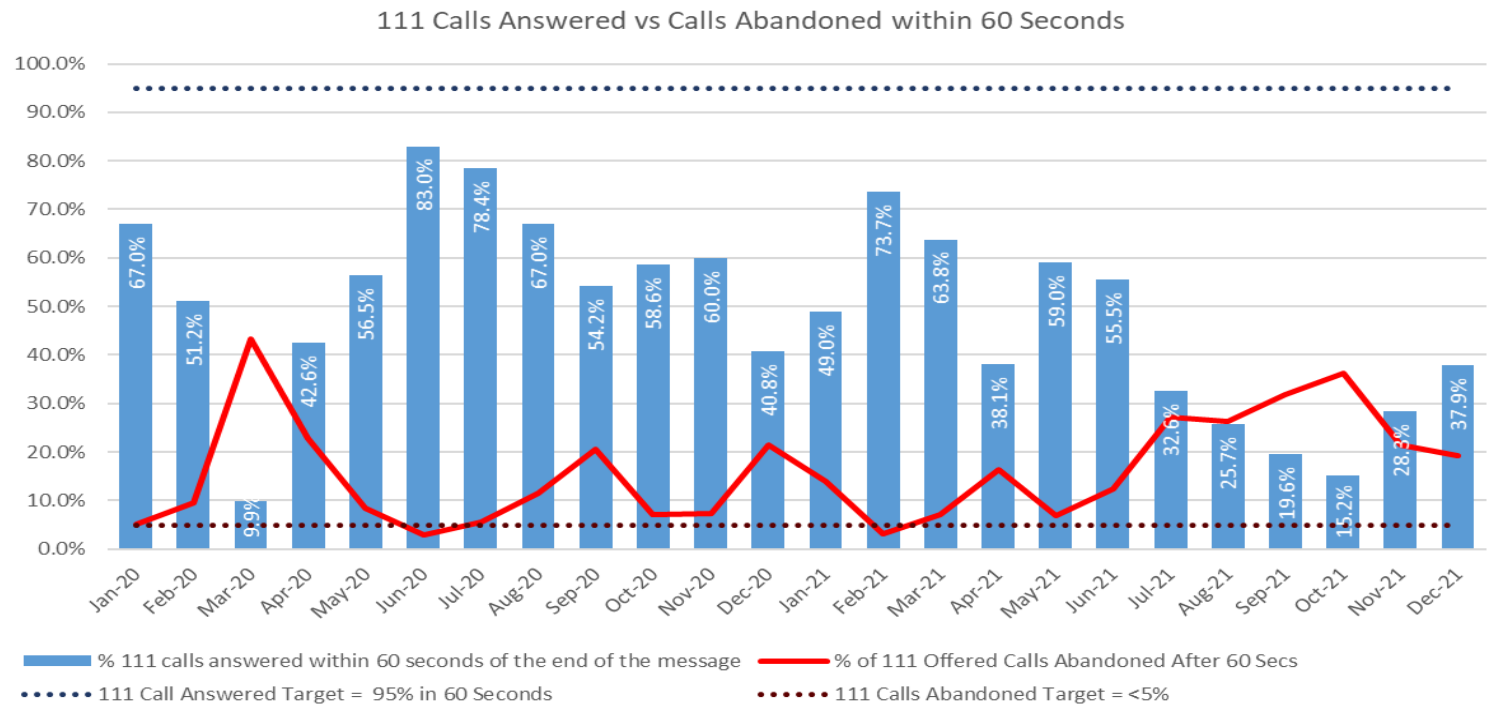
# Our Patients: Quality, Patient Safety & Experience

## 111 Call Answering/Abandoned Performance Indicators



NB: 111 Roles data correct at 12/01/22

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



#### Analysis

111 call abandonment is a key patient safety indicator for the service. Dec-21 saw an abandonment rate of 19.3%, an improvement compared to previous months and the lowest since Jun-21.

The percentage of 111 calls answered within 60 seconds of the end of the message improved in Dec-21 to 37.9%. Given the continued high volumes of calls per month, this still represents a significant number of people who receive a poor patient experience.

The main reasons for high abandonment rate / long answer times is a mismatch of demand and capacity.

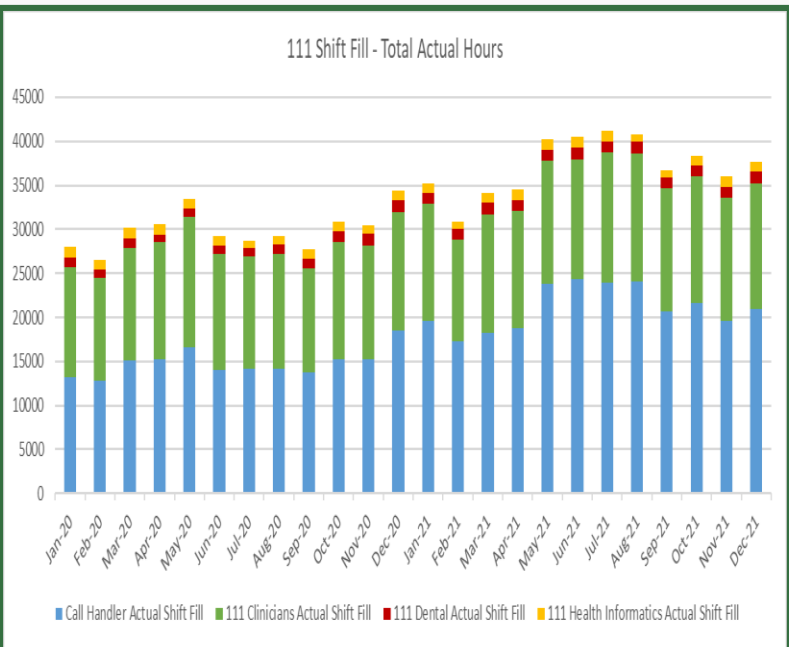
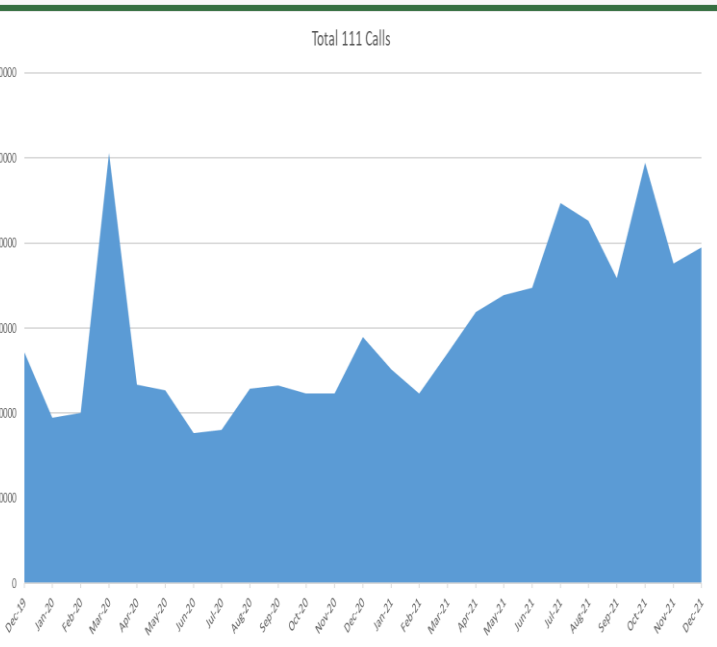
111 call demand increased in Dec-21 compared to the previous month, as seen in the graph. Demand for the service is higher than had been forecast following the BCU roll-out in June 2021. This increase in demand is likely due to the CoVID-19 Omicron variant and high positivity rates in Wales, along with the number of Public Holidays in Dec-21.

The graph alongside also shows that capacity (staff hours) has been increasing in line with the roll-outs and as planned; however, despite recruiting significant numbers of additional staff as agreed with commissioners, there are very high sickness absences (which includes CoVID-19 Sickness), which sat at 15.96% for NHS111 in Dec-21. This means that demand is higher than forecast, capacity is lower than planned leading to the longer response times as seen.

Communication to 'Think 111 First' is regularly circulated to the public, which includes utilising online 111 Wales; in Dec-21 there were 426,608 visits to the website, the highest volume since Apr-20. Searches for CoVID remain the top reason for visits, accounting for 49,993 hits.

#### Remedial Plans and Actions

- Increasing the 111 workforce profile for both Call Handling & Clinical Advisors continues to be a key area of focus for the 111 service.
- To mitigate the increasing demand levels on the 111 service, an additional 30 WTE Call Handlers have been funded.
- As part of an enhanced recruitment drive, specialist recruitment agencies have been successful alongside traditional recruitment processes, to increase the number of job applications for both Call Handler and Clinical Advisor posts.
- Additional training cycles have been planned for both Call Handlers & Clinicians, with the next cycle of training commencing on the 10<sup>th</sup> Jan-21 with a further cycle planned to commence in mid-Feb.
- The additional training cycles have been complimented by a successful expansion of the 111 training estate capacity across four sites including VPH, Matrix One, Ty Elwy & Thanet House. This has been a positive development increasing the number of available 111 training estate to deliver more training in the January & February cycles.
- The two additional training cycles have been planned to meet the additional 30 WTE Call Handler requirement as part of the 111 stabilisation plans whilst also preparing the service in readiness for the roll out of the core 111 service in C&VUHB and the roll out of the 111 First service model.
- A number of service improvement plans have been delivered to increase the productivity and increase capacity within the service to manage current demand pressures. This has included implementation of new IVR messaging and review of the Clinical Advice Line (CAL). These changes along with the continuing recruitment drive are demonstrating a positive impact on reducing the 111 call abandonment levels and providing a more responsive and timely service to patients.



111 First	FTE Budgeted	FTE Actual	FTE Variance
Call Handler (Band 3, incl. HI advisor)	156.42	171.33	14.91
HI Advisor	9.95	9.7	-.024
Clinical Advisor - Paramedic	4.00	4.2	0.2
Nurse Advisor/ Clinical Advisor - Nurse	121.48	109.44	-12.03
Dental Health Advisor	8.52	7.1	-1.41
Senior Clinical Advisor - Nurse	13.20	16.4	3.2
<b>Total</b>	<b>313.57</b>	<b>318.17</b>	<b>4.85</b>

A 111 UHP Dashboard has been developed and is now live to track actual hours for call handlers and clinicians.

Discussions continue with commissioners to review numbers of call handlers to determine whether there is approval / funding to increase further.

#### Expected Performance Trajectory

The new IVR system will improve patient experience and is likely to reduce abandonment rates (people take up option of call back); however, call answering times will only be improved through additional capacity and this relies on our continued recruitment into funded posts and improved efficiency gains, with work ongoing to develop innovative solutions



(Responsible Officer: Lee Brooks)

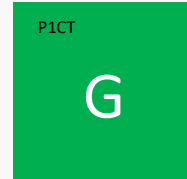
Welsh Ambulance Services NHS Trust



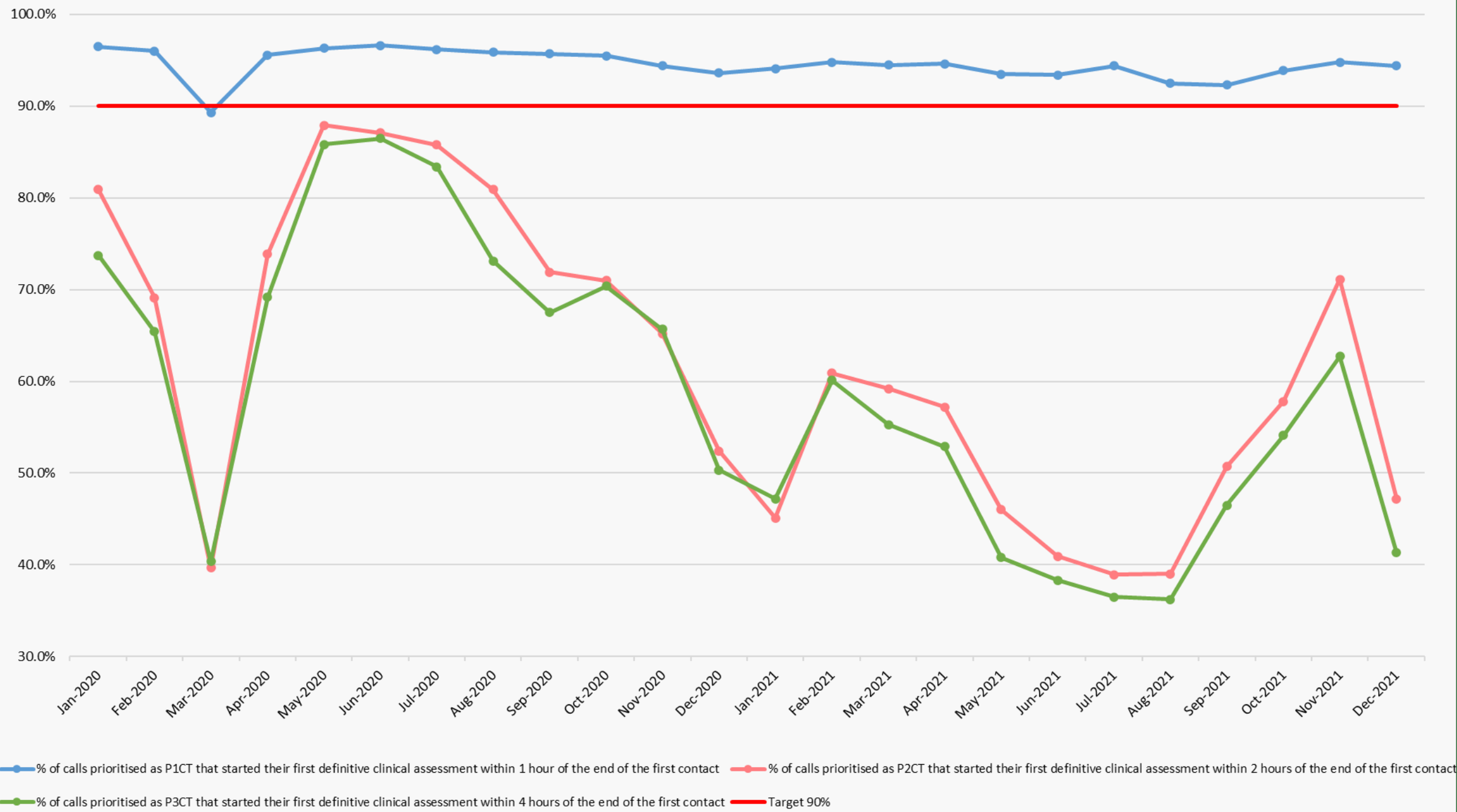
# Our Patients: Quality, Safety & Patient Experience

## 111 Clinical Assessment Start Time Performance Indicators

### Influencing Factors – Demand and Clinical Hours Produced



111 Timely Clinical Triage of Patients



#### Analysis

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

The highest priority calls, P1CT, continue to receive a timely response which, with the exception of Mar-20, has continuously achieved the 90% target.

For lower category calls, we are not meeting the 90% target, and a decline was seen in Dec-21.

Demand for the service continues to grow (see previous slide) which will affect performance, but in addition, recruitment and retention of clinical staff also remains problematic, (see previous slide, now at 109.44 WTE for clinical Advisors (Nurse) against an FTE budgeted of 121.48), these are insufficient to meet demand.

#### Remedial Plans and Actions

The main driver of improved performance will be the correct number of clinicians in post to manage current and expected demand. Urgent work is now underway through the Gateway to Care Transformation Board to consider:

- Opportunities to widen the scope of clinicians who can apply, for example through offering remote working, exploring use of different clinicians or considering call centres in other areas.
- Opportunities to understand better and potentially reduce the number of tasks that clinicians have to undertake so that the Trust needs fewer in the future, in particular, work is focusing on the use of the Clinical Advice Line.

#### Expected Performance Trajectory

Risks have been highlighted in previous reports about the ability to recruit sufficient clinicians and this is now being seen. Urgent work is now underway to agree a series of actions that might help to increase recruitment, reduce turnover and reduce demand on clinicians, but performance is likely to be poorer than the Trust would want for some time to come.



(Responsible Officer: Lee Brooks)

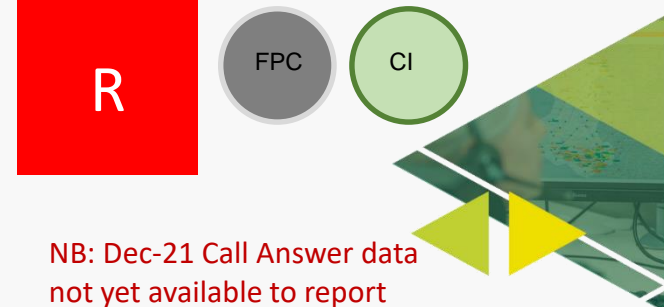
Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

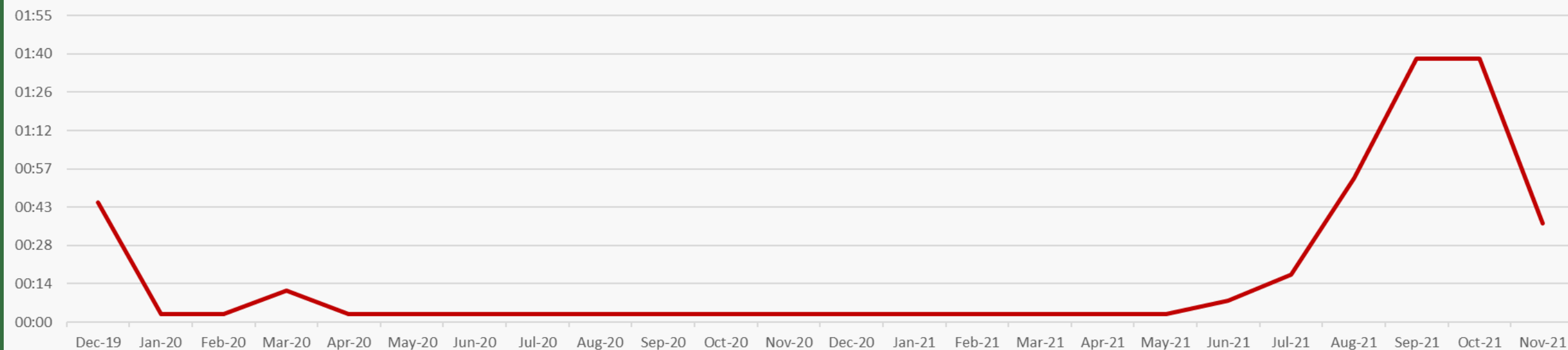
## 999 Call Performance Indicators

### Influencing Factors – Demand and Clinical Hours Produced



NB: Dec-21 Call Answer data not yet available to report

95th Percentile 999 Call answer times



#### Analysis

The 95<sup>th</sup> percentile 999 call answering performance saw a significant improvement to 37 seconds in Nov-21, compared to one minute 39 seconds in Sep and Oct-21, however this does not meet the 6 second answer target for the fifth consecutive month largely as a result of increased call demand, particularly at weekends. Increasing call answering times are a significant concern in relation to patient safety.

The median call answer times for 999 services remains consistently at 2 seconds. In Dec-21 65<sup>th</sup> percentile continued to average at 3 seconds.

The Trust received 47,853 emergency 999 calls in Dec-21, a decrease when compared to Oct-21, however this is higher than both Nov-19 and Nov-20. The continued high call volumes are likely to be a result of public activity returning to normal levels, along with the impact of the continuing pandemic. Although not shown here, there are increasing levels of staff abstraction due to sickness and COVID (18%) in the call centres which is reducing capacity.

#### Remedial Plans and Actions

EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately. Resources teams are focussing on balancing capacity across the 7 day period, targeting overtime to weekends and Mondays where patterns of demand and reduced UHP are identified.

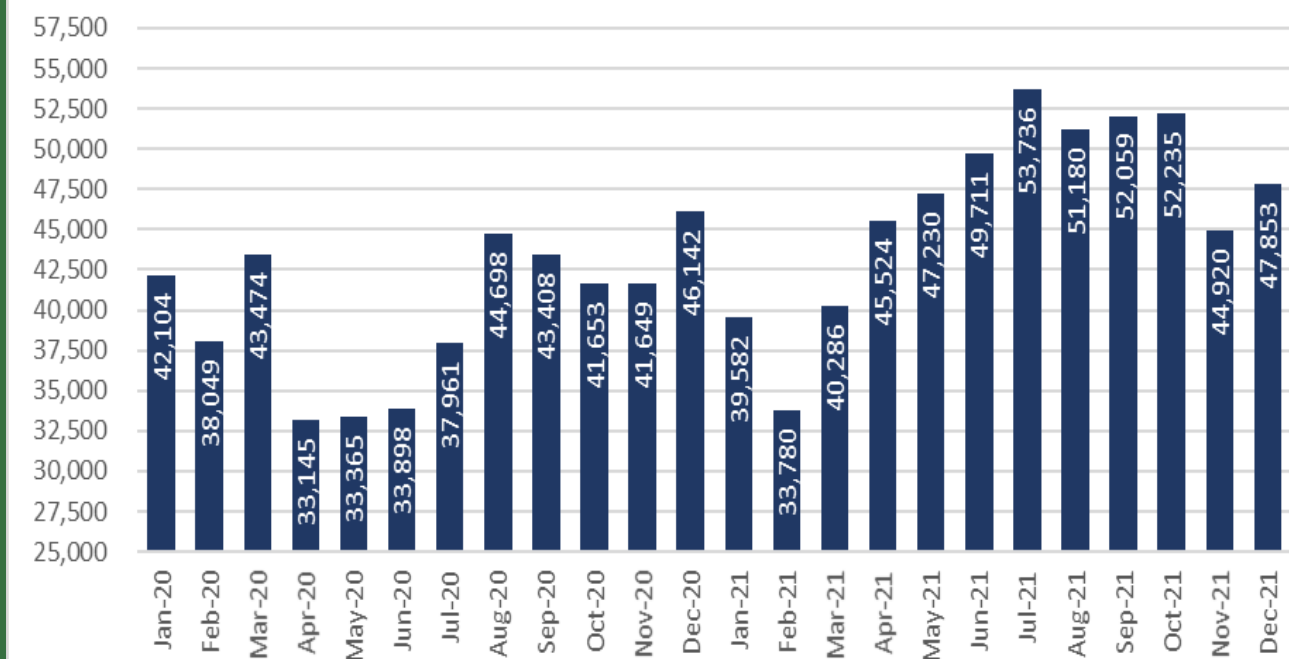
EMT has approved additional funding into EMS CCC to allow recruitment of EMDs to match the new baseline demand level being experienced, this funding includes additional relief capacity that will mitigate abstraction levels. Increased EMD capacity will allow more opportunity for current EMDs to reset and recover during shifts.

- The Trust had targeted Feb-22 as the point in time when the full impact of the uplift of 32.25 FTE EMDs would be felt in CCC; however, rates of attrition have increased and this will not be achieved.
- The Omicron Tactical Action Plan includes additional Workforce & OD support to CCC to aid the recruitment process. This has been actioned.

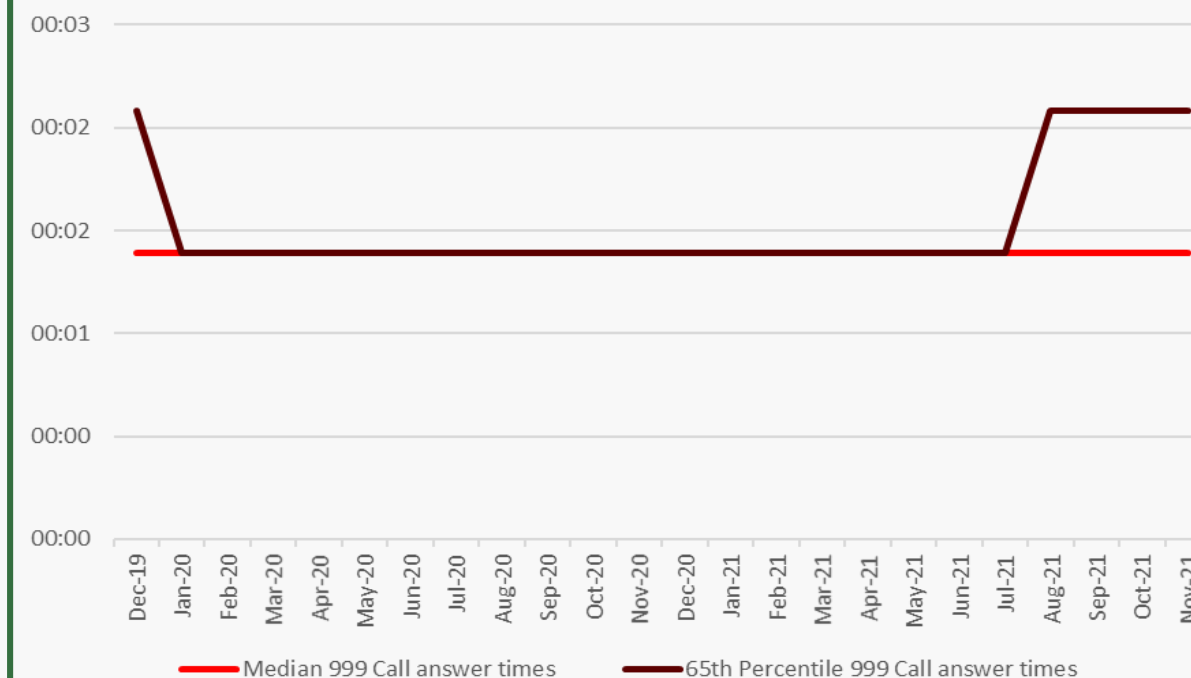
#### Expected Performance Trajectory

Performance is expected to continue to be difficult until additional staff are recruited. It is difficult to set a trajectory because of attrition, but 29 of the 32.25 FTEs have been recruited with an advert for another 10 (to offset the attrition) going out imminently.

999 Call Volumes



Median & 65th Percentile 999 Call Answer Times



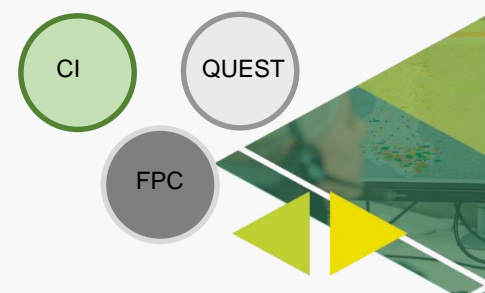
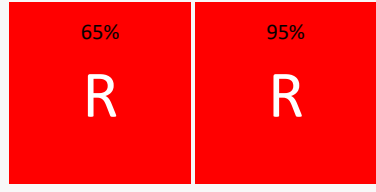
(Responsible Officer: Rachel Marsh)

Welsh Ambulance Services NHS Trust

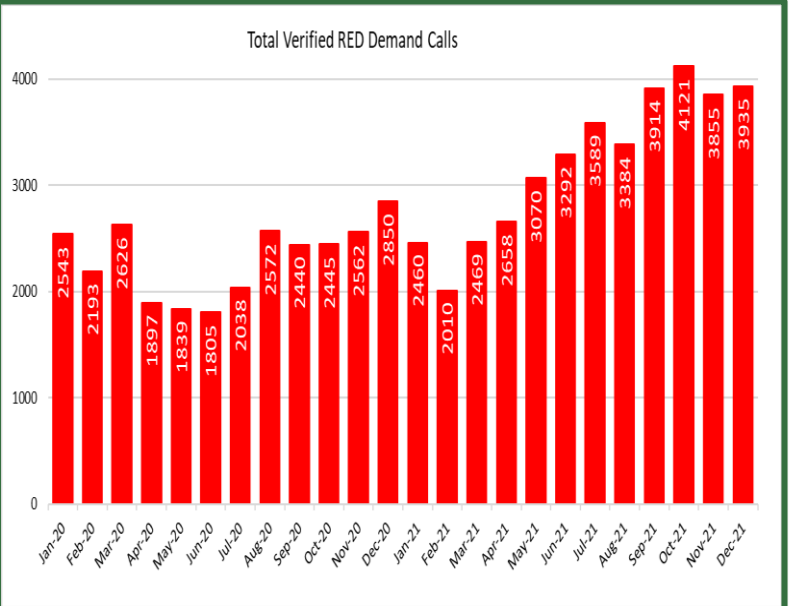
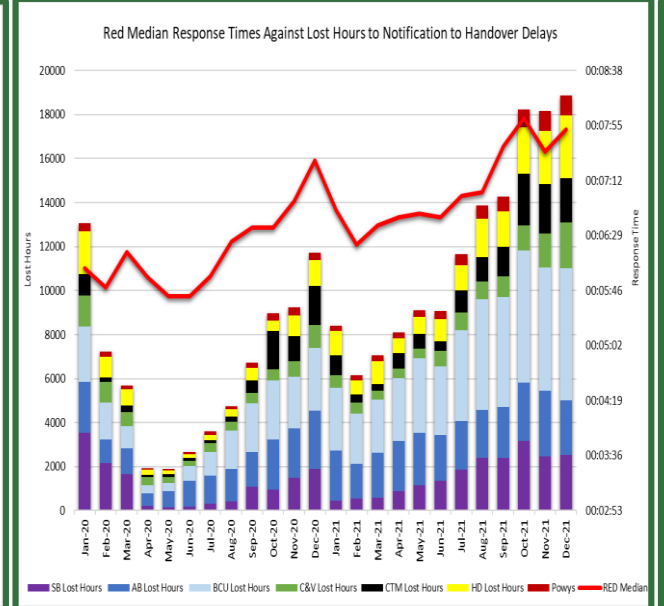
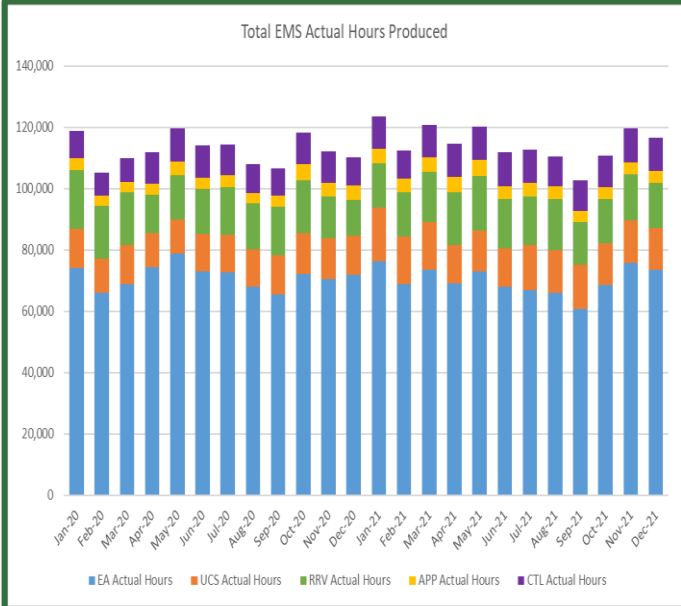
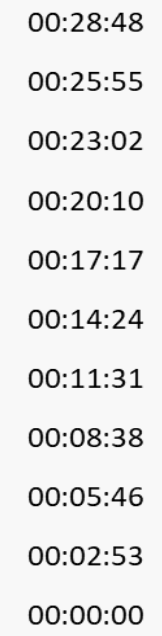
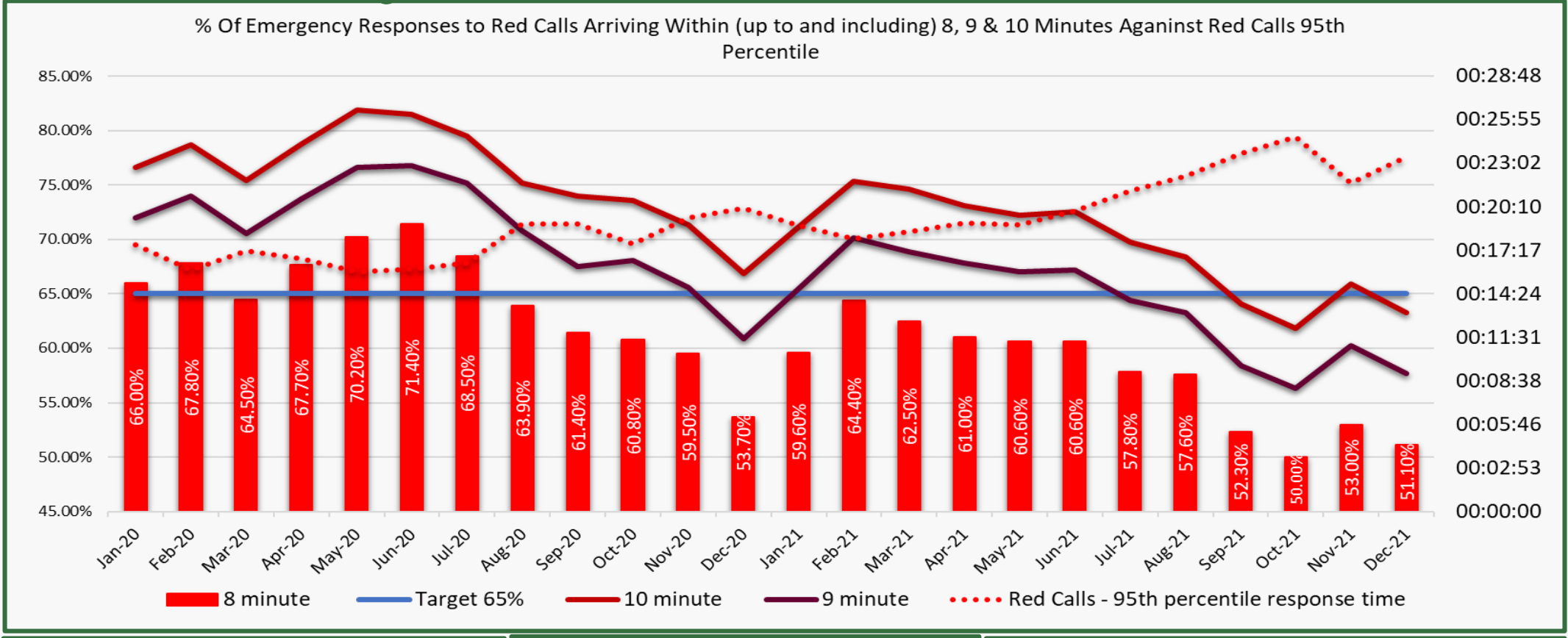


# Our Patients: Quality, Safety & Patient Experience

## Red Performance Indicators



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



#### Analysis

**Red performance did not achieve the 65% target** in Dec-21 and the target has not been achieved since Jul-20. There was also significant health board level variation and only one (Cardiff & Vale (65.3%)) of the seven health board areas achieved the 65% target. This level of performance was forecast in the winter plan based on predictions of demand, lost hours and hours produced. Ongoing poor performance is continuing to affect Red 9 minute responses, which achieved 57.7% and Red 10 minute performance which also declined, achieving 63.3% in Dec-21.

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

Red demand in the last 2 years has seen a particular increase, linked initially to a change in application of MPDS relating to breathing difficulties calls; however, we are continuing to see further increases outside of normal expected variation which is impacting on response times.

The lower centre graph demonstrates the correlation of performance with hospital lost hours and demonstrates the increases seen, and in particular the continued increase seen, with Dec-21 having the highest ever recorded.

During the pandemic there have been other factors that have also affected performance including prioritising EA hours over RRV, and the additional time taken to don level 3 PPE to all Red calls. The latter in particular was shown to add several minutes to a response, and this requirement remains in place.

#### Remedial Plans and Actions

The main improvement actions are:

- Increase capacity – 136 WTE were recruited by end of Mar-21. This will be complemented by a further 127 by the end of Mar-22. This will close the relief gap and, other factors aside, would allow UHP / hours produced closer to 95%. Additional capacity is also being sought non-recurrently through St John Ambulance, Fire Services and the military. Despite the additional staff being recruited, the total hours produced have not risen as a result of increased in abstractions linked in part to COVID-19.
- Reduce hours lost through modernisation of practices and supporting staff well-being. This work is being led through the Leading Service Change together programme in partnership with TU partners.
- Working with partners to reduce hours lost at hospital (to a maximum 150 lost hours per day, 95% of the year) . This is not within the gift of the Trust to achieve, although it continues to take all actions possible to influence this agenda.
- A very detailed set of strategic and more tactical actions have been pulled together into a performance improvement plan, many of which are also included in an action plan for the Ministerial oversight through the commissioning process. This is monitored every 2 weeks at EMT.

#### Expected Performance Trajectory

Unless Red demand reduces or the Trust is able to boost its RRV production Red performance is unlikely to achieve the 65% target; however, the Trust is building the CHARU keys into the re-rostering project, which along with other aspects of the Transition Plan (if funded) should stabilise performance.



(Responsible Officer: Lee Brooks)

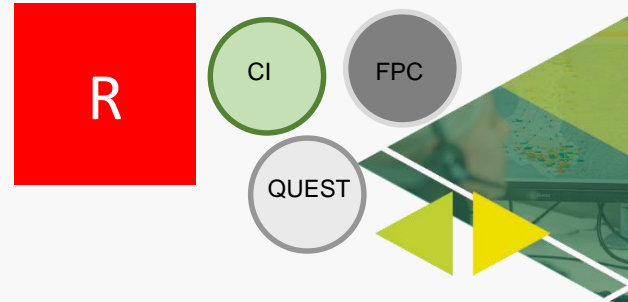
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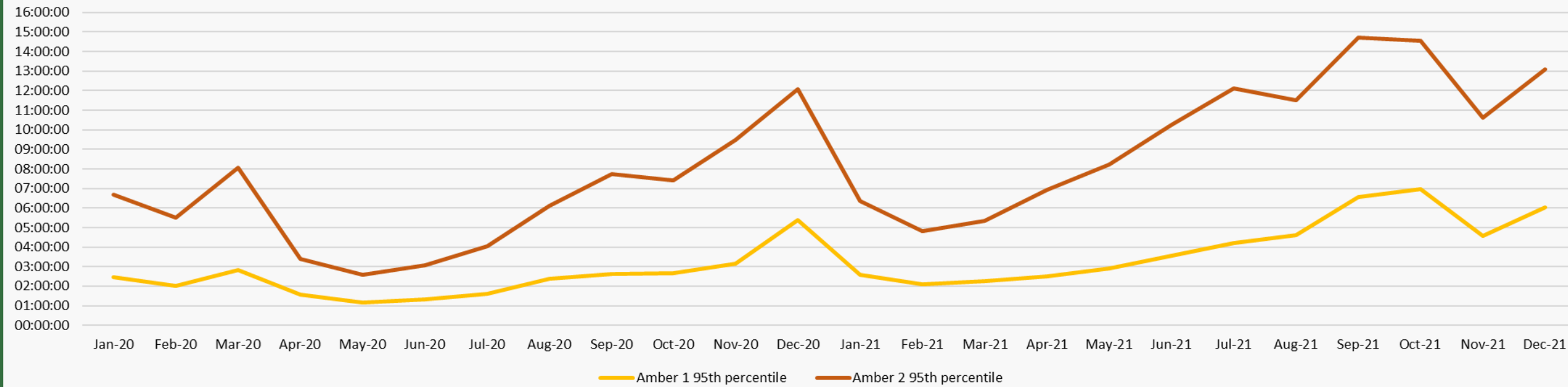
# Our Patients: Quality, Safety & Patient Experience

## Amber Performance Indicators

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



Amber 1 & 2 - 95th Percentile



#### Analysis

Amber performance declined across the percentiles in Dec-21; seeing extremely long patient waiting times. The ideal Amber 1 median response time is 18 minutes.

In Dec-21, 625 patients (all categories, not just Amber) waited over 12 hours, an increase when compared to 417 in Nov-21, continuing to represent a very poor quality and experience of service. 553 of these patients were in the Amber category.

Amber demand increased in Dec-21, this along with continued high levels of activity and handover times will have contributed to the worsening response times.

There is strong correlation between Amber performance and lost hours due to notification to handover delays, as demonstrated in the graph on the bottom left of this page. The number of hours lost to notification to handover delays in Dec-21 increased to 18,861. This is now higher than the worst recorded in Dec-19 (13,820).

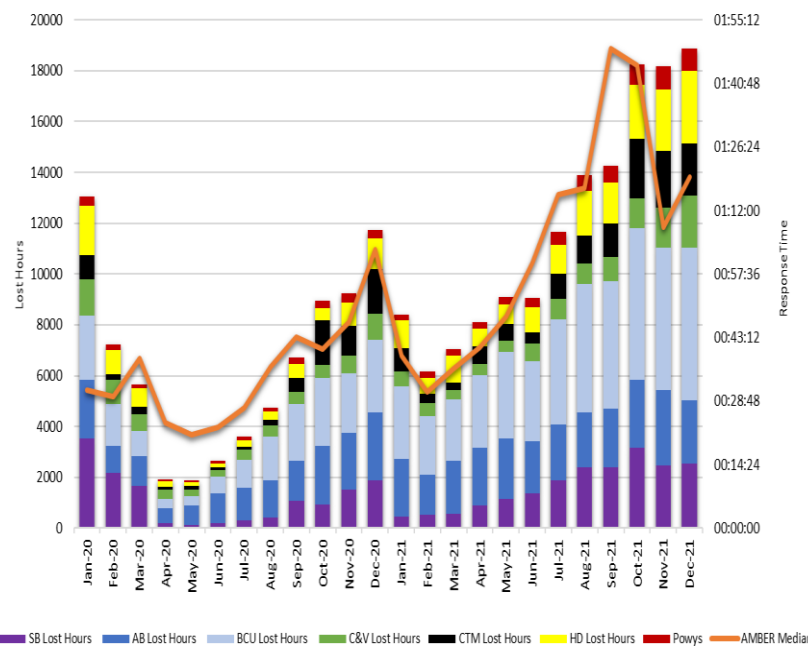
#### Remedial Plans and Actions

The Trust carefully monitors long response times and their impact on patient safety and outcomes. The Trust supplies regular information to the CASC and EASC; and from Nov-20 the Trust began producing monthly quality, safety & patient experience (QSPE) reports for each health board. The actions being taken are largely the same as those related to Red performance on the previous slide.

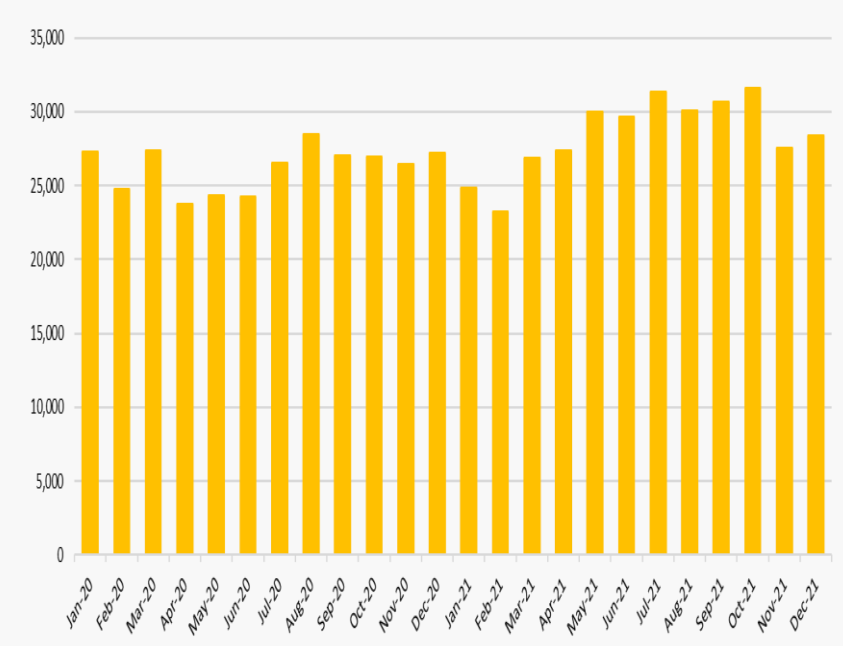
#### Expected Performance Trajectory

The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. The programme models an Amber 1 median of 35 minutes and 90th percentile of 78 minutes in Dec-21. These are key benchmarks for the Trust. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments, efficiencies and system efficiencies, not all of which are within the Trust's control, and which are unlikely to show improvement in the coming months.

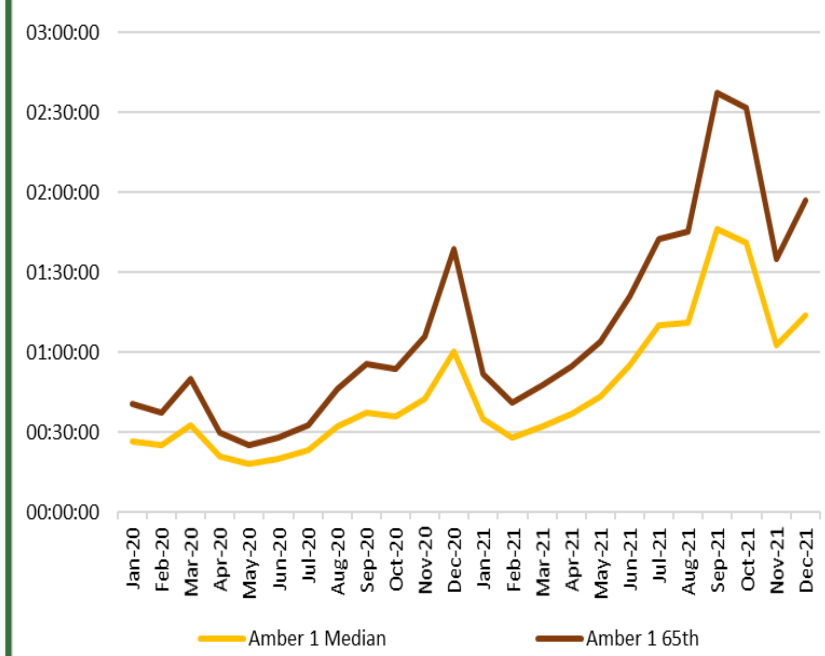
Amber Median Response Times against Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



Amber 1 - Median and 65th Percentile



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Clinical Outcomes Indicators

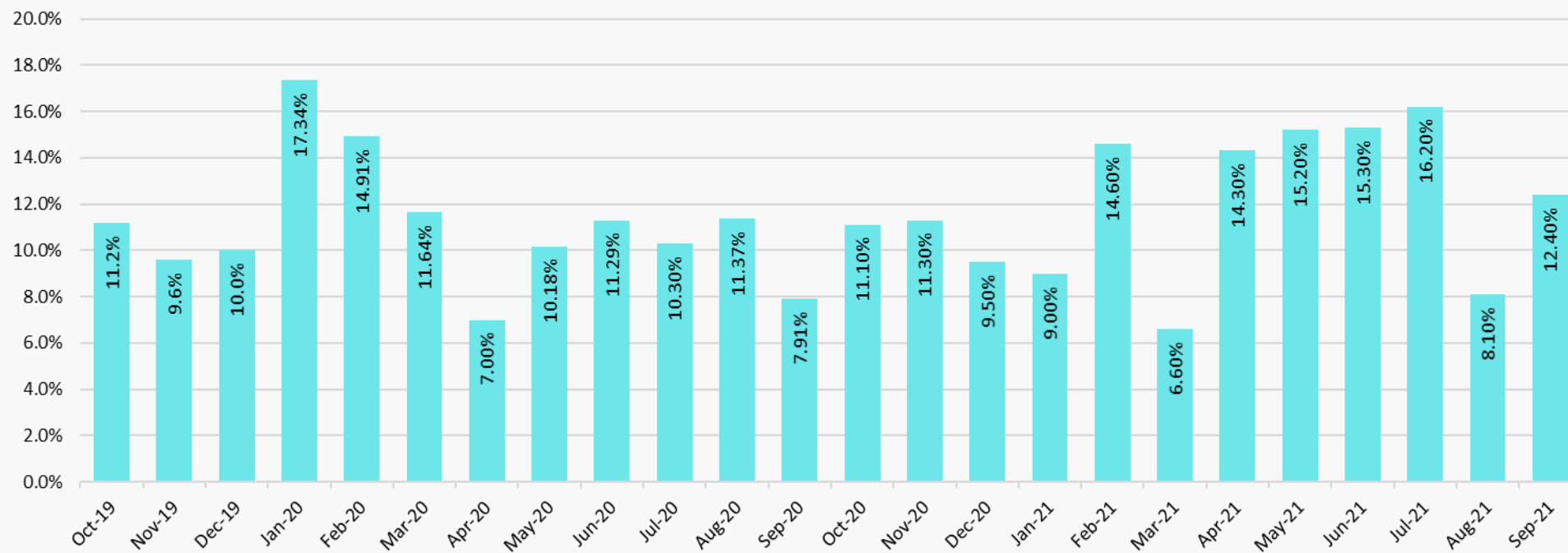
Stroke/ROSC/ Sepsis & Febrile Con. <b>G</b>	Hypoglycaemic & Hip fracture <b>A</b>	(STEMI) Acute Coronary <b>R</b>
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NB: Next Clinical Indicator Reporting due Jan-22 (Oct-Dec-21)  
Mortality Reviews - No update received for Quarter 3

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

% of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital door



#### Analysis

**Clinical Outcomes:** The % of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door was 12.40% in Sep-21. Data shows there has been a 4% average reduction in attempted resuscitation cases since the start of the pandemic. Sep-21 is not showing any reduction compared to identical reporting point in Sep-20. Rates of ROSC are complex and determined by numerous factors which contribute to the speed of response and the application of early defibrillation and chest compressions. These factors can include location of the incident, resource availability, public access defibrillation, willingness of bystanders to engage in resuscitation

Overall, performance remains a changeable picture for all clinical indicators. **The % of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 97.80% in Sep-21** a continued increase which saw it achieve the 95% target for the last 5 months.

**The ST segment elevation myocardial infarction (STEMI) indicator** was previously an area of concern with a temporary low of 62.3% in Feb-21, this has now improved. The Clinical Audit and Effectiveness Department (CA&ED) undertook a deep dive of the STEMI compliance, and an improvement plan was agreed and is being progressed. These percentages refer to the application of a whole bundle of care. For each of the individual STEMI care bundle elements, apart from Sept -21 the percentage compliance was consistently above 85%.

#### Remedial Plans and Actions

**Clinical Outcomes:** A new chronic obstructive pulmonary disease (COPD) clinical indicator has been developed to support the Band 6 Paramedic project. The onward referral aspect of this indicator is work in progress and forms part of the national COPD pathway development. The Clinical Audit & Effectiveness Department have undertaken a benchmarking exercise to test the COPD Clinical Indicator which has been presented to the Clinical Intelligence Assurance Group. The testing highlighted the requirement for manual scrutiny of all COPD Patient Clinical Records and the need to refine the criteria to automatically capture more of the data. Feedback from the group will finalise the required criteria, Health Informatics can then develop the reporting dashboard.

In relation to ROSC rates, whilst there are many system-wide factors affecting performance, within WAST's control it is felt that the introduction of a Cymru High Acuity Response Unit (CHARU) model, based on improved clinical leadership and enhanced training, will further improve outcomes for patients. This will be developed and implemented through 2021/22, subject of course to funding being agreed.

It is anticipated that the ePCR will be implemented by the end of 2021 and once accomplished it will allow the Clinical Audit Team to quality assure data and provide better information on which to target improvement work.

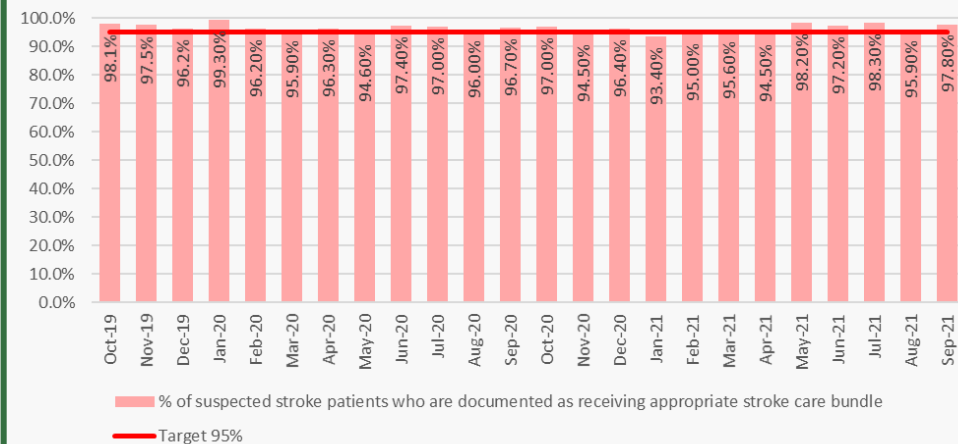
**Mortality Review:** At present there are issues undertaking timely mortality reviews for certain incidents. The rationale for this is the extended time required to download data from the Corpuls monitor to inform the mortality review. This is resulting in an increasing backlog of cases to be reviewed, currently 375 cases. To resolve the issues the Medical Directorate are in discussion with Corpuls to upgrade current systems to be able to download the required data in a timely manner to inform the mortality review, share lessons learnt and assurance to the Trust.

#### Expected Performance Trajectory

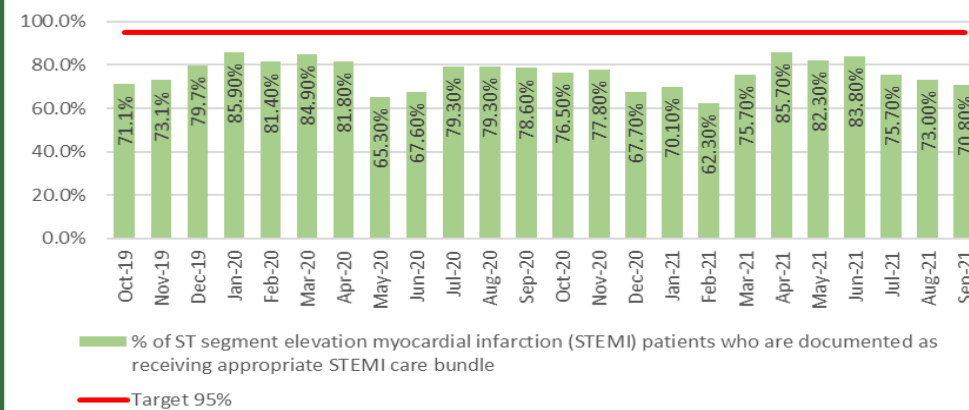
**Clinical Outcomes:** As part of its plans for 2021/22, the Trust is developing the concept of CHARU for implementation. This concept is in place in several areas across the UK and has been very successful in increasing ROSC rates. Once CHARU has been implemented it is anticipated that ROSC rates should increase.

**Mortality Review:** Mortality reviews will continue to be undertaken within 28 days of death.

% of suspected stroke patients who are documented as receiving appropriate stroke care bundle



% of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle



Mortality Reviews Data source: Internal Web Application



(Responsible Officer: Brendan Lloyd)

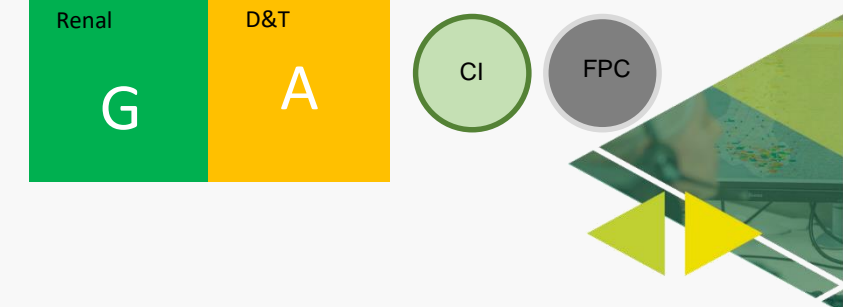
Welsh Ambulance Services NHS Trust



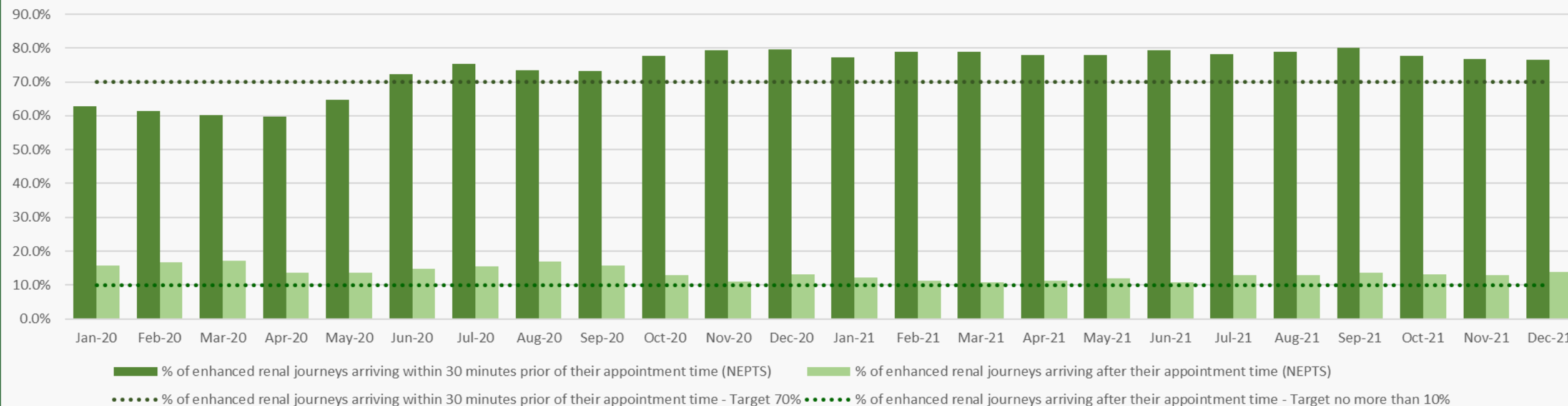
# Our Patients: Quality, Safety & Patient Experience

## Ambulance Care Indicators

### Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



#### Analysis

**Ambulance Care has seen a continued improvement in key areas of service delivery affecting patient experience.** In Dec-21 88% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, the same as Nov-21. 76.6% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target and 13.9% arrived after their booked appointment time, falling just outside of the 10% target.

Key factors affecting these indicators are demand and capacity:

- Social distancing means that the number of patients than can be transported per journey has reduced, which has reduced **capacity**;
- **Capacity** has also been adversely affected by other CoVID-19 factors: journeys taking longer due to PPE, staff sickness, staff shielding, staff training and testing, infection prevention and control arrangements and so on;
- However, there has been a significant reduction in **demand** as a result of planned activity reductions in health boards. The reductions in demand have helped offset reductions in capacity.
- As we emerge out of pandemic response in 2021/22 and the health system is "re-set" we are seeing demand increase again for NEPTS at which point capacity may be an issue. This has been modelled and mitigations put in place.

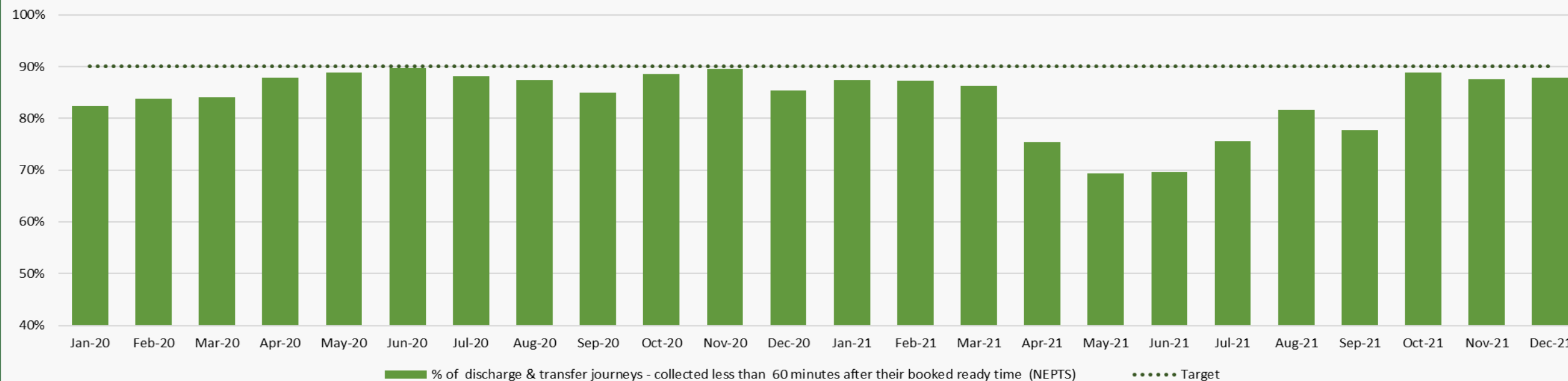
#### Remedial Plans and Actions

- **Demand:** Continue to work with health boards to understand and model the impact of their recovery plans;
- **Demand:** As part of the Transport Solutions programme, work towards finding alternative transport solutions for non-eligible patients (to reduce demand);
- The NEPTS Demand & Capacity Review is completed and has been shared and discussed with commissioners during Q1, and action plans will be developed. The Review includes a range of benchmarks particularly around efficiency of our service, which will help to increase **capacity**;
- A recruitment campaign recently concluded to increase call taker numbers and work is ongoing regarding Patient Needs Assessment to reduce call times.
- Additional resources have now also been agreed with commissioners to secure additional capacity through the 365 framework (private providers) and this is being taken forward at pace (now live).
- Resource team are now at an advanced stage in reviewing UHP measurements to reflect current rosters and the plurality model.

#### Expected Performance Trajectory

At present, the uncertainty around demand means that it is difficult to forecast performance. The Trust is in dialogue with the CASC about short term funding beyond 31 Mar-22. The Trust, in agreement with the CASC, has agreed to further work in 22/23 on proposed roster keys with go live likely to be in Q1 23/24

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Patient National Reportable Incidents & Patient Concerns Responses Indicators

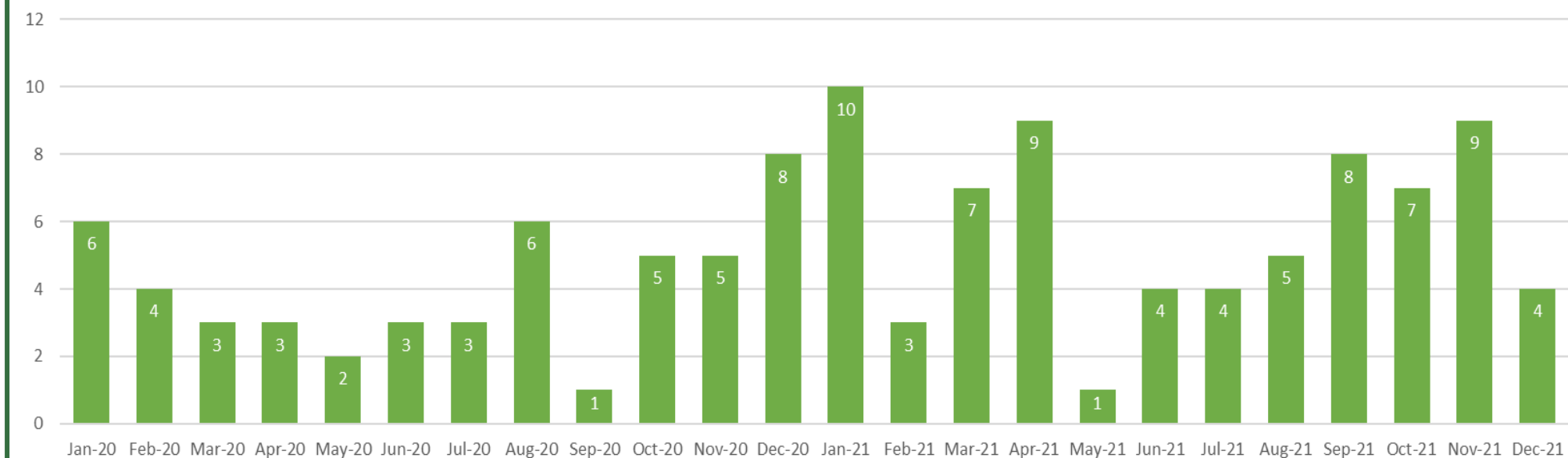


Self Assessment:  
Strength of Internal  
Control: Moderate



Health & Care  
Standard  
Health - Safe Care /  
Timely Care

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



### Analysis

The percentage of responses to concerns improved in Dec-21 to 70%, compared to 56% in Nov-21, although this is still lower than the Trust would like, this is the result of several factors, including, overall increased demand, a rise in the number of inquests, continuing volumes of NRI's and the availability of other departments to provide a timely response to requests for information. The number of total concerns decreased in Dec-21 (48) when compared to Nov-21 (65).

There were 4 SCIF forums held in Dec-21, during which 44 cases were discussed, 4 of these cases were reported to the Delivery Unit and 23 were passed to Health Boards as National Reportable Incident Framework 'Appendix B' incident referrals.

Year on year the overall volumes of NRIs is on an increasing trend. The sharp increase seen in Mar-Apr-21 and through Sep-Nov-21 is concerning and has been linked to the significant delays across the system along with the continued levels of NRIs. In Dec-21 there was 0 NRIs relating to Red calls, 1 in relation to Amber calls and 3 NRIs prioritised Amber that should have been Red.

The cases within the Complex Case Panel and Redress figures, indicate the number of cases within the reporting period, where the Trust has potentially breached its duty of care to the patient. In Dec-21 there were 0 complex cases and therefore 0 referred to redress panel.

In Dec-21 625 patients waited over 12 hours an increase compared to 606 in Dec-20 and 540 in Dec-19.

51 Compliments were received from patients and/or their families in Dec-21, the same as the previous month.

### Remedial Plans and Actions

A range of actions are in place:-

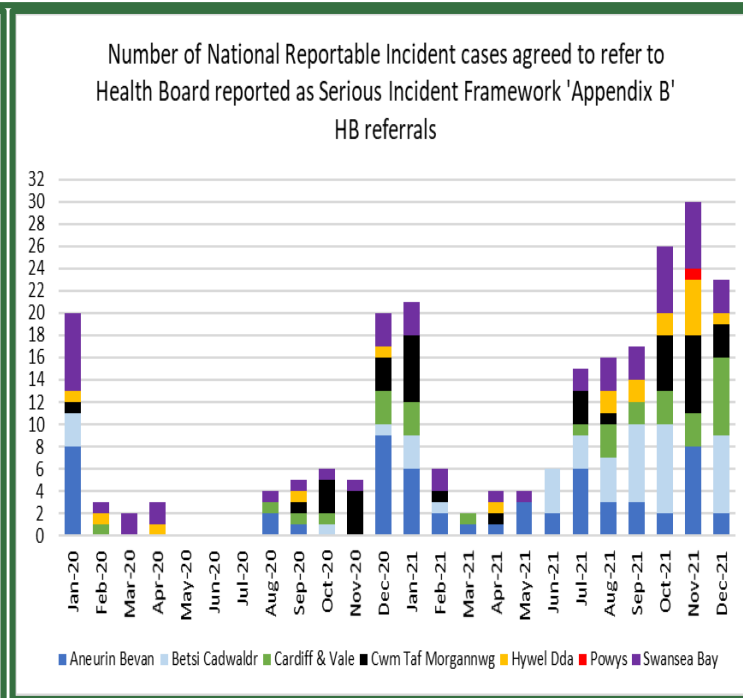
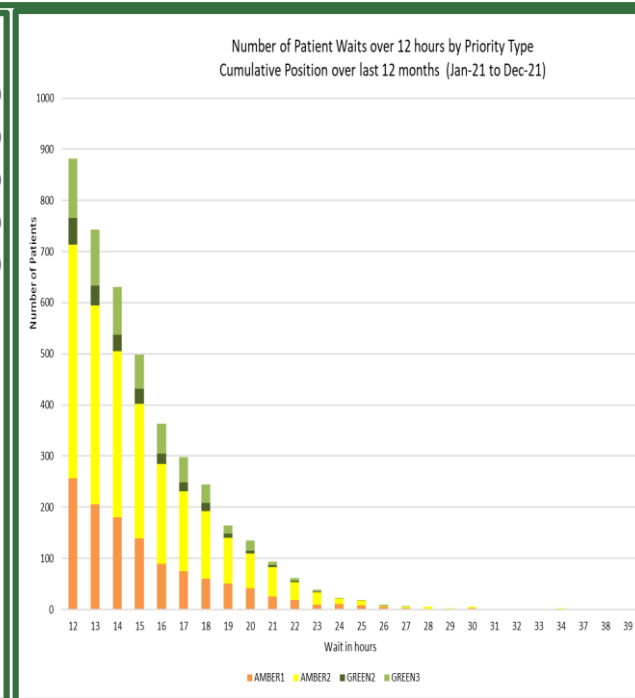
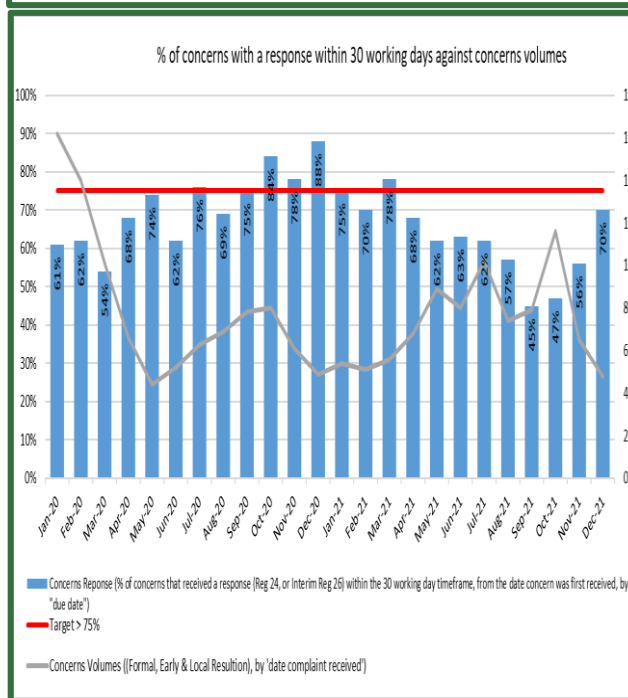
- The general theme in relation to the Trust's concerns portfolio is timeliness to respond.
- There is continued engagement with Health Boards in relation to Joint SI investigations where the primary causal factor is in relation to delayed handover.
- The Trust continues to draw the learning from our most serious incidents, in particular the issue surrounding 'ineffective breathing' descriptor.
- A 'deep dive' was undertaken in relation to the utilisation of Protocol 36 and following this no National Reportable Incidents had been raised or cases being discussed at SCIF.
- Health Board specific QSPE reports are being shared with each respective HB Directors of Nursing.
- The key strategic action is the EMS Operational Transformation Programme.

An action is underway to enable future reports to present current months redress and complex case panel figures.

### Expected Performance Trajectory

The Trust expects that the upward (worsening) trajectory will continue as we move through the winter period; however, the support from the FRS and military may mitigate this.

**\*\*NB: Dec-21 data is correct on the date and time it was extracted; therefore, these figures are subject to change**



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



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

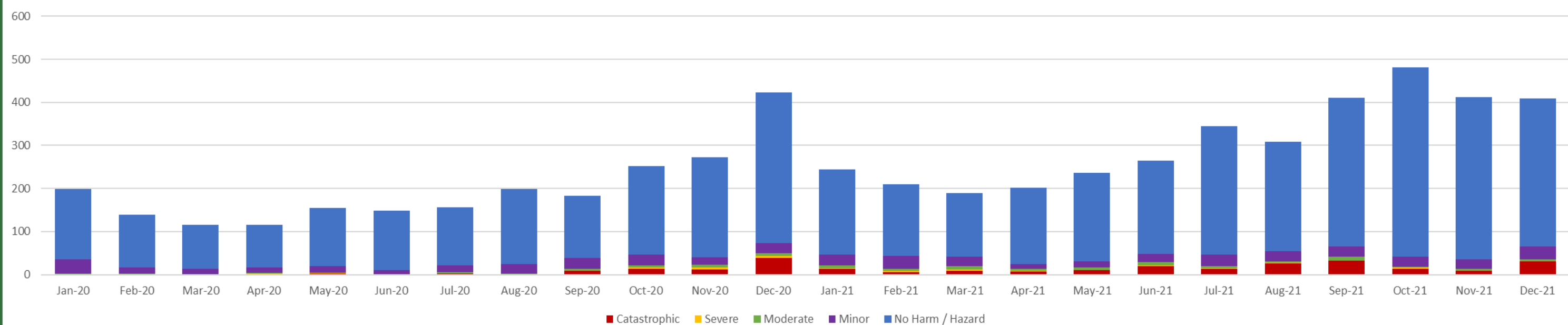
## Patient Safety Indicators

Self Assessment:  
Strength of Internal  
Control: Moderate

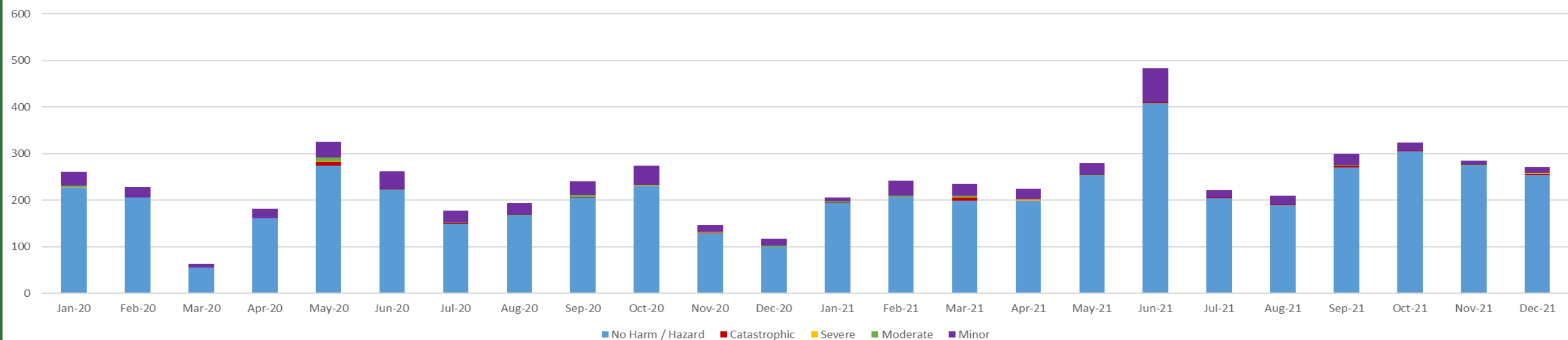


Health & Care  
Standard  
Health – Safe Care

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



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



### Analysis

**Patient Safety:** The number of patient safety adverse incidents submitted within Dec-21 decreased to 409, 344 of these were in relation to incidents where there was no harm or hazard, 30 were minor, 5 were moderate, 0 were severe and 30 incidents were catastrophic. 275 cases were closed in Dec-21 in comparison to 287 in Nov-21.

### Remedial Plans and Actions

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

### Expected Trajectory

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

### Performance

**\*\*NB: Dec-21 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

Data source: Datix



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Coroners and Ombudsmen Indicators

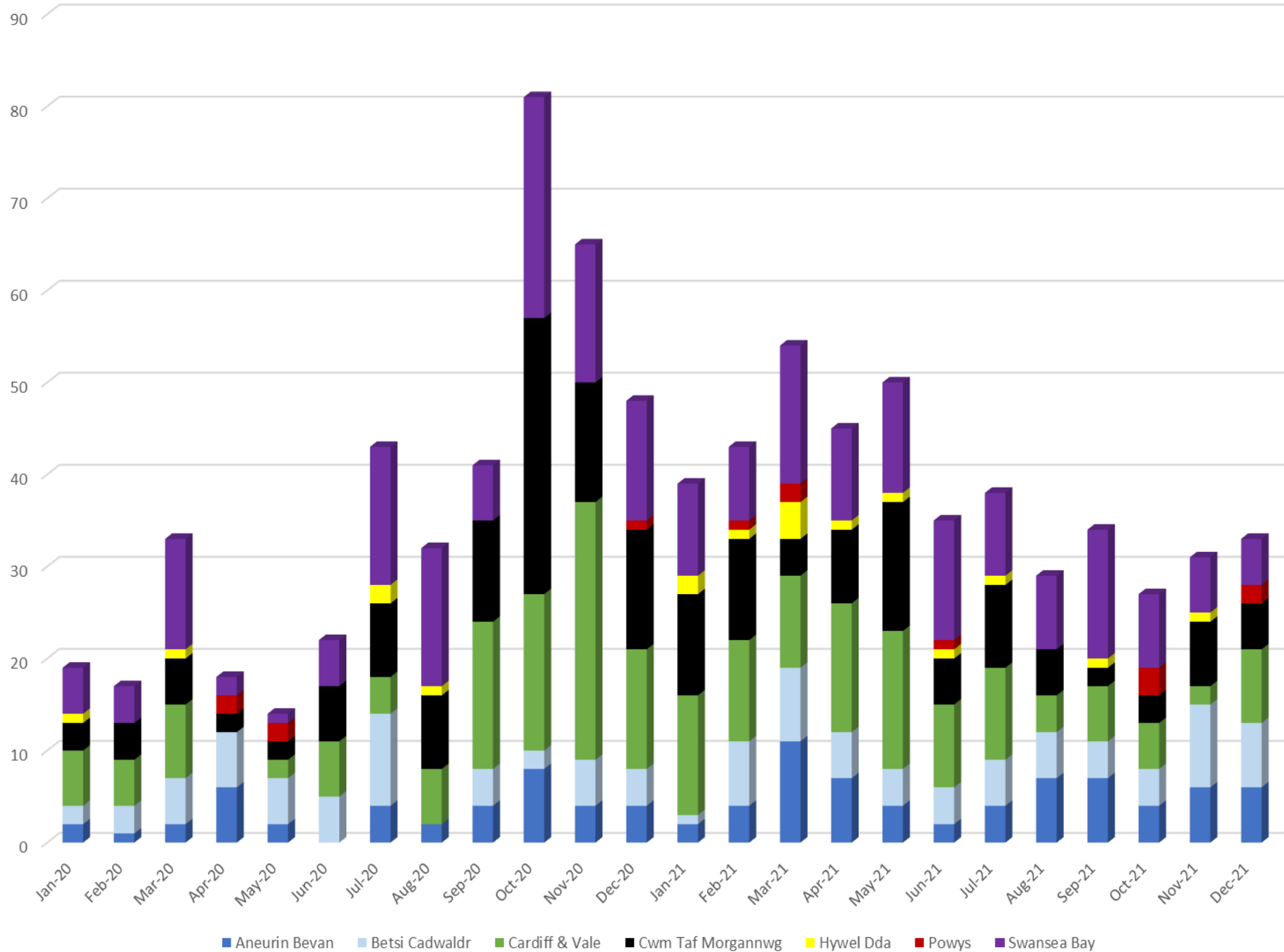
Self Assessment:  
Strength of Internal  
Control: Strong

QUEST

Health & Care  
Standard  
Health – Safe Care



Number of Coroner Requests by Health Board



### Analysis

**Coroners:** In Dec-21 there continues to be no Coroners Cases which resulted in ongoing Regulation 28 cases. The number of in month requests, although reduced from 2020, continue to be in excess of the 2019 December figures. The timeliness of our response and unexpected deaths continues to be the main themes. This month has seen an increase in the work in hand, which is reflective of longer turn round times, given the time of year and the pressures already being experienced by operational staff.

**Ombudsman:** There are currently 15 open Ombudsman cases in Dec-21, with all information having been shared with the Ombudsman's office. Over recent years most approaches from the Ombudsman's office have related to the handling and response to calls, specifically surrounding delays. During the last 4 - 6 weeks there has been a marked change in focus; the Trust has been approached in relation to cases that relate to the clinical care provided.

### Remedial Plans and Actions

**Coroners:** The Team is recovering from the unprecedented number of requests for information from Coroner's courts, that have been received from July 2020 onwards. There has been an increase in the number of cases in which staff attend to provide continuity evidence. The complexity of the requests remains high, with multiple statements being requested for each inquest. The pandemic has brought many challenges in relation to these requests, however inquests, where possible, continue to be heard remotely or hybrid (mixture of video, telephone, in person). This month has seen issues for the team, with the retirement of one member of staff and 50% of the team contracting COVID during the month. A paramedic on light duties has joined the team, to support his operational colleagues to complete statements.

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

### Expected Performance Trajectory

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

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

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

The Trust also continues to engage with our Health Board colleagues where the Trust has utilised the Joint Investigation Framework and/or where there is a focus on joint investigations and learning.

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

Data source: Datix



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Safeguarding, Data Governance & Public Engagement Indicators

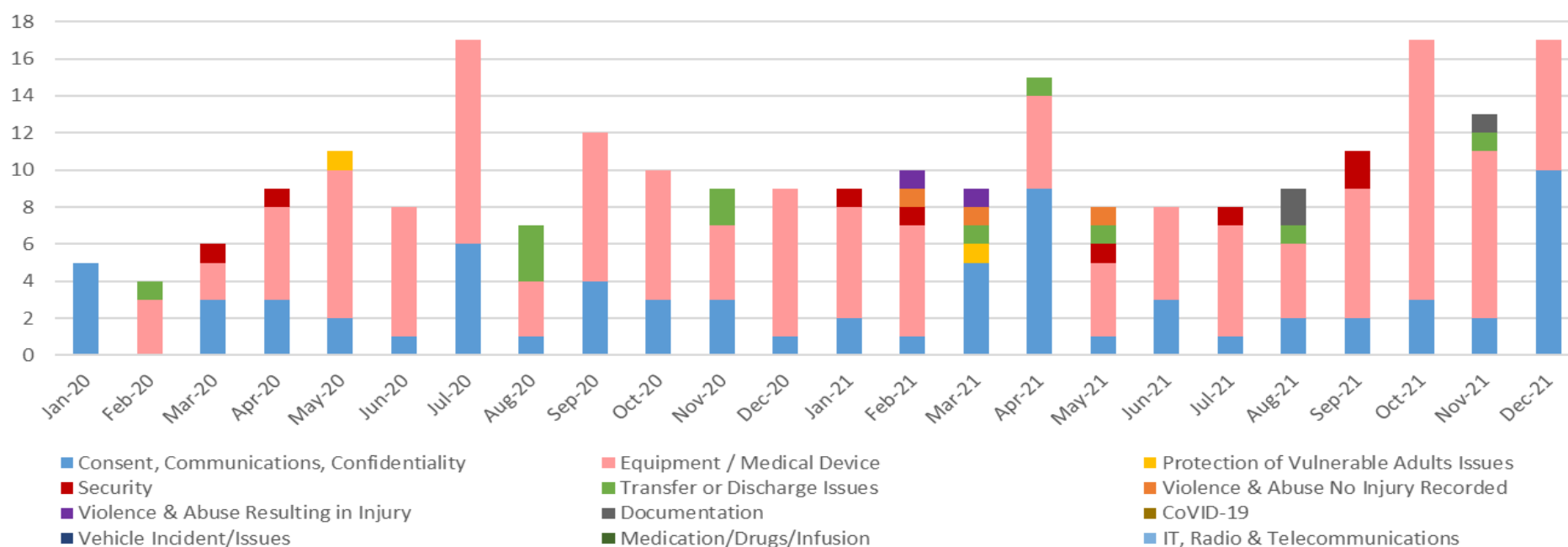
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Standard  
Health – Safe Care

Self Assessment:  
Strength of Internal  
Control: Strong

QUEST



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



### Analysis

**Safeguarding:** In Dec-21 staff completed a total of 91 Adult at Risk Reports, an increase compared to Nov-21 when 71 were reported. 88% of these were processed within 24 hours during Dec-21.

There have been 151 Child Safeguarding Reports in Dec-21, an increase from Nov-21 when 137 reports were made. In Dec-21 99% were sent within 24 hours.

**Data Governance:** In Dec-21 there were 19 information governance (IG) related incidents reported on Datix categorised as an Information Governance (IG) breaches, an increase when compared to Nov-21. 10 related to Consent, Communications or Confidentiality; 7 related to Medical Devices or Equipment and 2 related to 111 Call Handling issues. All have been investigated by the IG team and received feedback on the IG Policy and practice elements, and where appropriate learning has been put in place.

**Public Engagement:** There were 41 engagement events held this quarter (October – December 21), allowing engagement with 1,119 people. Due to the return of many coronavirus restrictions, a majority of these events were held virtually, though some were attended in person before restrictions were re-introduced. 122 surveys relating to the NHS 111 Wales website were returned. Working with colleagues in the NEPTS Team 264 NEPTS patient experience surveys were returned. 158 compliments were also logged and processed. Engaging with people and communities has continued to be a priority for the PECEI Team, this engagement allows us to share important information about Welsh Ambulance services with communities and allows us to collect feedback and experiences from people which help us to understand if our services are meeting their needs and expectations.

### Remedial Plans and Actions

**Safeguarding:** The Trust now primarily manages reports digitally via Docworks and since this move the majority of delays have been as a result of staff being unavailable during weekends and Bank holidays to forward the reports to local authorities. Commencing 08<sup>th</sup> Nov-21 any paper reports will be sent directly to the Safeguarding Team via email. With the launch of direct transfer the Trust expects to see an improvement.

**Data Governance:** During the reporting period of the 19 information governance related incidents reported on Datix all incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate. 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office.

**Public Engagement:** Within this reporting period we began to see an easing of coronavirus restrictions which allowed us to start and make a return to face to face engagement; however, the emergence of the Omicron variant saw many restrictions re-introduced. To ensure the safety of our Team members and communities this means a majority of our engagement work will return to happening virtually using online and digital platforms. We have previously reviewed and updated our existing processes and risk assessments to incorporate coronavirus safety elements. We will continue to monitor the current coronavirus situation and will only attend engagement events in the community if we feel it is safe and appropriate to do so.

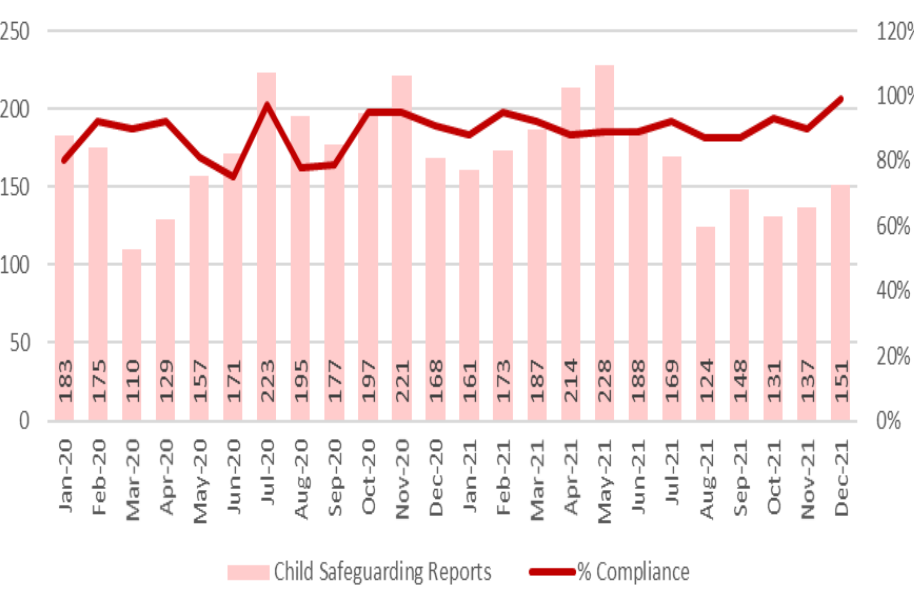
### Expected Performance Trajectory

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

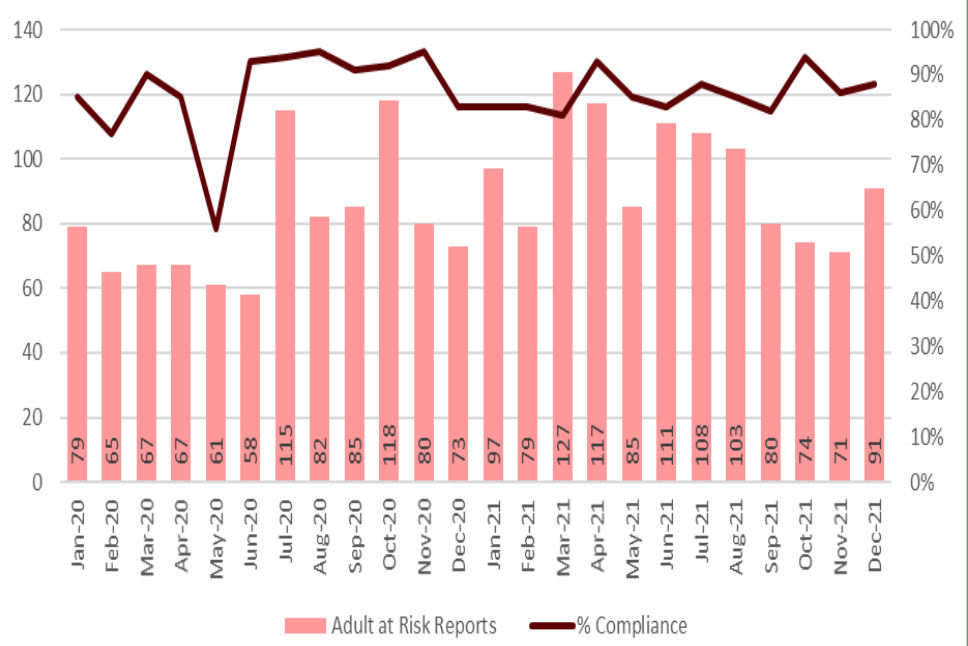
**Data Governance:** An annual assessment of compliance using the Welsh NHS IG Toolkit; an individual evidence based assessment consisting of 255 items will continue to be utilised to measure the Trust against National Information Governance and Security Standards. The next submission date for the IG Toolkit is due 31 Mar-21.

**Public Engagement:** The PECEI Team will continue to share good practice with health boards, other stakeholders and colleagues at Ambulance Services across the UK. We will continue to proactively communicate with people and communities, sharing important information about Trust services and using them appropriately during the current period of increased demand. With the Trust currently being at its highest escalation levels, all non-essential work will be being paused and some PECEI Team members will be offering support to the Operations Directorate.

### Number and Percentage of Child Safeguarding Reports sent within 24 Hours



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



Safeguarding Data source: Doc Works



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

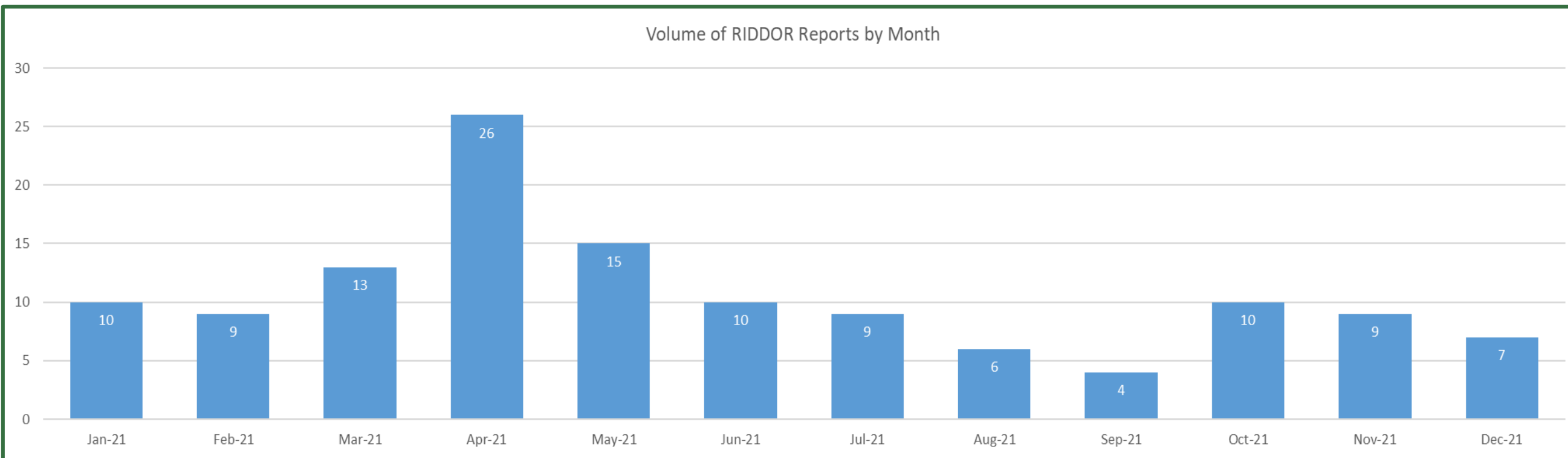
## Health & Safety (RIDDORS) Indicators

Self Assessment:  
Strength of Internal  
Control: Moderate

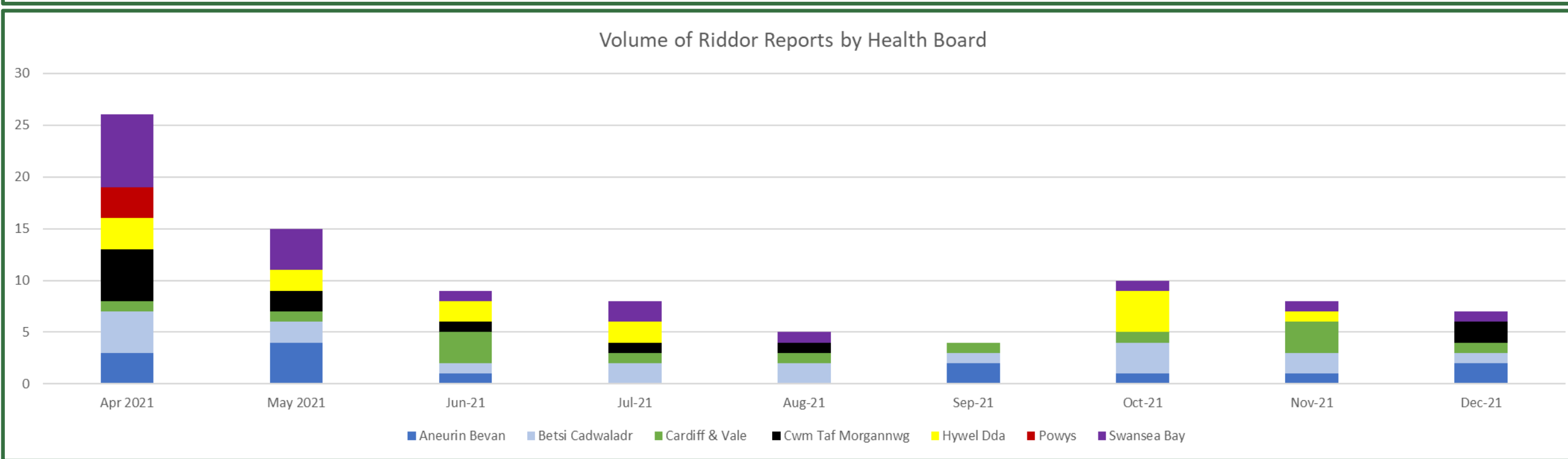
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Health & Care  
Standard  
Health – Safe Care

Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



### Analysis

Whilst there is a strong level of internal control with respect to GL1 Metrics provided to the Health & Safety Executive (HSE), there are moderate levels of internal control. Challenges around obtaining staff details are impacting on timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE). During Quarter 3 (Oct-Dec-21) there were no fines, prosecutions, HSE improvement or Prohibition notices.

In DEC-21 RIDDORS reported were for ABUHB (2), BCUHB (1), CVUHB (1), CTMUHB (2) and SBUHB (1)

### Remedial Plans and Actions

The Health & Safety Team has recently been granted authorisation to access details from the Electronic Staff Record (ESR) which will provide timely access to key details in relation to RIDDOR reporting.

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

### Expected Performance Trajectory

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

The Trust has recently reviewed its reporting process and has developed new arrangements for reporting RIDDOR reportable incidents. This change will be reflected in the Trust's Health and Safety Policy and the Adverse Incident Reporting Policy. Both policies will be going through the Trust's policy approval process within the next couple of months

**\*\*NB: Dec-21 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

Data source: Datix



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Corporate Risk Indicators

Self Assessment: Strength  
of Internal Control:  
Moderate - Strong

See  
Table

Health & Care  
Standard  
- GLA3

### CORPORATE RISK REGISTER: Summary

RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
223	Unable to attend patients in community who require See & Treat (CRR58)	Service Delivery	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
224	Patients delayed on ambulances outside A&E Departments (CRR57)	Quality & Safety	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
199	Compliance with Health and Safety legislation	Statutory Duties	Quality, Safety & Patient Experience	20 (4x5)	Audit Committee; Quality, Patient Experience and Safety Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Operations Directorate	20 (5x4)	Finance and Performance Committee
316	Increased risk of personal injury claims citing COVID exposure	Statutory Duties	Quality, Safety & Patient Experience	20 (5x4)	Quality, Patient Experience and Safety Committee

#### Analysis

The Assistant Directors Leadership Team (ADLT) reviewed the existing and proposed new corporate risks during the last quarter. The full Corporate Risk Register will be presented to Trust Board on 27<sup>th</sup> January 2022.

Risk ID 223 and Risk ID 224 remain the highest scoring risks at scores of 25, this is due to pressure in the unscheduled care system and emergence of long handover delays at Hospital Emergency Departments.

#### Remedial Plans and Actions

Principal risks assigned to Committees detailed in the table and are considered for scrutiny and strategic oversight. The committees convened on the following dates:

- QuEST Committee: 16<sup>th</sup> November 2021
- Finance and Performance Committee: 18<sup>th</sup> November 2021
- People & Culture Committee: 30<sup>th</sup> November 2021
- Audit Committee: 2<sup>nd</sup> December 2021

A full review of the data stored within the Corporate Risk register is currently undergoing a full review.

Data source: Electronic Risk Register



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



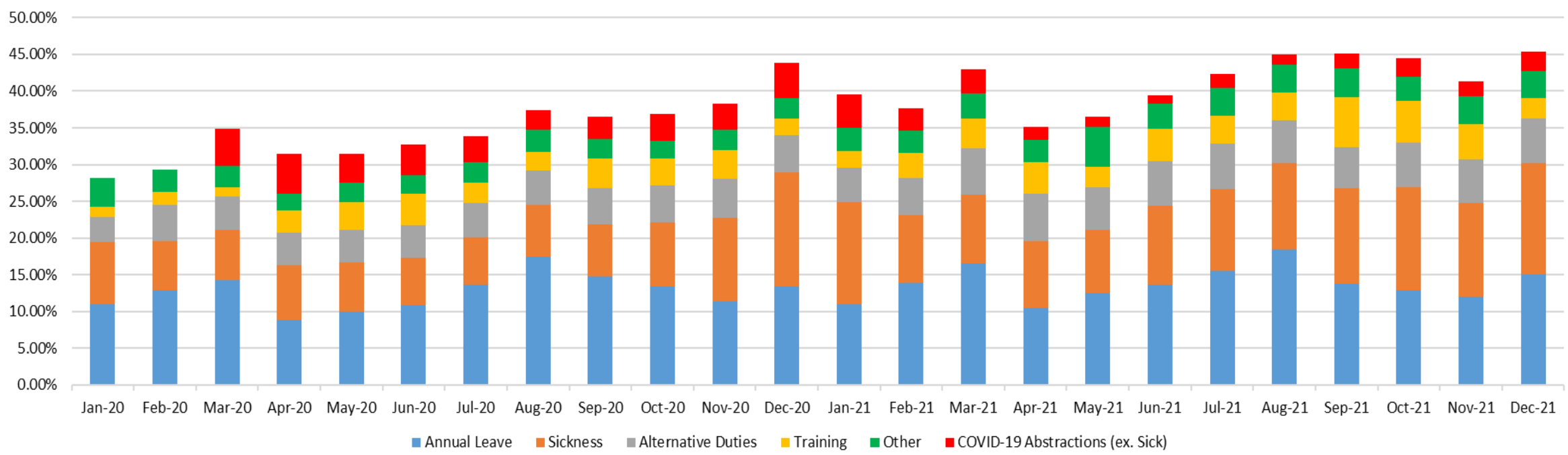
# Our People

## Ambulance Abstractions and Production Indicators

Abstractions R EA Production G

CI PCC FPC

Pan Wales EMS Total Rota Abstraction Hours



### Analysis

As shown in the top graph, monthly abstractions from the rosters are key to managing the number of hours we produce. In Dec-21, total abstractions stood at 45.42%. This compares to a benchmark set in the Demand & Capacity Review of 30%. The highest proportion was sickness at 15.11% and Annual Leave at 15.04%. Sickness abstractions for Dec-21 were lower than the previous year (15.59%); however, CoVID-19 related abstractions increased in Dec-21 accounting for 2.67% of overall abstractions.

**Emergency Ambulance Unit Hours Production (UHP) was 96% in Dec-21** (73,635 Actual Hours), achieving the 95% benchmark. RRV UHP achieved 74% (14,762 Actual Hours) compared to 78% in Nov-21. The total hours produced is a key metric for patient safety (included on slide 7 red performance). In Nov-21 the Trust produced 116,484 hours, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hour produced has not risen sustainably. From mid-Oct-21 Military support was re-introduced, and currently (from 05 Jan-22) 251 military personnel are providing support until 31 Mar-22.

The Trust moved to maximum escalation on 24 Aug-21 (REAP 4) and moved to Pandemic Plan Response Posture from 20 Dec-21. The Trust has introduced a Performance Improvement Plan bringing together all tactical and transformative actions across the three services. Additional capacity have been actioned to help offset the level of abstractions.

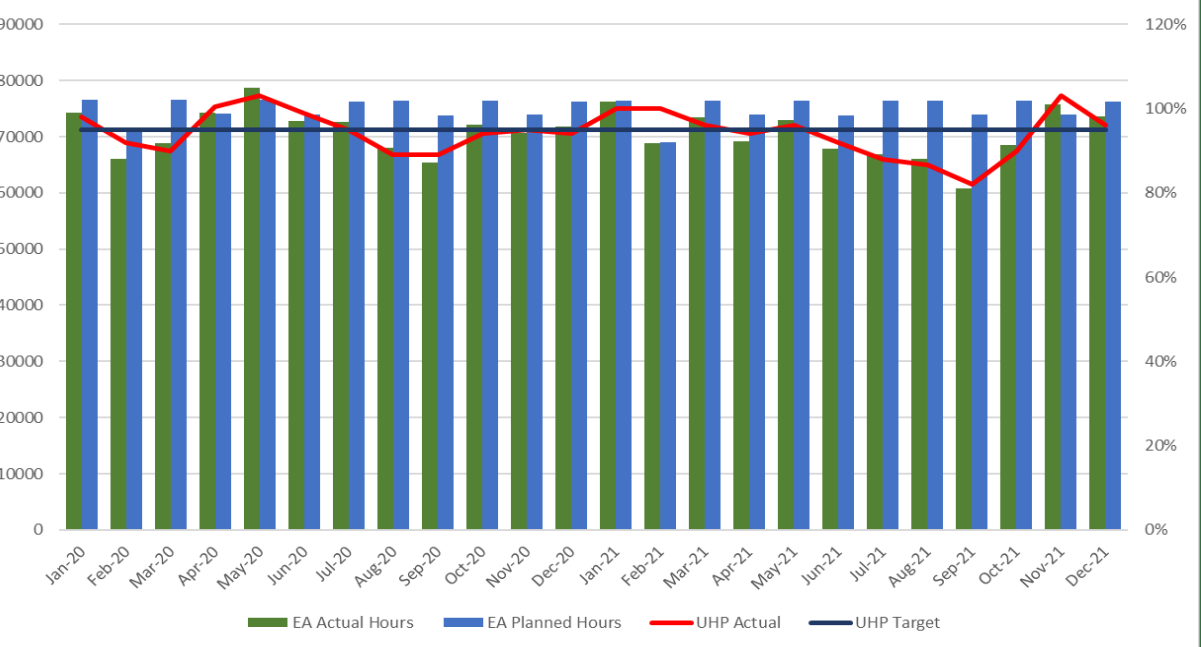
### Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. The resumption of the Resource Availability Project (within the EMS Demand & Capacity Programme) is key to improving this overall metric under normal conditions. The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 127 WTE to be recruited this year; however, the current impact of CoVID-19 means that the Performance Improvement Plan contains a range of tactical responses to increasing capacity in the short term e.g. military aid.

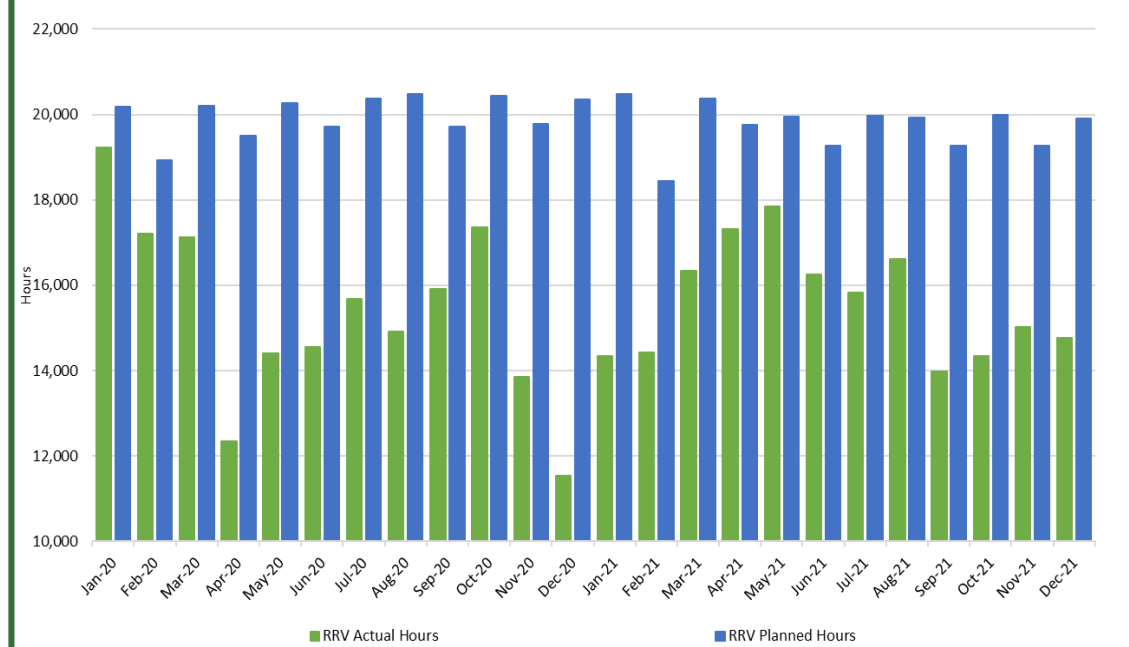
### Expected Performance Trajectory

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

Emergency Ambulance Unit Hours Production



RRV Hours Planned vs Actual



(Responsible Officer: Lee Brooks)

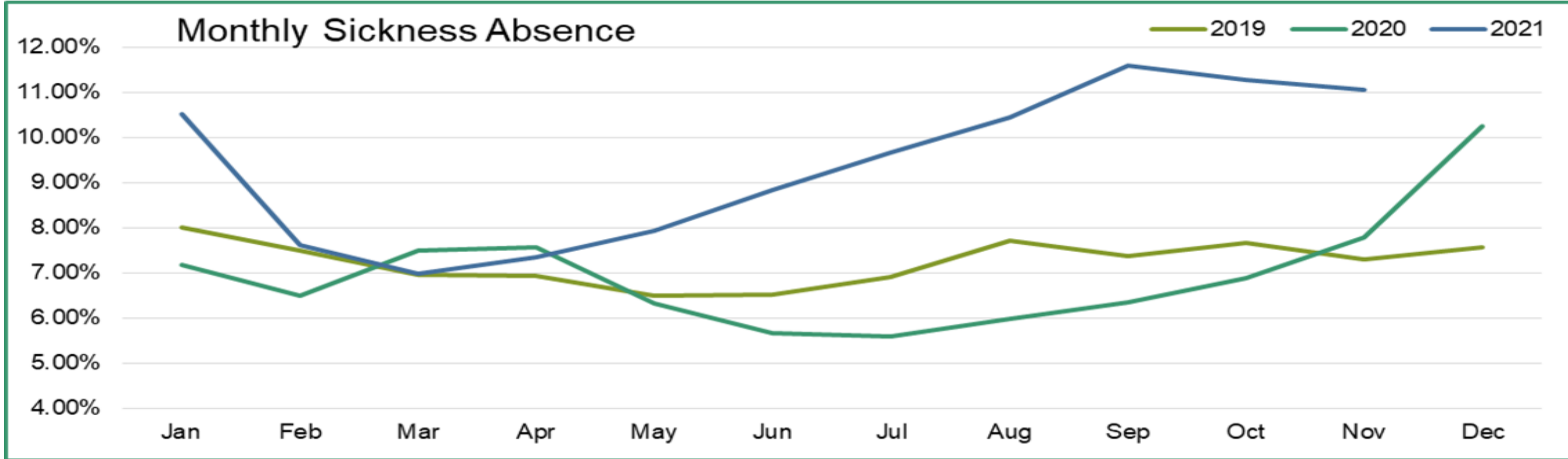
Welsh Ambulance Services NHS Trust



# Our People Sickness Absence Indicators



NB: Dec-21 data not yet available to report

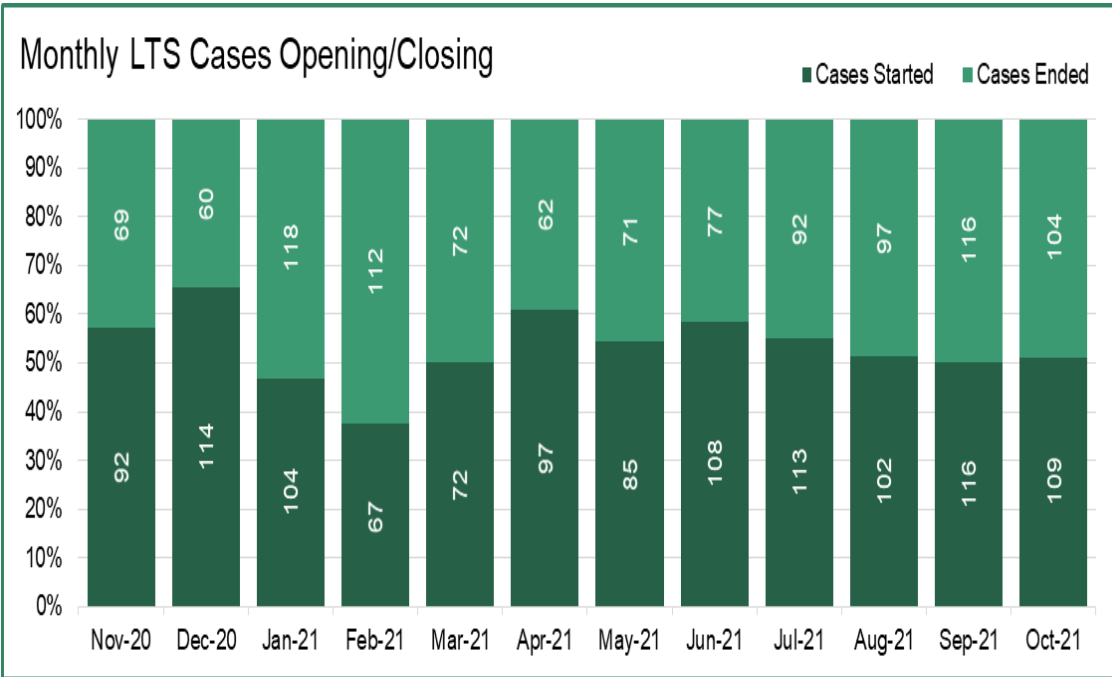


**Analysis**  
The monthly sickness absence figure for Nov-21 was 11.07%, a decrease of 0.21% from last month; however, sickness levels are the highest recorded in a 5 year period with increases in both short term and long term absence.

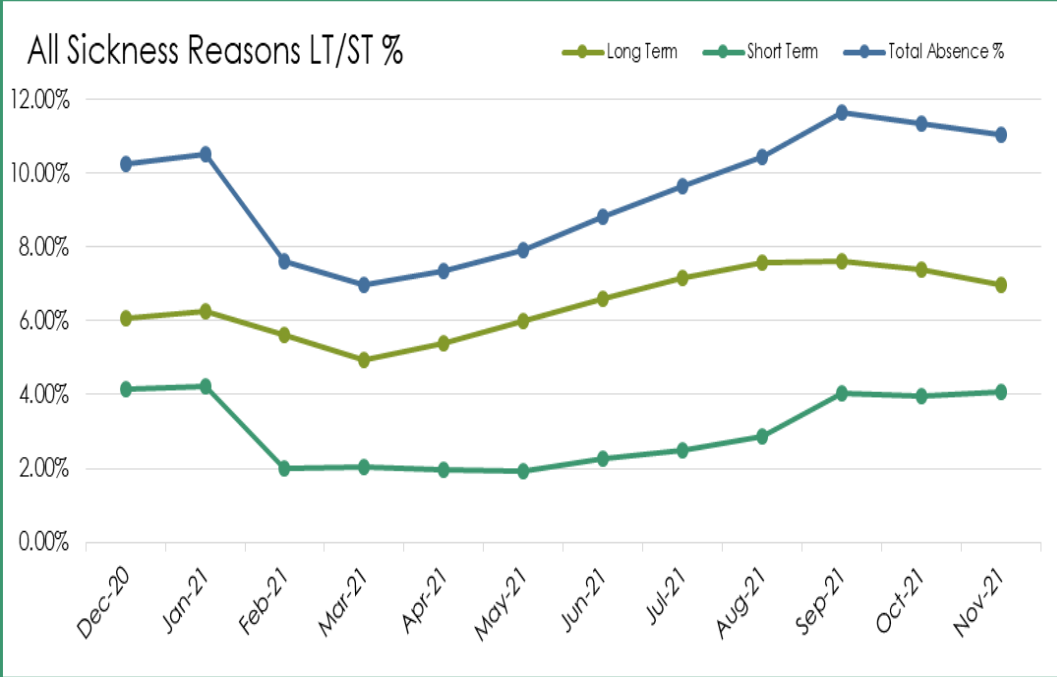
- In Nov-21 **22.1%** of absence was attributable to Stress and Anxiety. **18.8%** were as a result of chest and respiratory problems.
- Stress and Anxiety rates are lower than August despite current pressures.

**Remedial Plans and Actions**

- In the last two months, the Trust has seen a decline in overall absence; Sept-21 saw the highest percentage since the start of the pandemic (11.60%).
- Covid-19 absence (FTE) declined to 2.51% in Nov-21 with 37 cases of long-term CoVID-19.
- The restructuring of the Operations Directorate on ESR has seen Integrated Care (NHSD111) and EMS Co-ordination (CCC) rise above EMS i.e. the sickness rate when combined.
- Physiotherapy referrals fell in Oct-21 to 27 with 47% of these off work at time of referral. Majority of referrals were for back symptoms.



Average working days lost per FTE (Annual)	
21.62 days	
Single month Absence %	
11.06%	
Long Term	Short Term
6.97%	4.09%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.45%	(excluding Back) 1.36%



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



(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust



# Our People

## Staff Vaccination Indicators

Flu

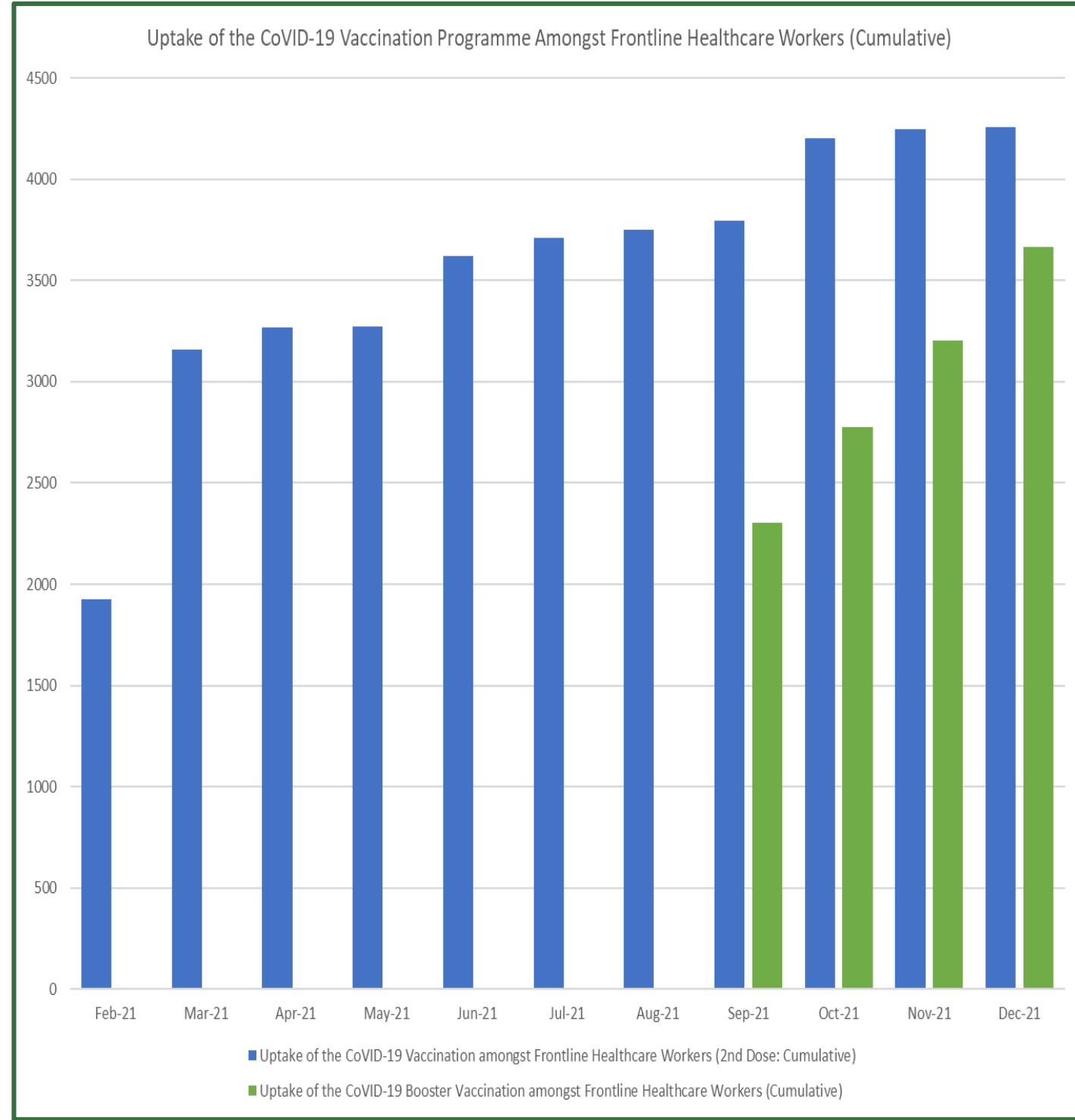
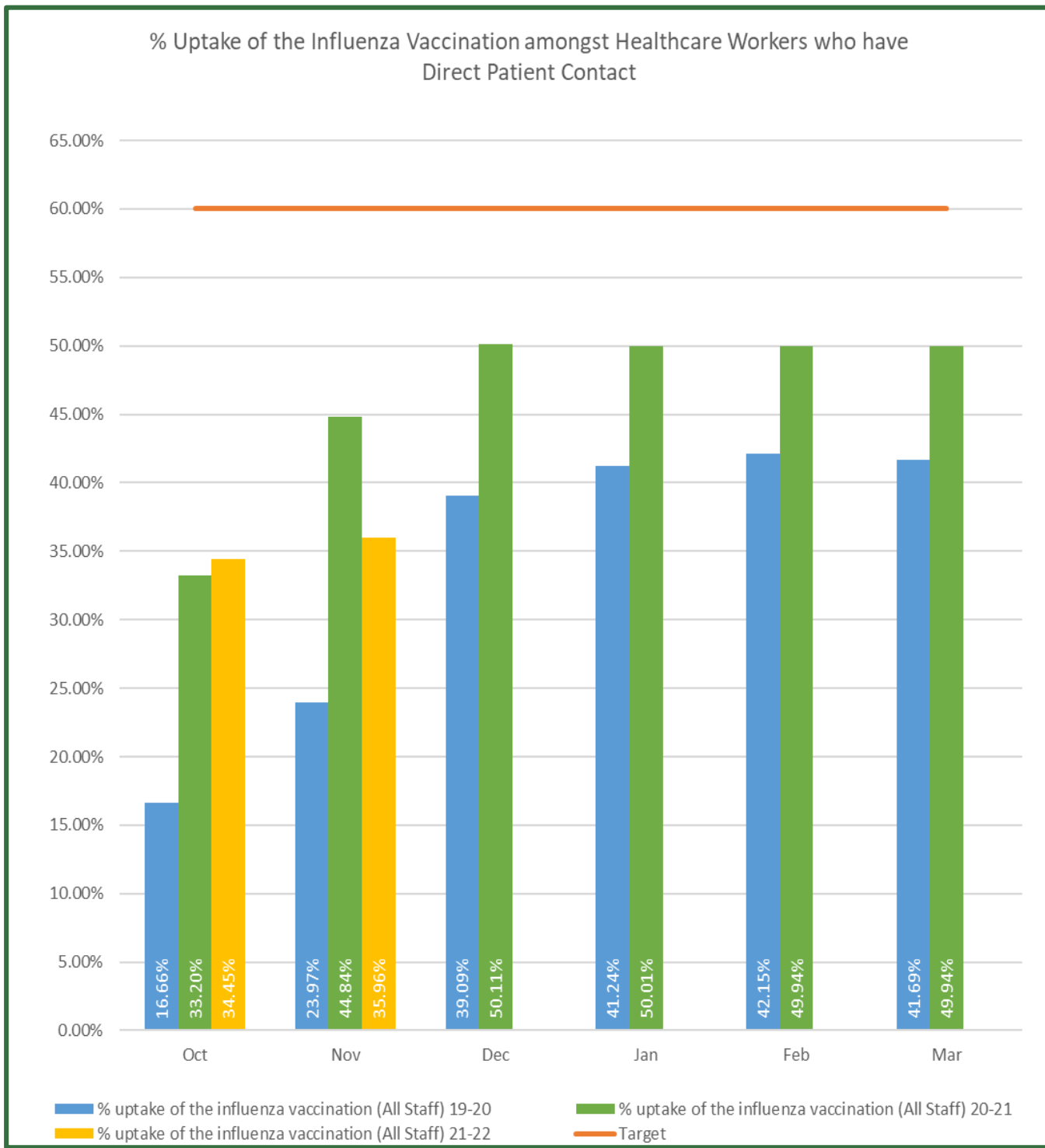
Self Assessment:  
Strength of Internal Control: Moderate

R

CI

PCC

Health & Care Standard - Health (PPI)



**Analysis**  
The 2021-22 flu campaign got underway in Oct-21 and as indicated in the graph to the left 35.96% of EMS (response) and NEPTS staff. received a vaccination.

Of the 4,532 staff currently employed (All staff), 95% of frontline (Patient Facing), 95% frontline (Not Patient Facing) staff have received a first dose vaccination and 3,665 of all staff employed have received a booster dose of the CoVID-19 vaccination; accounting for 82% of frontline.

**Remedial Plans and Actions**  
Staff data has been refreshed to accurately staff numbers employed by WAST.

**Expected Performance Trajectory**  
Due to the escalation to Alert Level 2 in Wales and a reduction in public mixing over the festive period, to date the expected surge in flu rates have not been seen in the 2021/22 winter period. This, combined with an uptake in vaccination across priority groups in Wales has meant that more people than ever before received an influenza vaccination and for the first time ever, over one million vaccinations were given in Wales. The Trust is still cautious that an easing of restrictions could see cases increase and winter planning has been key in preparing for this scenario.

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



(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust



# Our People

## PADR and Training Rates Indicators

R

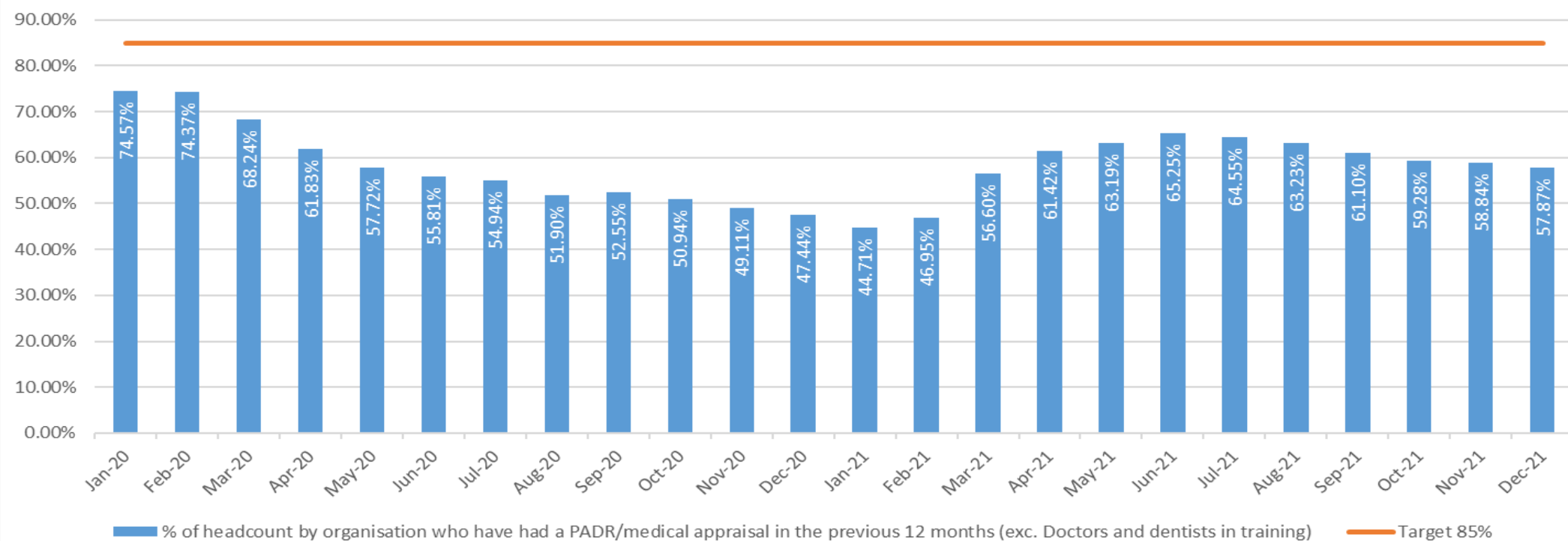
Self Assessment:  
Strength of Internal  
Control: Strong

CI

PCC

Health & Care  
Standard  
Health – Staff &  
Resources

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



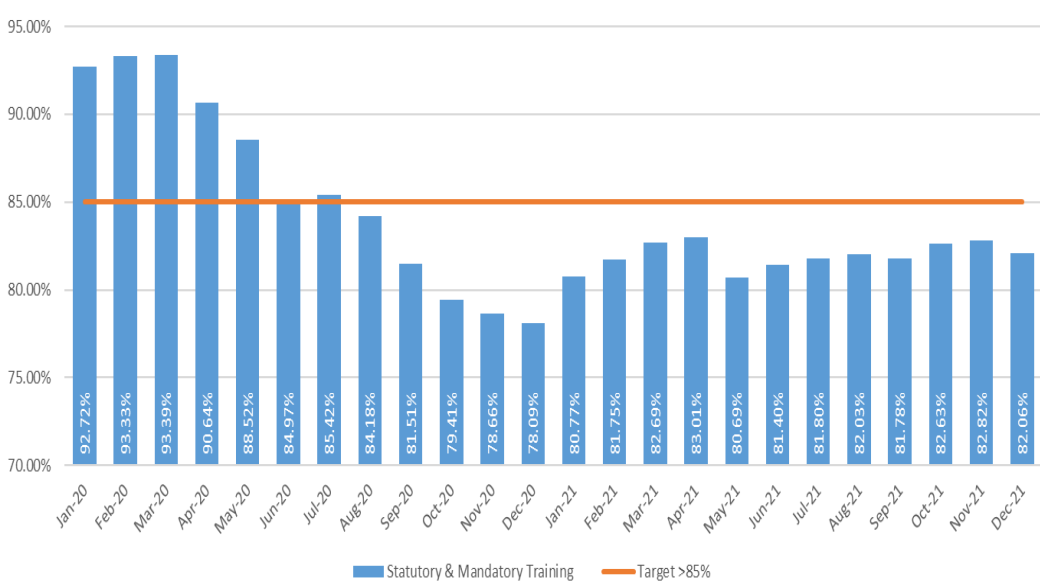
### Analysis

PADR rates for Dec-21 declined to 57.87%, continuing to remain below the 85% target. Dec-21 Statutory & Mandatory Training rates decreased by 0.76% from the Nov-21 figure and fell short of achieving the 85% target. Fire Safety (58.98%), Information Governance (82.16%) and Moving & Handling (71.65%) all failed to achieve the 85% target; however Safeguarding Adults (85.47%) did achieve the target in Dec-21.

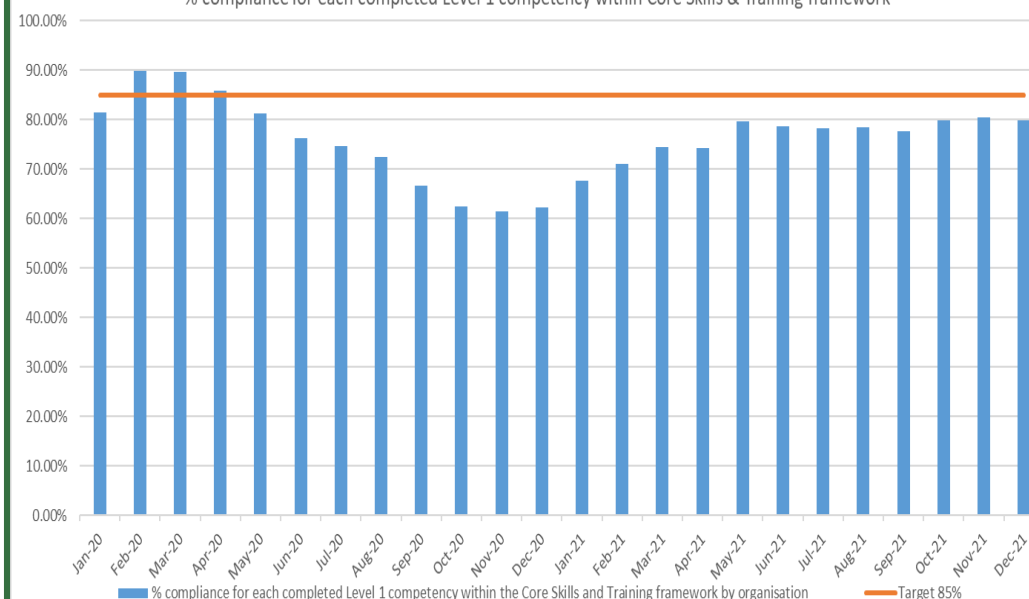
There are currently 2 (13 for Admin & Clerical Staff) Statutory and Mandatory courses that all NHS employees must complete in their employment. These include:

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

% Compliance Statutory and Mandatory Training (10 CSTF Modules)



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



### Remedial Plans and Actions

The Learning and Development team will continue to utilise targeted communication via Siren and Yammer using the #WASTMakItHappen tagline to reinvigorate My Learning on ESR for Corporate Compliance. In addition, meetings are ongoing with the Ambulance Response Team to highlight compliance rates for Frontline staff and continue to monitor. CPD is supported by the ESR Team and user guides, and other supportive information is available through the WAST intranet and via the WAST Facebook page.

### Expected Performance Trajectory

The outlook for 2021 is unclear, a third wave of the CoVid-19 pandemic has resulted in the Trust again moving out of the Monitor Phase and again into a Response Phase resulting in increased pressures in the work environment and less opportunity for training and development.

Data source: ESR



(Responsible Officer: Claire Vaughan)

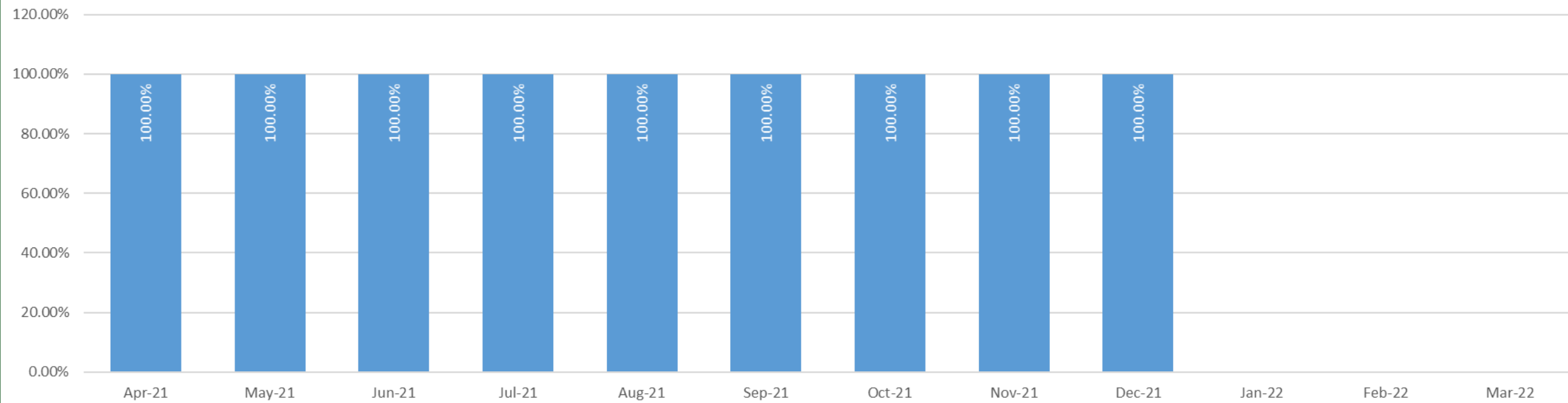
Welsh Ambulance Services NHS Trust



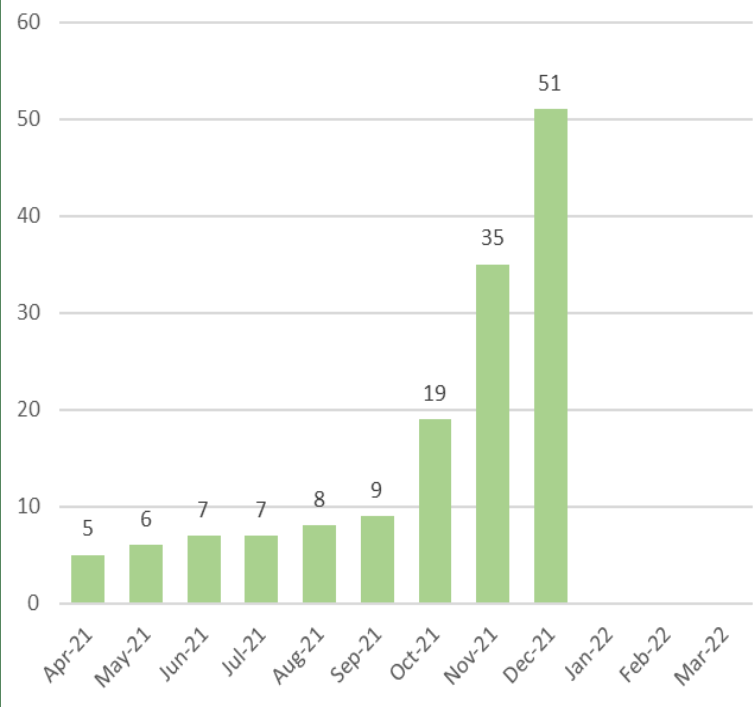
# Finance and Value Finance Indicators



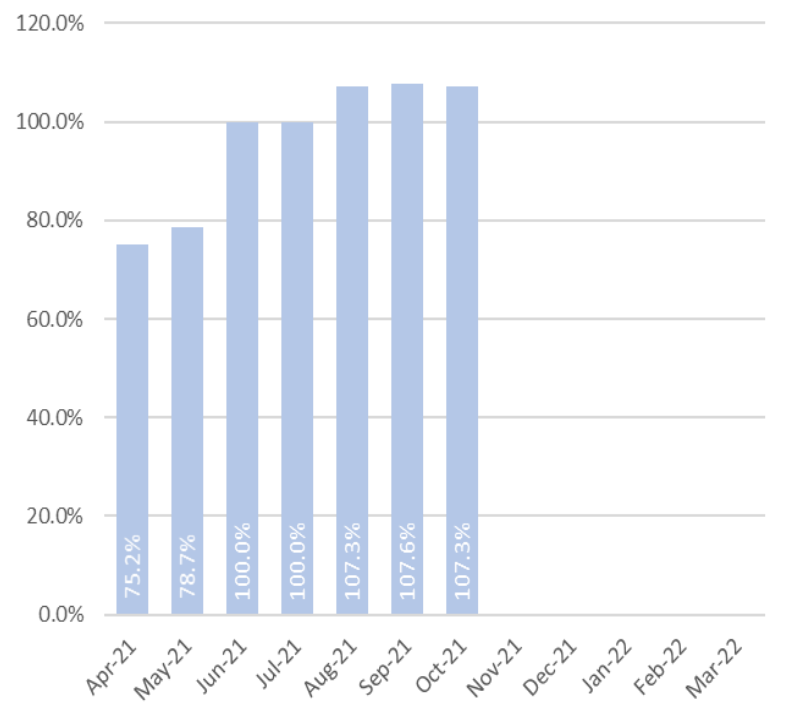
Financial balance - annual expenditure YTD as % of budget expenditure YTD



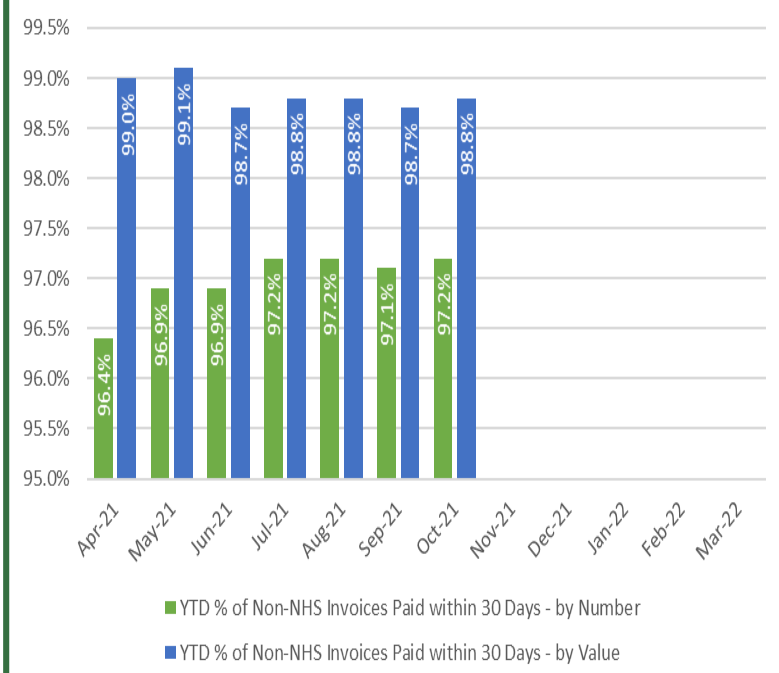
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



### Analysis

As of Dec-21 the reported outturn performance at month 9 is a surplus of £51k.

For month 9 the Trust is reporting planned savings of £2.362m and actual savings of £2.497m, an achievement rate of 105.7%.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of Dec-21 was 97.2% against a target of 95%.

As of Dec-21 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

### Remedial Plans and Actions

The Trust's financial plan for 2021-24 will build on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the current 2021-24 plan is in development.

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

Key specific risks to the delivery of the 2021/22 financial plan include:

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

### Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to continue to deliver further planned savings into 2021/22.



(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust

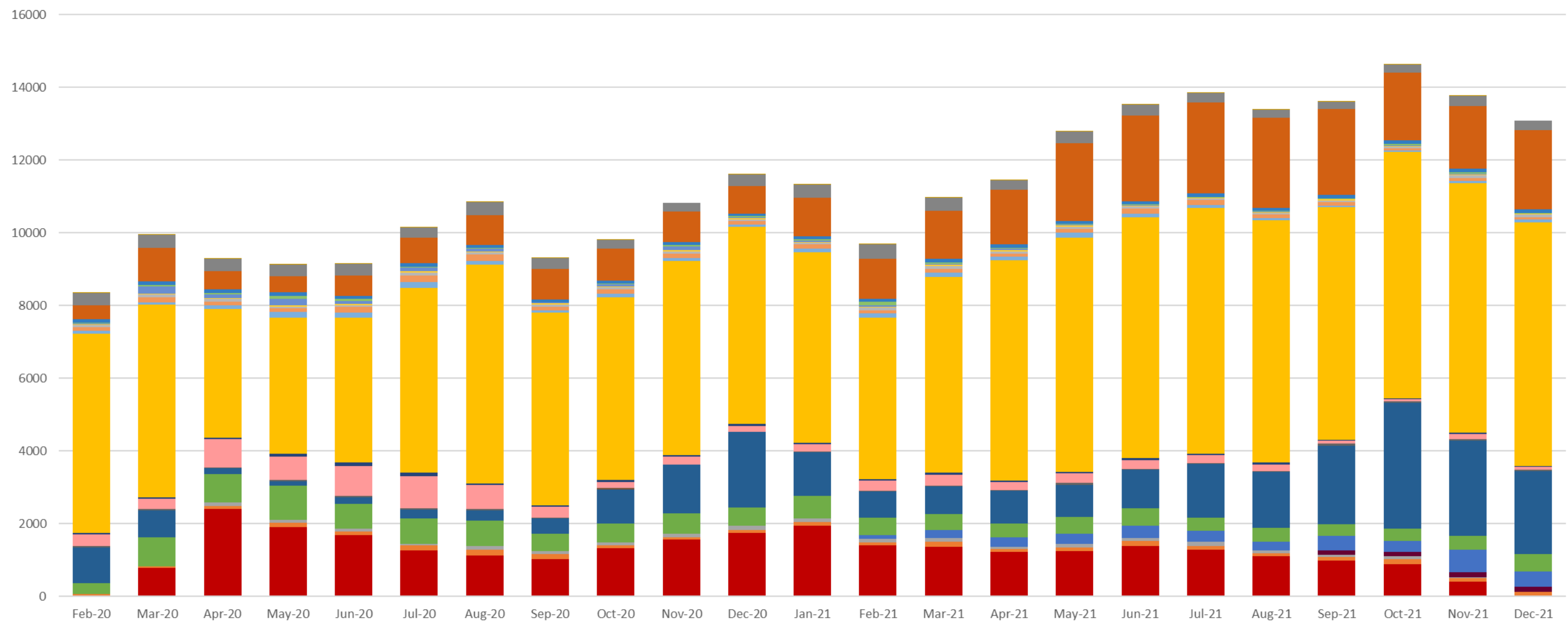


# Value / Partnerships & System Contribution

## EMS Utilisation & Post Production Lost Hours Indicators



Post Production Lost Hours - By Unavailability Reason



**Analysis**  
 There were 16,063 hours lost in Dec-21; of this 13,099 were to APP, EA, RRV and UCS vehicles which continues to show high levels compared to previous months (PPLH). The highest number of hours were lost to EA vehicles, accounting for 9,283 in Dec-21.

In Dec-21 hours lost through PPLH can be down to numerous factors, including, but not limited to Return to Base, Meal Breaks (6,708 Hours), HALO duties (2,297 hours) and Vehicle cleaning (2,168 hours). It can also be as a result of different processes at hospital sites causing variation in process in flow throughout the system that contribute towards post- production lost hours.

**Remedial Plans and Actions**  
 This is currently an area of focus via a series of workshops with TU Partners, which commenced in Sep-21. The current focus continues to be on data accuracy, modelling of options and potential tests of change.

**Expected Performance Trajectory**  
 The current data needs to be treated with a degree of caution, for example, there are good reasons for some post production lost hours, plus there are issues of data entry. The Trust has recently undertaken more benchmarking on PPLHs which suggests that it compares favourably with two other ambulance services, but less so with a third. Contact is being sought with this third service.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

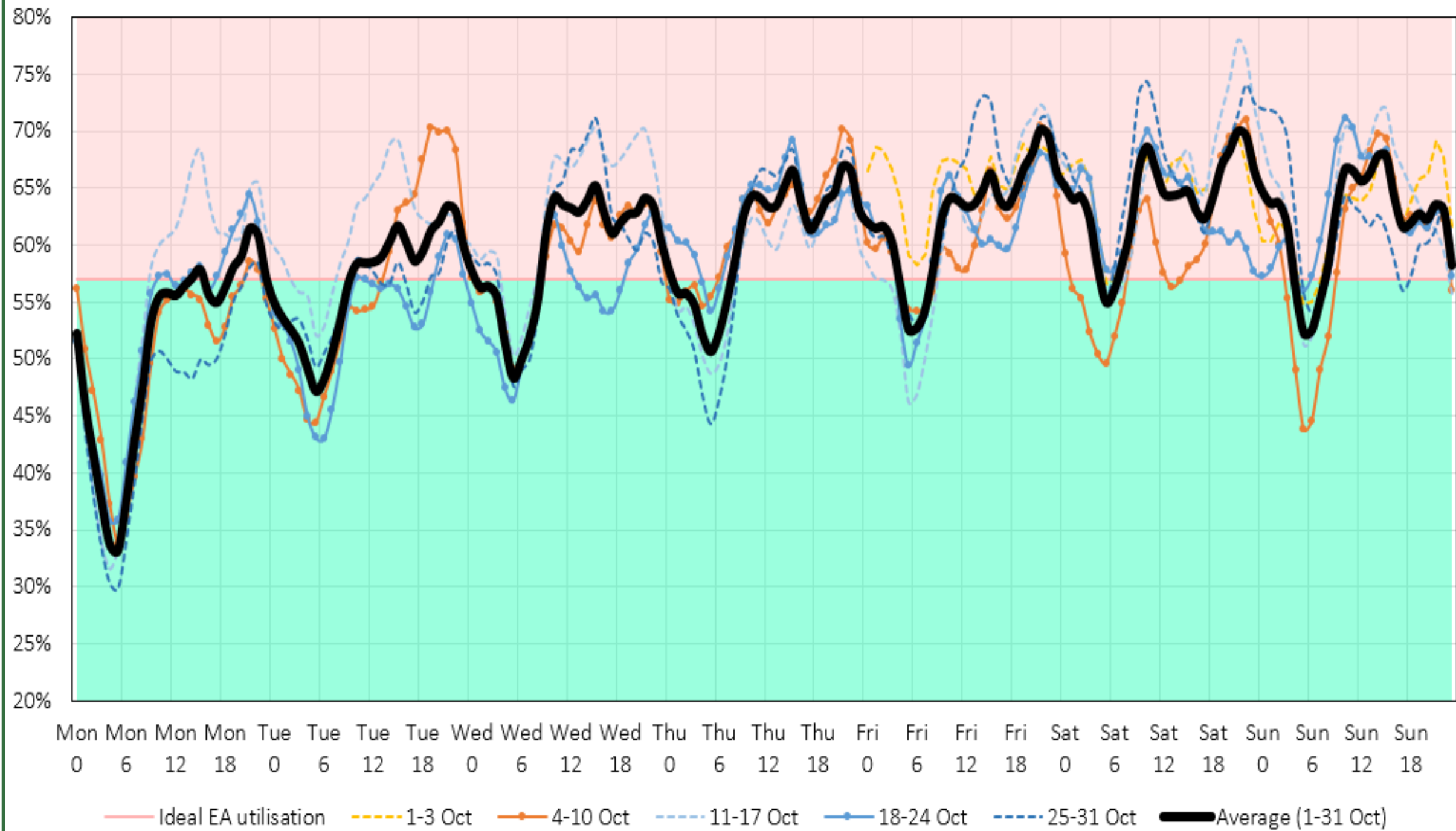


# Value & Partnership Contribution Utilisation Indicators



Slide Under Development to provide Net Utilisation – No Update available

### EA Historical Gross Utilisation October 2021 (Busy Hours / Actual Hours)



#### Analysis

The chart outlines the gross utilisation for WAST; the ideal gross utilisation has been set as 57% after an extensive data analysis (the split between green and pink area in the chart). Achieving this level of utilisation enables the Trust to exactly deliver a 30 minute Amber 1 response time.

In addition each health board area has their own ideal EA utilisation. Analysis has indicated that this is higher for urban areas and lower for rural areas. A high degree of rurality means that more resources need to remain available more often to achieve the 30 minute Amber 1 response times.

The chart shows that's the EA utilisation has consistently been much higher than we would like in Oct-21; this extensive utilisation also explains why response times have been much slower than desired.

The dip seen during the early hours on a Monday is as a result of the data being available in weekly blocks which causes some of the workload within the first few hours of the dataset to be invisible. The 'tuning' of the ideal utilisation is revised periodically on larger datasets that do not contain these dips.

*NB: The thick black line identify the average hour-of-week EA utilisation for WAST, the thin lines indicate the values for every week within October. The green and pink indicate the split below and above ideal utilisation*

#### Remedial Plans and Actions

The Trust is currently receiving support through additional hours obtained from the Military Aid to the Civil Aid (MACA) and Fire Service.

The Trust has combined various tactical plans into a single Performance Improvement Plan (PIP) which is being reported into Executive Management Team every 2 weeks set out under four main headings with actions including:

- Better management of demand;
- Increasing capacity;
- Increasing effectiveness and efficiency of resources; and
- Supporting staff well-being.

Application of the clinical Safety Plan is being utilised to ease pressures on the Trust during periods of excessive demand.

#### Expected Performance Trajectory

The Trust expects utilisation to improve as more hours are put into the system, however this is being offset by current handover levels.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



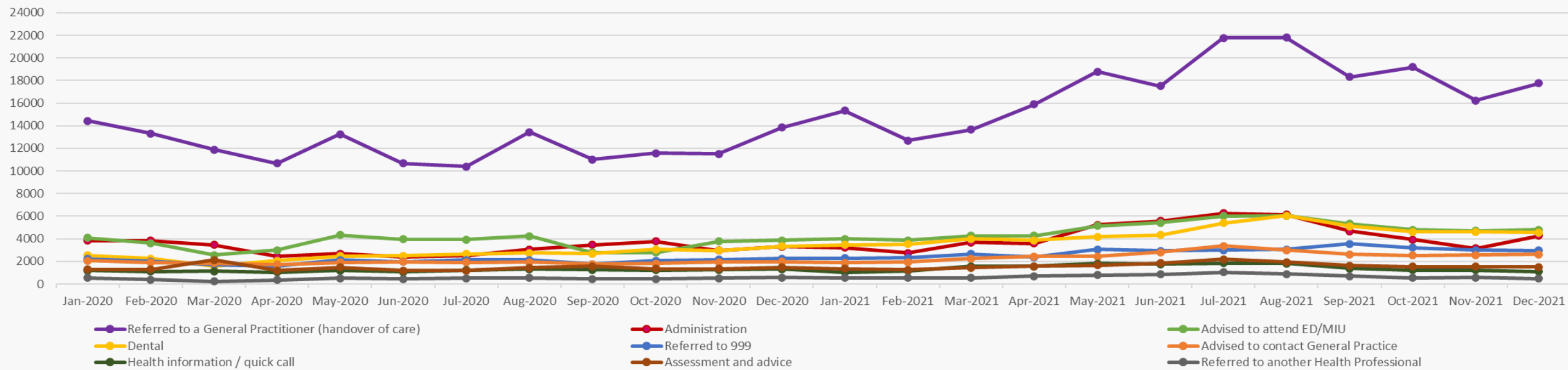
# Our Patients: Quality, Safety & Patient Experience

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

### Influencing Factors – Demand and Clinical Hours Produced



111 Calls By Final outcome



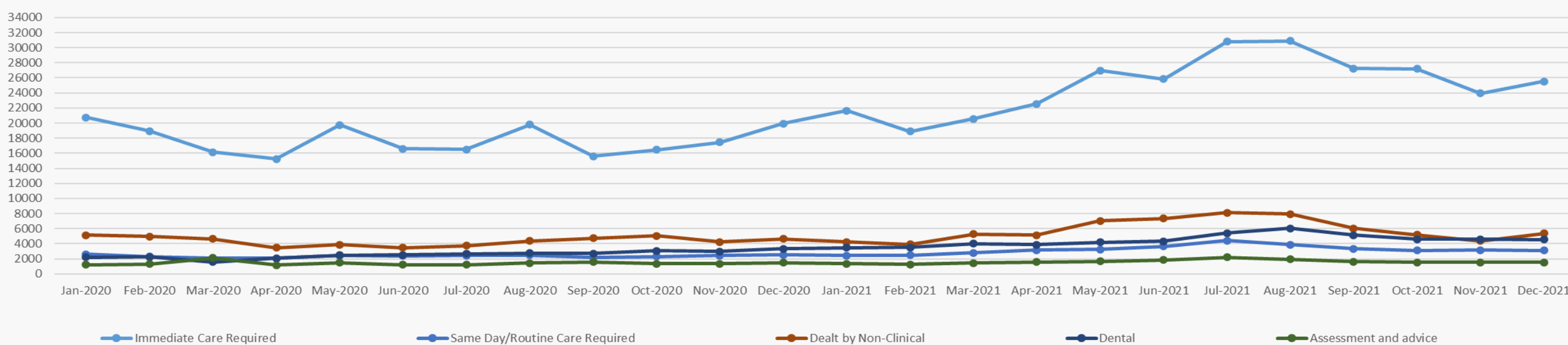
#### Analysis

In Dec-21 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 44% of calls.

Calls falling in the Immediate Care Required category saw the highest volume; this includes calls referred to General Practitioner (17,769), advised to attend ED/MIU (4,807) and Dental calls (4,552).

In Dec-21 40,077 calls were received in the 9 categories displayed in the top graph, an increase when compared to 37,611 in Nov-21, 36,006 in Dec-19 and 31,938 in Dec-20.

111 Calls by Final Outcome



#### Remedial Plans and Actions

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

#### Expected Performance Trajectory

A Contract Analyst is currently undertaking work to improve 111 data metrics available; this will allow us to report more meaningful and relevant data.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

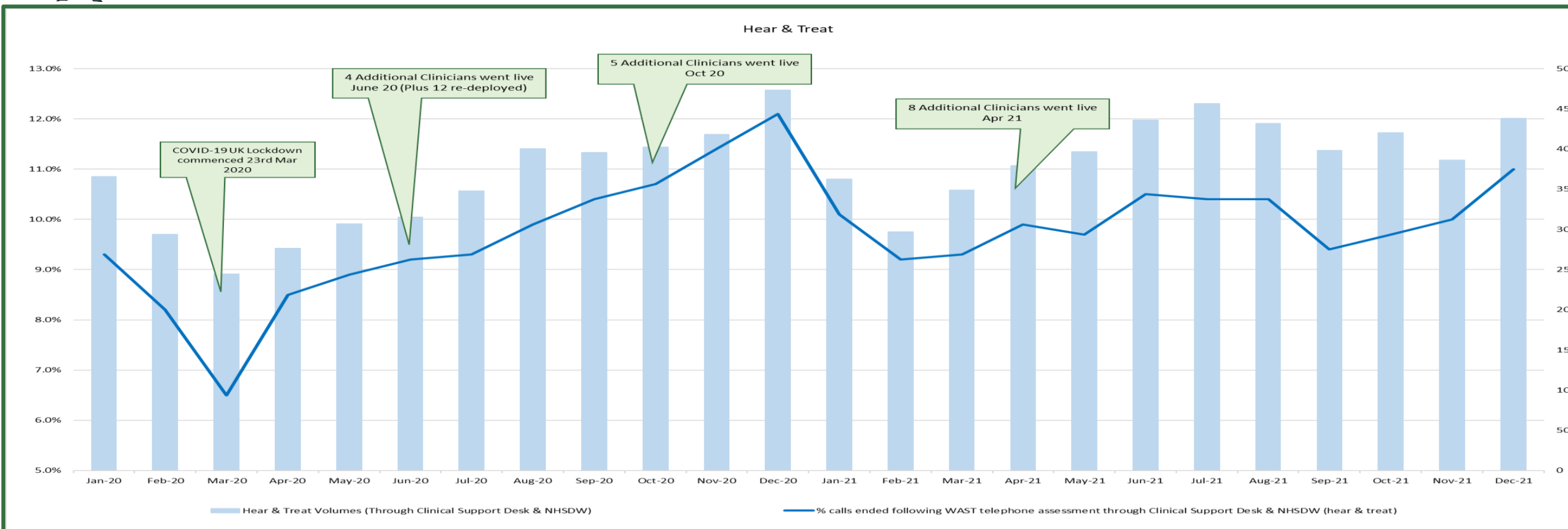


# Partnerships / System Contribution

## Hear & Treat Indicators



NB: H&T Data extracted from Report Manger and subject to change when AQIs rec'd



**Analysis**  
 The **Clinical Service Desk (CSD)** and **NHSDW (Hear & Treat)** achieved 11% performance in Dec-21, therefore achieving the 10.2% target.

7.1% of hear & treat volumes were achieved by the CSD in Dec-21. In comparison, 3.9% of hear & treat was by NHSDW/111.

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

**Re-contact rates in Nov-21 were 5.6%** a decrease compared to 13.8% in Oct-21, but an increase compared to 6.0% in Nov-20.

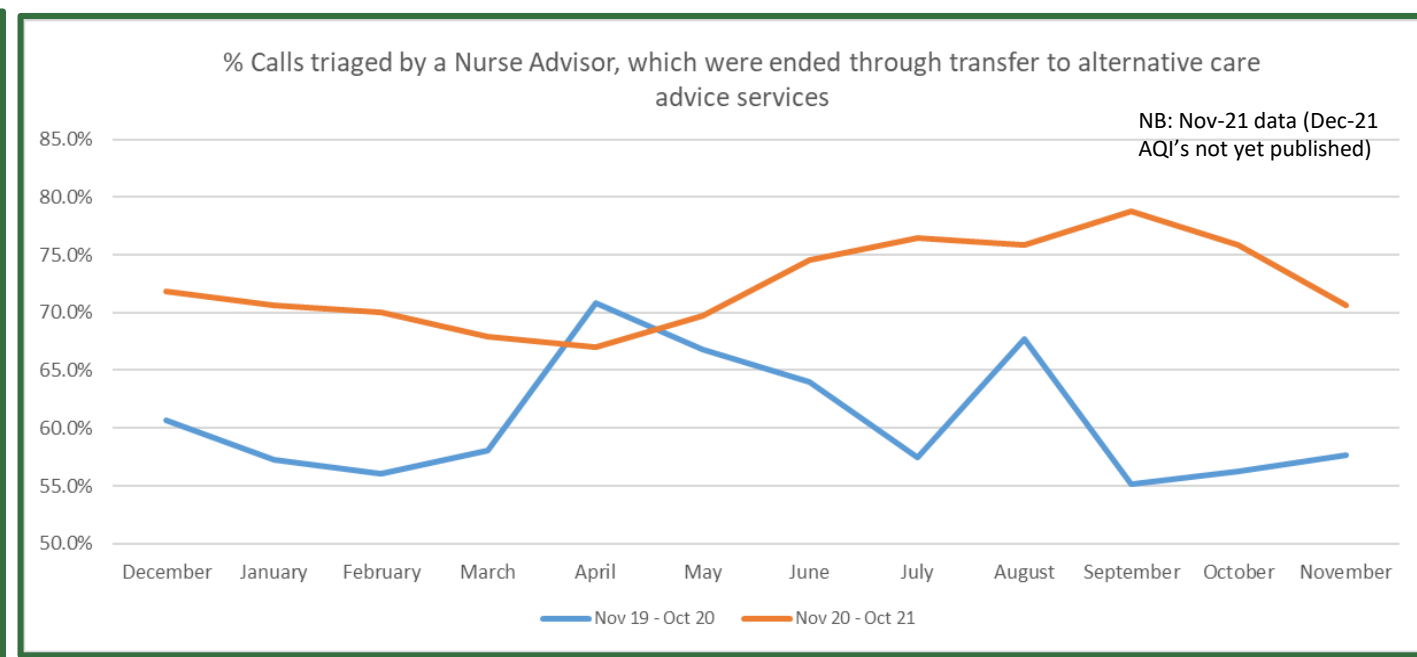
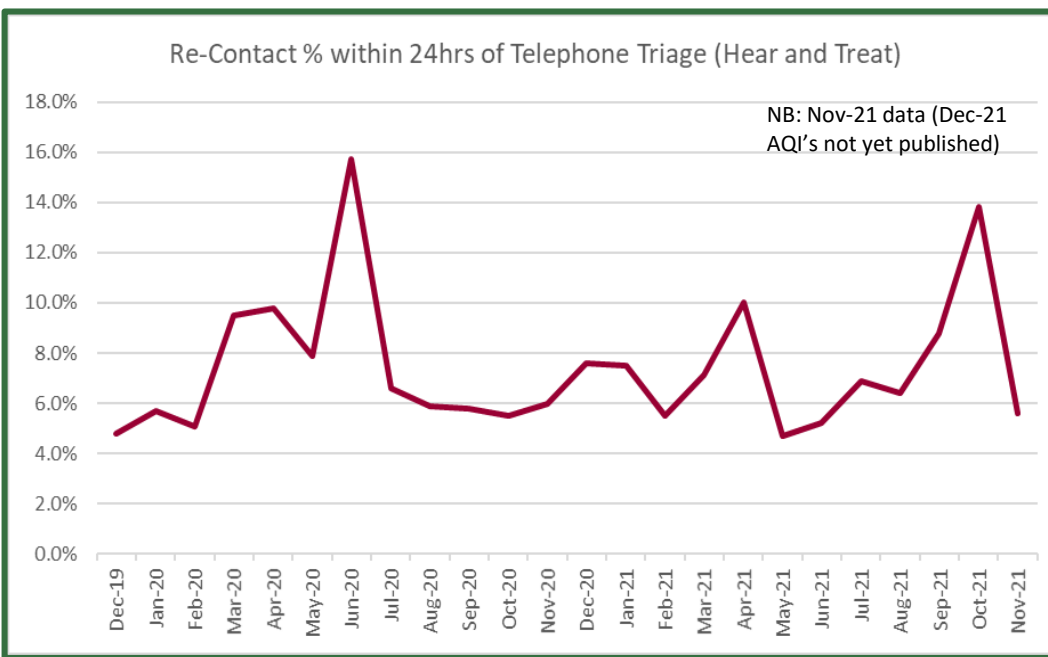
The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services decreased month on month to 70.6% in Nov-21; by comparison, this figure was 57.7% in Nov-20.

### Remedial Plans and Actions

- The work to implement the findings of the CCC Clinical Review will be the main driver of change and improvement. The predicted impact on hear and treat rates is currently being considered.
- Commissioners have agreed funding for 4 FTE mental health practitioners into the 999 clinical teams which would increase hear and treat rates significantly based on findings of a pilot during the pandemic. Recruitment complete, onboarding in Feb-22.
- Commissioners have also agreed to fund an additional 36 paramedics (achieved) into the clinical service desk, to be backfilled through recruitment of additional EMTs and ACA2s respectively. Work is ongoing to develop the service model in a department that will therefore almost double in size.

### Expected Performance Trajectory

The current benchmark is 10.2% hear and treat rate. This benchmark is currently under review and expected to increase as part of the development of the 2022-25 IMTP and associated forecasting and modelling.

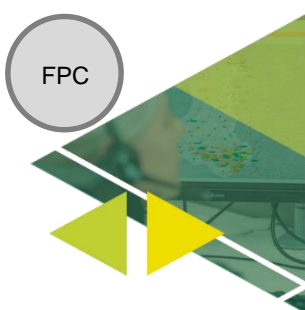


(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

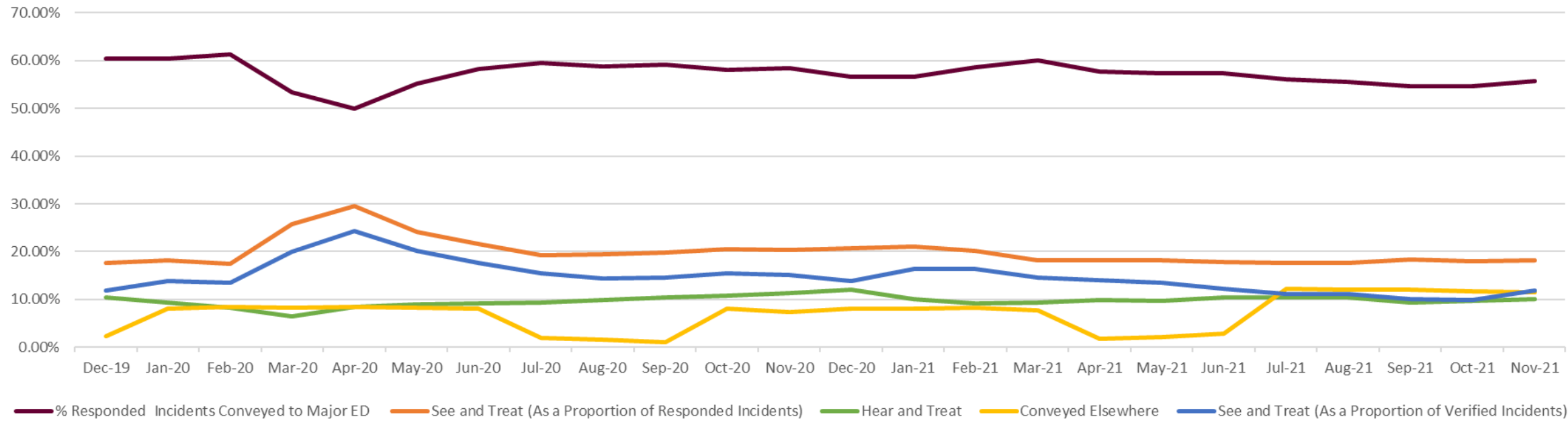


# Partnerships / System Contribution Conveyance to ED Indicators



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

NB: Nov-21 data (Dec-21 AQI's not yet published)



## Analysis

The percentage of patients conveyed to EDs decreased (i.e. improved) compared to the same period last year. In Nov-21 conveyance to EDs as a proportion of total verified incidents was 36.57% (compared to 43.01% in Nov-20).

The combined number of incidents treated at scene and referred to alternate providers increased in Nov-21 when compared to Oct-21. 2,103 incidents were referred to alternative providers in Nov-21 and 2,492 incidents were treated at scene; however, a review of other outcomes (see graph) shows that the number of incidents where there was a no send, patient cancelled or went via their own transport remains an indicator which may mean patients reach hospital via another route. In Dec-21 9,049 ambulances were cancelled by patients, 334 fell in the unable to send category due to the escalation of the Clinical Safety Plan (CSP) and 366 patients made their way to hospital using their own transport.

## Remedial Plans and Actions

This indicator captures the impact of all "shift left" activity, for example hear & treat, see & treat (APPs, Band 6 Paramedics), pathways and conveyance to other hospital locations e.g. minor injury units (MIUs), direct admissions etc. Years 3-5 of the EMS Operational Transformation Programme offer the potential to take a more transformative look at options for further reducing conveyance, where it is clinically safe and appropriate to do so. The initial results of this modelling are expected w/c 24 Jan-22..

As part of the IMTP and working with partners across the health system. WAST has been asked to lead on the development of a National Respiratory work stream. A four phased proposal has been designed to deliver sustainable service level improvement for respiratory patients across Wales aligned to the national strategic direction and delivered in collaboration with Health Boards & key stakeholders: Delivery will be dependent on cooperation with health boards who will need to provide a service to refer into; however, this has the opportunity to increase referrals to alternative providers.

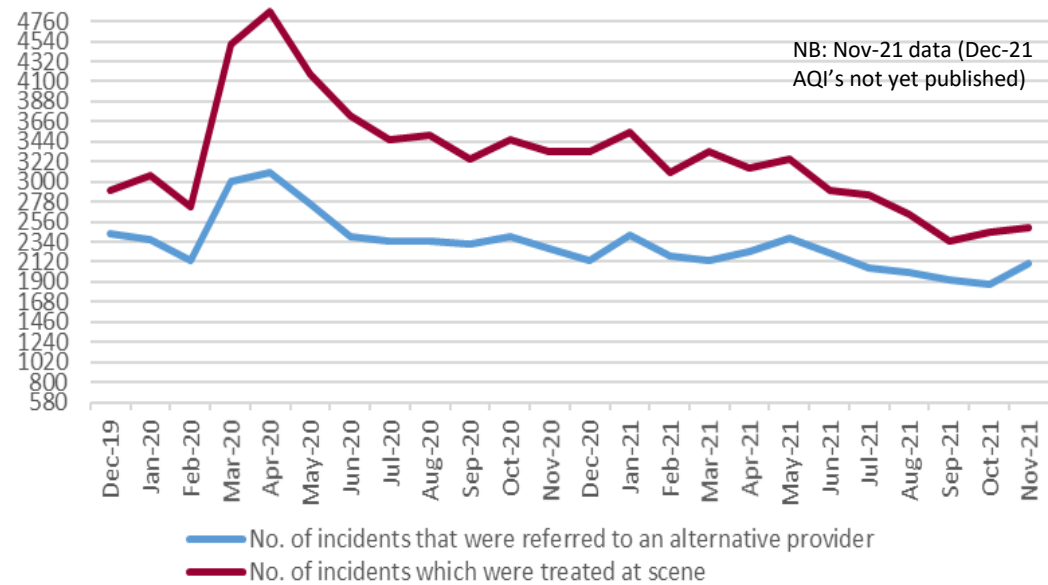
One of our commissioning intentions is to develop an optimising conveyance strategy, which will bring forward clearer proposals linked to further work on the EMS Demand & Capacity Review.

## Expected Performance Trajectory

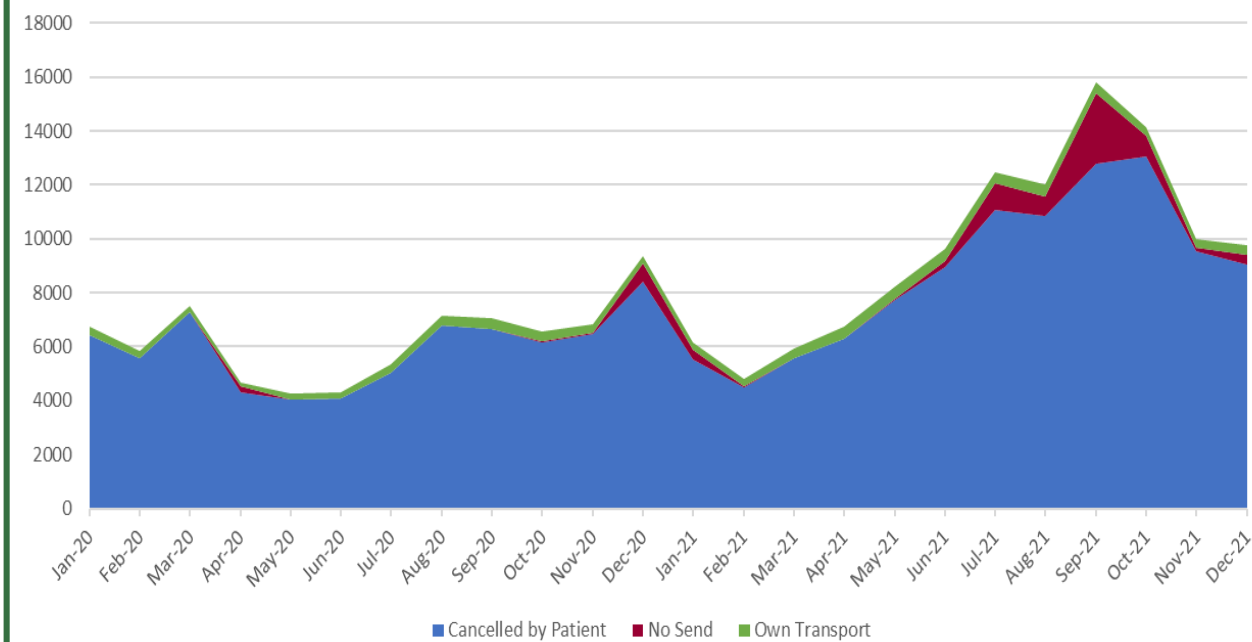
The initial modelling results due w/c 24 Jan-22 should give the Trust a first indication of what an optimised shift left benchmark may be. Further work will probably be required on confirming that figure. The Trust can then start to plot actions and a trajectory towards that benchmark.

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

NB: Nov-21 data (Dec-21 AQI's not yet published)



Number of Incidents Stopped by Reason



(Responsible Officer: Brendan Lloyd)

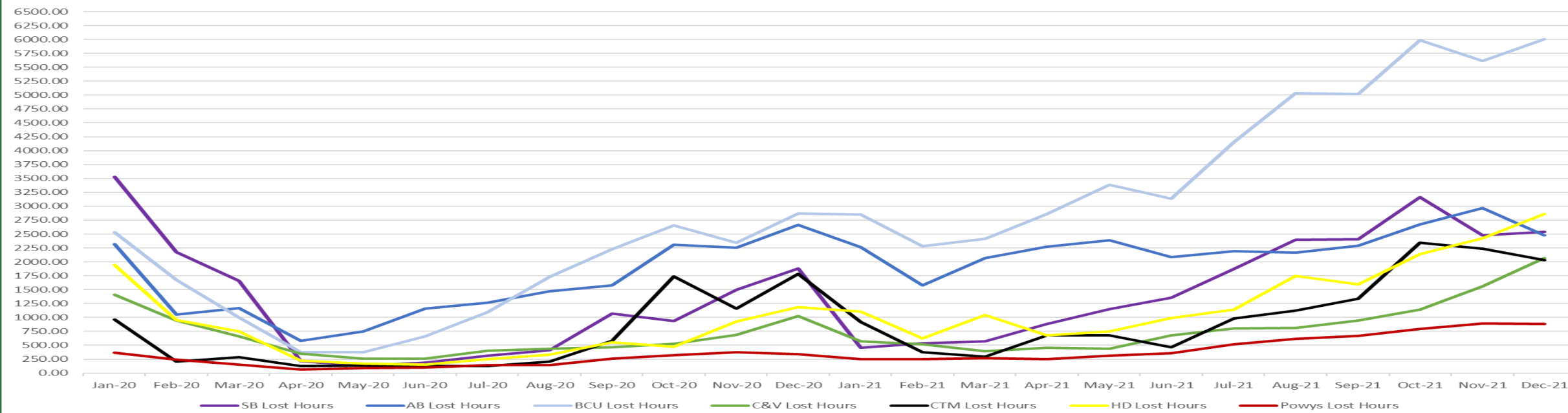
Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution Handover Indicators



Notification to Handover Lost Hours by Health Board



## Analysis

142,899 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 77,456 in same period a year ago (Jan-20 to Dec-20). 18,860 hours were lost in Dec-21, a 38% increase compared to 11,708 lost hours in Dec-20 and also an increase when compared to 13,820 recorded in Dec-19, the previously worst recorded month, prior to Aug-21. The hospitals with highest levels of handover delays during Dec-21 were Morryston Hospital (SBUHB) at 2,357 lost hours, Grange University Hospital (ABUHB) at 2,213 lost hours, Glan Clwyd Hospital Bodelwyddan (BCUHB) at 2,087 lost hours, and Maelor General Hospital (BCUHB) at 1,948 lost hours.

Notification to handover lost hours averaged 605 hours a day in Dec-21, 403% higher than the commissioning intention of no more than 150 hours per day.

Lost hours remain a challenge for the Trust, in Dec-21 36,907 combined hours were lost to UHP shortfalls (under 95% UHP), handover, post production lost hours and hospital to clear lost hours.

## Remedial Plans and Actions

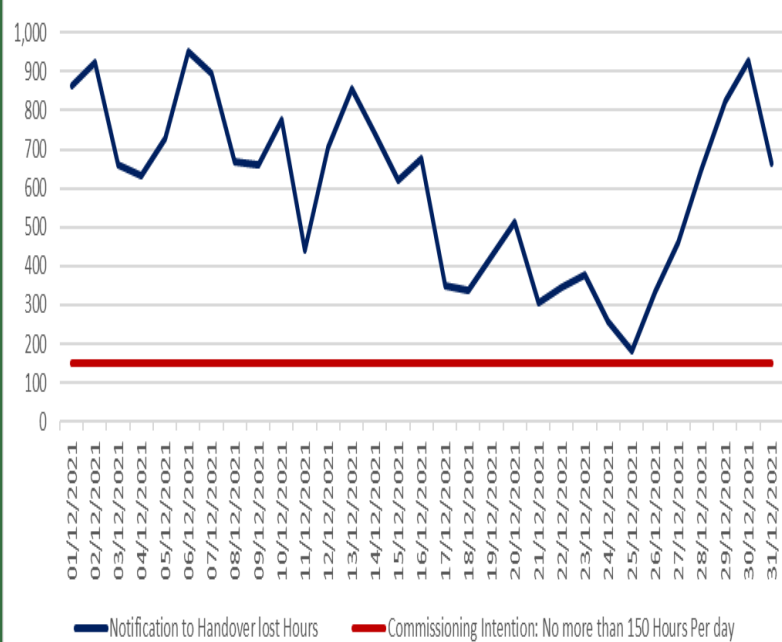
Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to EASC, Health Boards and to Welsh Government / Minister, and this will continue through the year as we seek to influence and put pressure on the system to improve.

Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the CoVID-19 pandemic. The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR). 23 ideas have been received through the WIIN platform from staff in Dec-21

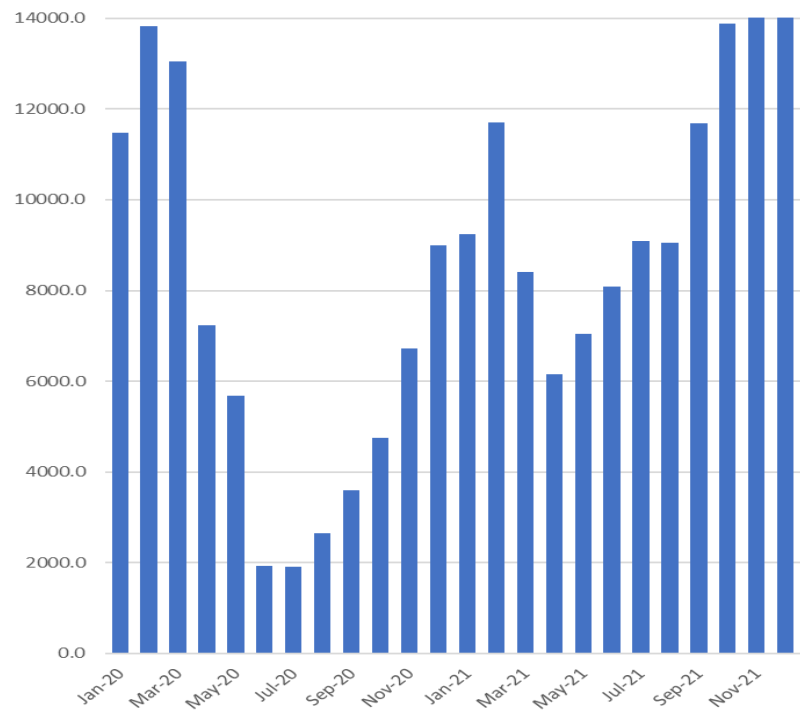
## Expected Performance Trajectory

There is a 2021/22 EASC commissioning intention for handover, but this is clearly not going to be met. There is a recognition that handover must be reduced, but also that health boards ability to make a significant reduction before 2025 is unlikely; consequently current discussions in EASC are focused on clinical safety plans for health boards that are aligned and align to the Trust's; that these plans must include average handover patient waits as part of the escalation triggers with a probable red line/backstop of a maximum wait. It is not possible to provide a trajectory at this time.

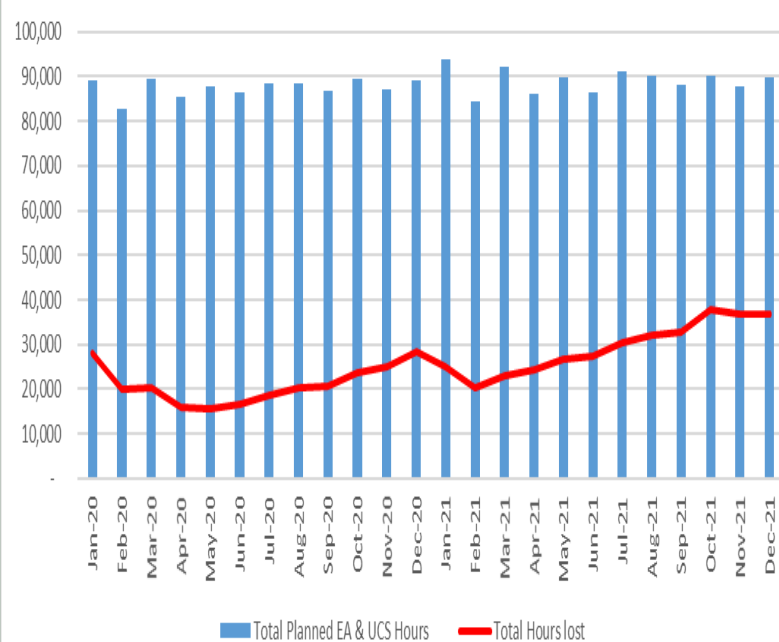
Notification to Handover Lost Hours - December 2021



Pan-Wales Notification to Handover Lost Hours



Total Planned hours VS Total Hours Lost



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





GIG  
CYMRU  
NHS  
WALES

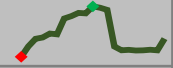






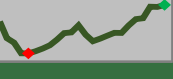
Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services  
NHS Trust



Welsh Ambulance Services NHS Trust  
Integrated Performance Report  
2020/21

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Nov-21	Dec-21	2 Year Trend	RAG
<b>Our Patients - Quality, Safety and Patient Experience</b>						
111 Abandoned Calls	< 5%	11.00%	17.8%	16.2%		R
111 Patients called back within 1 hour (P1)	90%	95.30%	94.8%	94.4%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	0:03	0:37	-		R
999 Red Response within 8 minutes	65%	63.6%	53.0%	51.1%		R
Red 95th percentile	00:14:00	00:17:59	00:21:44	00:23:27		R
999 Amber 1 95th percentile	01:18:00	02:24:10	04:34:47	06:02:36		R
Return of Spontaneous Circulation (ROSC)	Improve	9.97%	-	-		G
Stroke Patients with Appropriate Care	95%	95.83%	-	-		G
Acute Coronary Syndrome Patients with Appropriate Care	95%	73.50%	-	-		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	74%	77%	77%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	88.00%	88%	88%		A
National Reportable Incidents reports (NRI)	-	4	9	4		R
Concerns Response within 30 Days	75%	75%	56%	70%		A
<b>Our People</b>						
EMS Abstraction Rate	29.92%	37.00%	41%	45%		R
Hours Produced for Emergency Ambulances	95%	96.0%	103%	96%		G
Sickness Absence (all staff)	5.99%	7.30%	11.07%	-		R
Frontline CoVID-19 Vaccination Rates	-	-	4,248	4,258		-
Statutory & Mandatory Training	>85%	83.1%	82.82%	82.06%		A
PADR/Medical Appraisal	>85%	52%	58.84%	57.87%		R

Ambulance Response FTEs in Post	1700	1702	1637	1639		A
Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	-	1117	1713	1687		-
<b>Value</b>						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%		G
EMS Utilisation metric	57%	-				-
Post-Production Lost Hours (All Vehicles)	Reduction Trend	11,053	15,979	16,063		R
<b>Partnerships / System Contribution</b>						
111 Consult and Close	Improve	5,612	5,915	6,875		G
999 Hear & Treat	10.2%	9.9%	10.0%	11.0%		G
% Incidents Conveyed to Major EDs	<48.6%	44.58%	36.57%	-		G
Number of Handover Lost Hours	< 150 hrs per day	6,093	18,160	18,860		R



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

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

## IMTP 2021-2024 Progress Report

<b>MEETING</b>	Finance and Performance Committee
<b>DATE</b>	20 January 2022
<b>EXECUTIVE</b>	Rachel Marsh- Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Alexander Crawford - Assistant Director of Strategy and Planning
<b>CONTACT</b>	Alexander.Crawford2@wales.nhs.uk

### EXECUTIVE SUMMARY

The purpose of this report it is to update the Committee on the progress and delivery of actions in the 2021-24 IMTP, end of quarter three 2021/22 position.

#### **RECOMMENDED:**

That the Committee:

1. Notes the IMTP Delivery Assurance Report attached (appendix 1) and headlines highlighted in this executive summary;
2. Advises of any further information required to assure the Trust Board around IMTP delivery.

## KEY ISSUES/IMPLICATIONS

**Appendix 1** is an assurance report which provides the following information about transformation and enabling programme activity due by the end of quarter three and any risks going into future quarters:

- Programme Governance
- IMTP Delivery;
- Achievements;
- Any barriers and challenges that have been escalated to Strategic Transformation Board (STB);
- Remedial actions against any deviation from IMTP delivery timescale (noting that some actions are paused during the current wave of COVID-19 and ongoing REAP escalation position).

**NB** the assurance report in appendix 1 was prepared prior to the end of Q3 so is set out as an “interim” position as reported to Strategic Transformation Board on 6<sup>th</sup> January. However, no change to this position was declared by programme SROs at STB. The delivery tracker set out in this executive summary below reflects the full end of quarter position.

**Appendix 2** sets out the deliverables for the year 2021/22 contained within the IMTP, which sets out when delivery was planned to become due. The update below focusses on those milestones due by quarter three.

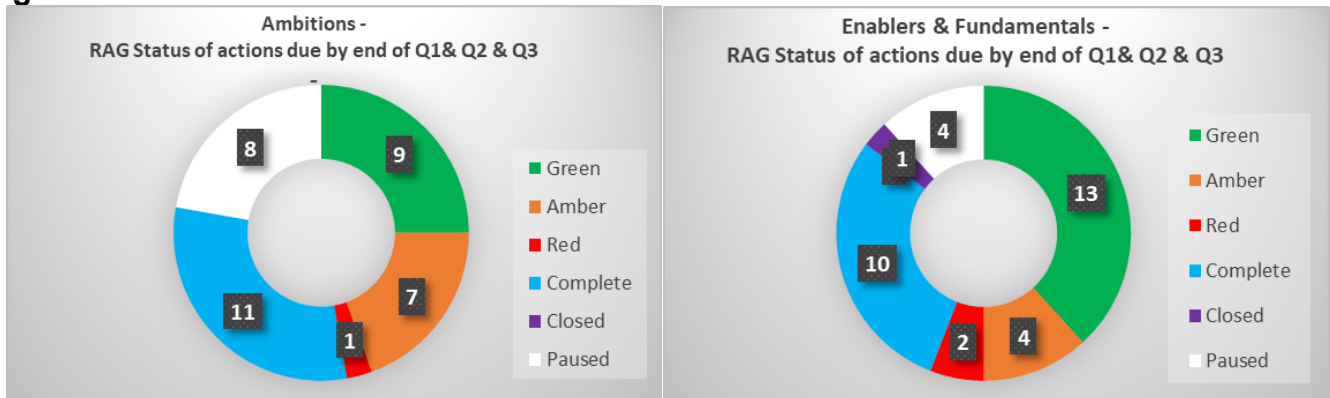
An IMTP delivery tracker has been established by mapping back all 2021-22 actions back into the agreed transformation and enabling programmes established within the STB structure.

- **EMS Operational Transformation** – builds upon the EMS D&C Programme to deliver wider projects to improve performance and transform services, also address commissioning intentions;
- **Ambulance Care** – this incorporates the implementation of the NEPTS D&C Review, ongoing NEPTS transformation projects and the emerging work around a Transfer and Discharge model for Wales, again in line with NEPTS commissioning intentions;
- **Gateway to Care** – this establishes a programme to bring together transformative projects around 111 and the CCC clinical review, including the ambitions for an Integrated Clinical Hub; This now includes elements of 111 digital programme
- **Clinical Transformation** – this has been established to drive forward the Clinical Strategy and our ambitions for mobile urgent care and mental health.

“Enablers & Fundamentals” relate to the deliverables associated with enabling workstreams (workforce, digital, estates, fleet and partnerships) and fundamental principles of a quality driven, clinically led and value focussed organisation, including the programme of work to establish a culture of working safely.

The headline data on delivery due by **quarter three** can be seen in **figure 1 below**.

**Figure 1:**



**Three actions are considered RED**

- **Implement the new 111 system:** SALUS delivery has slipped until at least May 22. New date to be agreed.
- This has therefore impacted actions to **deliver new interactive services to the 111 website via SALUS**

The Gateway to Care Transformation Programme continues to monitor the position and put in place mitigating actions.

- Develop a **Quality Strategy Implementation Plan** to support us to self-assess our progress with Quality Governance – Implementation Action Plan drafted, A small Quality, Safety & Patient Experience (QSPE) Working Group has been initiated in November 2021 to accelerate progress, ahead of wider organisational consultation on actions proposed. Draft Implementation plan was endorsed at ADLT 10<sup>th</sup> January 2022, ahead of QUEST Committee in February 2022. **Noted key staff sickness, in addition to pandemic response is highly likely to delay this work further.**

**Deliverable tracker Extract of actions due by end of Quarter 1 , Quarter 2 & Quarter 3**

The following table summarises the actions due by the end of quarters one, two and three.

Key: Red (Urgent attention required), Amber (In progress, off track), Green (In progress, on track), Blue (Complete), Grey (Paused-as per prioritisation exercise).

Ambitions		
Actions in 2021-22 falling due in Q1-3	Due By	RAG
<b>EMS Operational Transformation Programme</b>		
Develop demand and capacity strategy for the future (Forecasting & Modelling)	Q2	P
Develop a rural model and pilot in one area of Wales, aimed at improving red response times	Q2	P
In partnership, implement a range of modernisation practices to increase productivity- (Leading Change Together)	Q3	A
Develop plans and commence implementation of video consultation / consultant connect (or replacement)	Q3	P

Implement concept of Cymru High Acuity Response Units (CHARU) in order to secure improvement in Return on Spontaneous Circulation (ROSC) rates	Q3	G
<b>Ambulance Care Transformation Programme</b>		
Establish a NEPTS Transformation Programme Board	Q1	C
Bring all non-emergency healthcare transport services in Wales under WAST management and oversight by completing transfers from ABUHB and BCUHB	Q1	C
Identify the transport needs of non-eligible patients across Wales	Q1	C
Work in partnership with the patient and alternative service providers to deliver solutions that meet patient transport needs	Q2	G
Undertake a review of the transfer and discharges services in Aneurin Bevan	Q1	C
Undertake evaluation of MTN	Q2	A
Deliver business case to Welsh Government for procurement of a new CAD	Q3	P
Develop in partnership with the NCCU a sustainable model to meet the needs of the future system for Transfer and Discharge across Wales	Q3	A
<b>Gateway to Care Programme</b>		
Roll-out core 111 service to BCU Health Board	Q1	C
Roll out core 111 service to C&V Health Boards	Q3	A
Complete the roll out of Contact First across Wales, including robust governance agreements	Q2	A
Develop a case for change for discussion with stakeholders on the integration of clinical teams	Q2	P
Recruit to operational and clinical leadership and governance structures and embed them fully	Q2	G
Recruit the agreed level of additional call takers and clinicians recruited to meet demand and to ensure that calls are answered promptly and call backs within agreed timeframes	Q3	A
<b>Clinical Transformation Programme</b>		
Reviewing the Clinical Strategy and incorporating learning from the Covid-19 pandemic	Q1	C
Consolidate the CCC rotation for the APP model and explore the most effective dispatch model (Dispatch model element to be paused)	Q2	G
Increase our Independent Prescribing capacity (min 5 new IPs funded)	Q2	G
Continue evaluation of the impact of Independent prescribing	Q2	C
Establish a programme for delivery for "Care Closer to Home"	Q1	C
Develop a business case to support Level 2 Falls Response Model across Wales	Q1	p
Develop a clinical indicator plan and audit cycle	Q2	G
Review of clinical response model (comparison with England)	Q2	P
Deliver new Mental Health and Dementia Plan setting out in detail how we will improve WAST services	Q2	C
Operationally implement the electronic Patient Care Record system for frontline response staff	Q3	G

Deliver an evaluation /visionary document of the all Wales opportunities to improve the health and care system for Older People from a WAST & system –partner perspective	Q3	C
Recruit clinical leadership and project management resources to support roll out of the Care Closer to Home programme across Wales	Q3	G
Develop a forward-looking workforce plan to deliver this service, including consideration of expansion of APP workforce	Q3	P
Complete roll out of the national Respiratory pathway and refresh of the national Falls pathway	Q3	A
Needs assessment for the implementation of the Clinical Strategy including Care Closer to Home and Epcr	Q3	C
Introduce mental health practitioners, integrated across 111/999 clinical teams (subject to funding)	Q2	G
<b>111 Digital Programme (Now contained within the G2C Programme)</b>		
Implement the new 111 system: SALUS	Q2	R
<b>Enablers &amp; Fundamentals</b>		
<b>Actions in 2021-22</b>	<b>Due By</b>	<b>RAG</b>
<b>Our People</b>		
Encourage the organisation to take time to pause and support a process of healing as we recover from the pandemic response	Q1	Closed
<b>Closed – Not complete</b> <b>Concept of "PAUSE" was not feasible. The objective is being progressed pursued via culture, behaviours, and wellbeing strands of work.</b>		
Deliver the organisational change required to support the restructure of the Operations Directorate	Q2	G
Deliver the Duty Operations Manager development programme to support new leadership model in operations supporting our front-line colleagues	Q2	C
Increase change management capacity and skills across the Trust to support the organisation to deliver the benefits of service transformation programmes of work	Q3	P
Produce a succession plan for the Trust, identifying key posts and opportunities and develop and approach to identify and manage talent	Q3	G
<b>Innovation &amp; Technology</b>		
Roll out improved corporate communications, including Yammer	Q2	C
OnClick Major Incident training and Everbridge communication platform rolled out	Q2	C
Develop and transition towards a new operating model	Q3	G
Develop a Strategic Outline Programme	Q3	P
Deliver pilot activity to test new technology for each of the digital missions	Q3	G
Deliver new interactive services to the 111 website via SALUS	Q3	R
Deliver the new Control Room Solution as part of ESMCP	Q3	A

Submit the full business case (FBC) for Mobile Data Vehicle Solution	Q3	C
Build an improved single data portal, based on user need	Q3	G
Upgrade the 999 and 111 call platform resilience	Q3	G
Implement the recommendations of the Target Operating Model review	Q3	G
<b>Infrastructure</b>		
Implementation of 111 solution for BC UHB (Ty Elwy)	Q1	C
Commission Cardiff Make Ready Depot (MRD) facility, October/November 2021	Q3	G
Develop OBC for Swansea MRD Replacement	Q3	A
Full Business Case approval for the South East Fleet Workshop solution.	Q3	A
Longer term solution for GUH transfer service commissioned including corporate administrative capacity in South East	Q3	A
<b>Partnerships &amp; Engagement</b>		
Engage with new Government and opposition party representatives post 2021 Senedd elections	Q2	C
Support the review of national, regional and local escalation arrangements	Q2	G
Secure recurrent funding for continuation of the Operational Delivery Unit (ODU) in support of future escalation arrangements	Q1	C
Extend existing contracts and recruit to fill vacancies in ODU (subject to funding)	Q2	G
Continue to deliver safe and efficient Welsh reserve MTU operations up till 31st August 2021	Q2	C
Potentially extend the contract in agreement with the Welsh Government, Test Trace Protect (TTP) Wales and Department of Health and Social Care (DHSC) if service is required beyond August 2021	Q1	C
Develop a plan for engaging on our strategic ambition statements with system partners, with formalised links into primary care and key programmes of work around urgent and emergency care	Q3	G
Revise the organisational Engagement Framework, testing the approach with stakeholders and the public prior to Board	Q3	G
<b>Fundamentals</b>		
Revise the Trust Quality Strategy to align with the Bill	Q1	C
Develop a Quality Strategy Implementation Plan to support us to self-assess our progress with Quality Governance	Q3	R
Implementation of the Once for Wales Service User Experience System	Q3	G
Continue to have discussions in partnership with Velindre Trust and PHW regarding a joint appointment to lead the public health plan	Q2	P
Work with the NCCU and Finance Delivery unit to develop a strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources	Q2	P

Key risks to delivery are set out in the assurance report at appendix 1. These include:

- **Securing stakeholder support** – the key lines of communication are with our commissioners and Welsh Government and we maintain regular meetings with the CASC both informally and formally to progress plans, as well as with key stakeholders in our 111 service.
- **Ongoing impact of COVID-19 and Demand for our services increasing** – we routinely ensure intelligence including forecasting and modelling allows us to predict the impact of future waves and take action accordingly, including resourcing through the MACA, fire service and students. The latest wave has also led to some IMTP delivery to be paused to enable a focus on operational delivery.
- **Capacity to deliver change** – corporate infrastructure funding was made available including additional resources to support change in the Transformation Support Office, where two new project managers are now in post enabling full support across all of the major transformation programmes. Where there are any gaps in capacity these are escalated to STB where resources can be prioritised as required.
- **External factors such as handover delays** – this is one of the highest corporate risks and difficult for WAST to directly influence, however some action is being taken through WIIN and we continue to escalate and manage flow through the ODU. The EMS Transition Plan recently approved through Board sets out a plan for 2022/23 in light of ongoing handover delays.
- **Policy change as a result of the election** – this risk has not materialised and can potentially close at STB, as the Minister’s Priorities are built into Welsh Planning guidance and our plans will reflect these and there has been broad support for the ambulance service, in the face of growing pressure on Welsh Government around ongoing system wide performance issues.
- **Financial risks** – these are managed by the Finance directorate and set out in finance performance reports to the Committee.

#### **IMTP 2022-25**

A separate paper has been prepared to update the Committee on progress in developing our next IMTP.

#### **REPORT APPROVAL ROUTE**

**Strategic Transformation Board 6<sup>th</sup> January 2022**

## REPORT APPENDICES

1. IMTP Delivery Assurance Report – Q3 interim
2. IMTP Deliverables

## 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	✓

## IMTP Delivery Programmes – Assurance Report

### Quarter 3 Interim Position

#### Ambitions - Programmes

#### EMS Operational Transformation

Overall RAG - Amber

##### Key Achievements

- The overall Recruitment and Training plan making good progress and is on target to closing the relief gap.
- Options regarding the "re start" of the Roster Review project were presented to EMT on 03.11.21. Agreement and decision on recommence working parties in January 2022, with the aim to implement rosters by September 2022. Restart will include CHARU Keys.
- Estate contingency plan consolidating proposals and delivery plan in key areas to accommodate additional staff
- Alternative model presented to EMT for CCC Reconfiguration
- First Project group meeting held for CHARU and Project management arrangements agreed

##### Summary

###### Recruitment & Training

- Good progress is being made with the overall plan projecting to achieve the target of closing the relief gap considering recruitment of 36 CSD clinicians and 6 Mental Health Practitioners. Plans are in place to mitigate the issues caused by C1 Licence and a proposal articulating immediate, intermediate and long-term plans to address this issue. (Recruitment Numbers update in Highlight report tab)

###### Roster Review

- Roster review project which was paused to take account of stakeholder feedback and further modelling has been agreed to restart in January 2022. The restart will include the CHARU Keys but exclude the implications of wider transition plan

###### Estate Contingency

- Detailed update on all key areas received by the EMS Ops Transformation programme board giving assurance and confidence

###### The CCC Reconfiguration Project

- Following review and options presented to EMT on 8th November 21, further alternative model which included a potential structure that provides additional supervisory levels within the overall management was presented to EMT on 1st December 21.

##### Risk & Issues

###### Risk for Noting

- No New Risks

###### Issue for Noting

- C1 Licence issue – paper submitted to STB 6<sup>th</sup> January 22

###### Ask from STB

None

## Ambulance Care Transformation Programme

Overall RAG - Green

### Key Achievements

- All contractual non-emergency services transport is now under WAST management, with the last Health Board CTMUHB completing the Transfer of Work on 18 October 2021.
- NEPTS Roster Review PID has been drafted and is scheduled to go to SOT, STB and the ACT Programme Board for approval to proceed.
- The PSDA for improving Outbound Ready Times has commenced.
- An SBAR regarding the uplift of 12 FTEs in Day Control and the benefits this will bring has been created, approved at SOT and is due to go to EMT on 15th December 2021 for endorsement into next year's IMTP.
- The refreshed PNA (Patient Needs Assessment) launched on 01 December 2021 and an alternative options search tool has been added to the NEPTS website which links to other transport options giving patients increased transport options.
- A six-month extension to the Commissioning Agreement for the Grange Hospital has been confirmed.

### Summary

#### NEPTS Demand & Capacity Review

- NEPTS Roster Review PID has been drafted and is scheduled to go to SOT, STB and the ACT Programme Board for approval to proceed. Option to Re-roster using a third party is the preferred option as although there is a higher cost than re-rostering in-house third party will bring in the expertise, experience, dedicated resource and the risk of delay in project delivery timeline will be shared.
- Work has commenced on the PSDA to improve outbound ready times i.e. ensuring both the patient and the vehicle are ready at the required time. Two clinics have been identified to trial 30 minutes throughput time instead of standard 90 Minutes.
- An SBAR regarding the uplift of 12 FTEs in planning and day control and the benefits this will bring has been approved at SOT.
- To reduce abandonment rates and improve patient experience a quote has been requested from NET call for a trial of virtual queuing which will offer the Patient the option to either wait in the queue or to be called back.

#### NEPTS Transfer of Work

- All contractual non-emergency services transport is now under WAST management, with the last Health Board CTMUHB completing the Transfer of Work on 18 October 2021. The next stage of the Plurality Model project is to develop a Procurement Strategy. Work has already commenced on the strategy, involving regional reviews of the first draft and the completion of the first draft of the Quality Commissioning Framework.

#### Transport Solution

- The refreshed PNA (Patient Needs Assessment) launched on 01 December 2021 and an alternative options search tool has been added to the NEPTS website which links to other transport options giving patients increased transport options.
- The National Project Group has continued to focus on Contract Redesign and Renewal. Regional teams have submitted their contract requests to the National Project Group, and a small cohort of this group are reviewing these requests with a view to releasing PIN (Prior Information Notice) notices by the end of December 2021. PIN notices allow providers to have prior notice of the contractual start date to allow them to prepare.
- The Local Resource Vehicle (LRV) pilot scheme aiming to improve patient flow and user experience (less delays) and free up other WAST resources is ongoing for frequent journeys of a short distance i.e. under 6 miles or journeys with a job cycle of less than 90 minutes.

#### Transfer and Discharge

- A six-month extension to the Commissioning Agreement for the Grange Hospital and NCCU are facilitating a Senior group to review the future service development.
- The resources to undertake the MTN evaluation have been identified (Graduate Placement) and this will be guided by the peer review process instructions as received from NHS England Quality Surveillance Team. Self-assessment is to be completed by 7th February 2022 followed by a review meeting on 24th March 2022 which will focus on operational policy, annual report and work plan.

**NEPTS CAD**

- As an interim measure to a new CAD system, an agreement to extend the current CAD system with Cleric for two years has been produced. Development of the business case for new CAD system is currently paused but will be reviewed Q4.

**NEPTS Operational Improvement**

- Operational improvement plan is making steady progress in its four strands (National Process document – oncology, Cancellations, National standardised guidance and risk assessments and Post Production Lost Hours.

**Risk & Issues****Risk for Noting**

- Continued operational pressure is preventing the Transfer and Discharge project from making progress. There is a risk that another specialist provider may be approached to deliver this service.
- Impact of Health Board recovery plans and re-establishing planned elective activity will need to be monitored.

**Issues for Noting**

- None

**Ask from STB**

**None**

## Gateway to Care

### Overall RAG - Amber

#### Key Achievements

- Joint decision to reschedule core 111 role in C&V to Q4 2022
- Good progress in 111 Recruitment & Training plan to deliver Dec & Feb training cohorts. Recruitment agencies for CH & Clinicians commenced in Nov. Detailed plans being developed to increase training activity post Feb.
- 111 Stabilisation Plan - CAL training and changes to flows implemented. IVR (Phase 1 English language only) Live.
- ECNS – Purchase order issued and Project plan shared.
- 27.4 FTE equivalents paramedics recruited into CSD
- Clinical leadership 111 - Majority of clinical leadership posts recruited
- Key roles to enable 111 standalone team now recruited and in post.
- Funding secured to establish a dedicated team for the DOS. Work programme to be developed.
- Released the new agreed DOS / Services Near you flow in 111.Wales.
- Released 6 new web-guides for dealing with winter pressures (15 new in total now live, another 15 expected)

#### Summary

A significant focus on the stabilisation of the core 111 service following a period of sustained service pressure. Increasing the workforce size and improvement initiatives to deliver improved productivity and efficiencies progressing well and showing promise with improvements across a number of key performance indicators. Positive progress strengthening the 111 clinical leadership structure with a number of appointments to start in January. Positive progress with the ECNS project and constructive prioritisation of the CCC clinical review.

#### Core 111 roll out

- Discussions undertaken with C&VUHB & 111 Programme team to review system readiness for December launch and a Joint agreement due to a range of factors to re-schedule launch to Q1 (Feb / March - date tbc) has been reached with formal agreement supported by 111 Programme Board & Health Minister. Test scripts for the flow of calls between CAS and Adastra training is now complete and the next step is to test in live.

#### 111 First

- Further clinical desktop review undertaken with ABUHB in October and continued development of MOU with HDda (95% complete awaiting final input from HDda clinical leads). Straight to ED criteria reviewed and updated and additional training to Call Handlers regarding use of the CAL (linked to 111 First patients).

#### 111 Stabilisation & Transformation plan and Care in Time Improvement Programme

- New IVR (Phase 1) went live on 9th Nov (English language only). CAL function and processes have been reviewed. Training and education being rolled out to call handlers. Early indications showing positive impact with up to a 25% reduction in calls passed to the CAL. Agency recruitment initiated for both CHs & Clinicians. Solution identified for home working equipment (laptops & ancillary equipment) from current stockpiles.

#### CCC Clinical Review

- **ECNS:** A demonstration of ECNS took place on 05 November 2021. The purchase order was issued to Priority Solutions Inc (PSI) on 24th November 2021 and the implementation agreement has been received from PSI. The contract is being drawn by Procurement. PSI project plan has been shared with the project team. The SQL servers are expected on 17 December 2021. The Practice Educators are working alongside Resource to schedule MPDS training for CSD staff. The permanent Senior Practice Educator and Practice Educator roles have been shortlisted and interviews are scheduled in December 2021. The security assessment and DPIA for the video consultation element of ECNS (managed via a separate contract) remain in progress whilst the team liaise with the supplier to understand the details of this.
- **CSD Roster Review:** Planned go live date of the new rosters has been delayed from the 03 January 2022 to the 31 January 2022 due to delay in preparing the roster within GRS because of concerns raised by CSD Staff regarding the process for reviewing flexible working applications, the demand keys and the sharing of the voting figures. It should be noted that in the meantime, the demand shifts have been updated to align to demand and as a result the expected UHP from w/c 04 October has improved.

- **Increasing the Clinical Support Desk (CSD) by 36 FTE Paramedics:** 27.4 FTE equivalents have been recruited as of 09 December 2021, of which 5 FTE are now operational, 5 are being mentored, 6.8 are undergoing their training induction and 10.6 have training scheduled. The recruitment and training cycles remain ongoing, with the next rounds of interviews scheduled for 20 December 2021. Communication to promote this opportunity remain ongoing and a message from the CEO was posted on Siren and via other platforms.
- **Physician Triage Assessment and Streaming (PTAS):** Currently, Hywel Dda remain the only Health Board who are live with PTaS. All other Health Boards are being contacted on a regular basis for an update on scheduling training and signing the required documentation (MoU, DPIA and JCA). Weekly updates are being sent to EASC on the status of each Health Board.

### **111 Digital Programme**

- Capita continuing to develop the SALUS operating software and provide clear documentation to support User Acceptance Testing but continued delays regarding the readiness and quality of the SALUS system to enable User Acceptance Testing. Further delays to SALUS roll out puts more pressure on the CAS system and possible system issues due to the pausing of key software updates / development that may be required for continued use of the system.
- Released the new agreed DOS / Services Near you flow in 111.Wales. Released 6 new web-guides for dealing with winter pressures (15 new in total now live, another 15 expected)

### **Key Risk & Issues**

#### **Risk for Noting:**

- Capita Readiness: Continued delays regarding the readiness and quality of the SALUS system to enable User Acceptance Testing.
- CAS system stability - further delays to SALUS roll out puts more pressure on the CAS system and possible system issues due to the pausing of key software updates / development that may be required for continued use of the system.
- Increased demand - for services in C&V in Oct. Close monitoring required as this is above the modelling assumptions by +20%. Risk to service delivery and w/f requirements.
- Workforce availability - risk linked to the ability to recruit and train the optimal w/f (Call handlers & Clinical Advisors) Dependency with the roll out of 111 First model (same w/f pool required to deliver core 111 and 111 first (Step 2). MA: Work ongoing to deliver required recruitment & training.
- System wide pressure on 111 capacity and performance – MA: Transformation plan being developed alongside Care in Time Programme.
- Training team capacity (for Call Handlers, CSD, ECNS) – MA: Various mitigations in place

#### **Ask from STB**

- Note 111 digital programme- assurance and information reporting line into Gateway to Care programme

## Clinical Transformation Programme

Overall RAG - Green

### Key Achievements

#### Care Closer to Home:

- Consultant Paramedic agreed start date 17/01/22
- Process Mapping Workshop held for initial thinking and shaping the "Inverting the Triangle" concept.
- Continued engagement with the WG and the HB's in relation to Same Day Emergency Care proposal
- Appointment of the remaining 2 Independent Prescribers
- Extraordinary meeting held to agree set of APP Performance metrics and reporting arrangements (see tabs).
- Recruitment of 5 APPs on a 6-month secondment basis into the CCC
- COPD Pathway: Ongoing discussions with Aneurin Bevan UHB to explore the option to expand the pathway to breathlessness. Development of SOP and Flowchart with SBUHB.
- Non-Injury Falls Pathway: Digital Solution agreed and updated via TerraPACE app but will require testing in Q4 prior to implementation

#### ePCR:

- TerraPACE Project Pilot commenced in Ysbyty Gwynedd 15/11/21 and Go Live commenced 29/11/21.
- Operational Change Manager and Digital Learning Manager being advertised,
- Electronic Hospital Handover; To date 1 acute hospital is utilising the solution well.

#### Older Persons & Falls:

- Frailty Light Learning available on Training Launch Pad
- Older Persons Education Group (OPEG) exploring the option to develop a Training Package for 111 (aim to be implemented in Q1 2022/23)
- Falls Improvement Lead started in post
- Fall & Frailty Framework approved by EMT
- Level 2: Swansea Bay UHB to re-commence early Dec-21 and Betsi Cadwaladr UHB to implement in Jan-22.
- The expansion of Falls Assistants by Night had been approved EMT
- Suitable code sets identified for Falls Assistants (anticipated increased utilisation)

### Summary

#### Alternative pathway

- COPD now been implemented in ABUHB and CTMUHB and engagement continues. Initial discussions have taken place with Aneurin Bevan UHB to explore the option to expand the pathway to breathlessness.
- National Non-Injury Falls Pathway refreshed Paramedic Field guide approved by CC2HG based on information sent from Health Boards. Digital solution completed through the TerraPACE app and will be tested in early Q4 prior to implementation and national roll out.

#### Expansion of APP workforce

- Initial SDEC Bid submitted for expansion of APP workforce has received support from WG and CASC . Two-day workshop held for initial thinking and shaping the vision of "inverting the triangle". Extraordinary meeting held to agree set of APP Performance metrics and reporting arrangements (see tabs in Highlight Report). In addition, exploring the expansion plan to increase APP provision. SDEC business case will be revised for APP provision.
- Job Description for Specialist APP in CCC (as part of the rotational model) have been submitted to job evaluation team for consideration by consistency panel. Aiming to recruit 8 APPs to provide a 24/7 cover in the CCC. Interim solution is to recruit the APPs on a 6 month secondment basis into the CCC.

#### Independent Prescribers

- Appointed all of 10 Independent Prescribers, University Course starts Sep-21 for 8 and 2 Independent Prescribers to be allocated and start their University Course in January or March 2022.

#### Older Person

- Frailty Light Learning available on Training Launch Pad. Ongoing discussions between Glyndwr University, Older Persons Improvement Team and Clinical Teams on mirroring the same model as Swansea University to deliver

Placements. Older Persons Education Group (OPEG) exploring the option to develop a Training Package for 111 (aim to be implemented in Q1 2022/23)

#### **Falls**

- Betsi Cadwaladr UHB submitted a Business Case to adopt a Level 2 Falls Response Service 5 days/week (OT/Para) aiming to implement in Jan-22. Swansea Bay UHB Falls Team to re-commence early Dec-21 (Physio/Para). Aneurin Bevan UHB continue to operate until Mar-22 (subject to Integrated Care Funding from Welsh Government)
- Refreshed Falls & Frailty Framework approved by EMT now the Falls and Frailty Framework. The expansion of Falls Assistants by Night had been approved EMT (10/11/21); 2 vehicles regionally based, commissioned by WAST, operating 19:30 - 7:30 from Jan-22 until Mar-22. Falls Improvement Lead started 29/11/21. Agreement received by CPAS, SOT and SPT on suitable code sets identified for Falls Assistants, therefore anticipate increased utilisation.

#### **Mental Health & Dementia**

- Recruitment & Selection Process completed for On-boarding of 6 WTE Mental Health Practitioners (CSD Only) underway.
- Commissioners have agreed that 111 will be the front door to MH Single Points of Access in each HB. We continue to work through the '111 press 2 for mental health support' with HBs and commissioners.

#### **EPCR**

-

#### **Risk & Issues**

##### **Risks-For Noting**

- **Programme:** Failure to deliver the IMTP objectives aligned to Clinical Transformation Programme Board due to increased operational pressures. MA: Prioritisation exercise to be undertake and decision made by EMT/STB.
- **Older Persons:** Failure to deliver Frailty training and subsequent roll out of the Frailty Tool due to sustained REAP 4. MA: Potential for the sign up of the training package to be voluntarily, this creating a limited assurance around the benefits of the training and inability to understand the improvements that have been made.
- **Falls-**Unable to appropriately identify, assess and triage patients who have fallen via the Clinical Support Desk MA: Summer and Winter Tactical Bid submitted but no approved due to competing priorities. Extraordinary Falls Meeting with CCC to discuss urgent improvements.
- Falls Failure to secure funding for the Level 2 Falls Response Model. MA: Develop a benefits realisation paper to be submitted to CTPB for decision.

#### **Ask from STB**

**None**

## Enablers and Fundamental

### Our People

- OD Team have set up a clear commissioning process to support teams and managers and are working closely with WOD colleagues. Growing recognition within the organisation that providing basic welfare for staff at this stage is important important.
- New Head of Wellbeing has begun in post. Roadshows undertaken by OH&W for Stoptober. Menopause Awareness Month saw weekly information sent out on Siren / WAST Facebook page and a webinar on Menopause and Bone Health delivered on 18th October and recording shared with the Women's Health Group.
- Culture report and findings disseminated to senior leadership team including Board. Introduced to larger leadership at the symposium. First view of the new behaviours favourably received. Successful Inclusion Week and the launch of the allyship programme.
- Inaugural Strategic Workforce Planning workshop held on 12/11/21 focusing on 111; Head of Workforce Transformation & Planning takes up post on 16/11/21 when this work will progress further.

### Innovation & Technology

- Following TOM report presented to EMT and OCP in initial draft in Quarter 2 Recruitment ongoing. Significant number of gapped roles now filled.
- Development of digital strategic outline programme is in progress, however, will not be submitted for approval until next financial year. This will be first of type for Digital in NHS Wales and is being worked through in consultation with WG leads who are supportive of the approach.
- Funding secured for additional pilot activity in Digital Workplace with Robotic Process Automation (RPA). Activity and rollout will form part of next year's IMTP
- Significant uplift in maturity and content, with new SALUS webg-uides included. However, majority of delivery is due to the interim web team funded by the 111 Programme. **SALUS delivery remains flagged as RED** - Refer to Gateway to Care section for detailed update
- Technology for pilot video for patient and clinical interaction is now available however Operational and clinical processes still to be developed. **It will be pragmatic to build this into one of the key transformation programme delivery for 2022-23.**
- New Control Room Solution as part of ESMCP- Ambulance Radio Programme – rollout plan agreed for January – August 2022
- Full business case (FBC) for Mobile Data Vehicle Solution submitted to WG
- Yammer rollout complete. Further development under consideration
- Qlik being rebuilt in Power BI prior to testing and migration. CCC Dashboard complete. Additional development being conducted on ODU dashboard.
- 999 re-platforming being re-planned after resource diverted to 111 expansion, this should be viewed as a separate deliverable as 111 platform update has been completed.

### Estate and Fleet SOP

- Urgent and focussed attention on the legal and programme actions for longer term solution for GUH transfer service commissioned including corporate administrative capacity in South East. Ongoing discussion with AB UHB re continued use of gym facility.

- Estate's OCP process is ongoing. Framework for professional services being used to secure additional business case writing resource and interviews scheduled for 15th December. Timescales re-cast to reflect establishment of further resources through 2021/22
- Estate SOP continues to support the different short term contingency plans and long term strategic ambitions, however areas of resource constraint are highlighted and these will impact on timely completion. Concerns are being managed via Estate SOP Delivery Group.
- Commissioning of Cardiff Make Ready Depot (MRD) facility on track for revised opening date of Feb 2022
- CCC capability being increased at VPH and Ty Elwy. Timescales reprofiled to account for the VPH business case and full scope of required works. Work is ongoing in VPH and ahead of programme
- For full Business Case approval for the South East Fleet Workshop solution OBC addendum for the purchase of a site in Merthyr Tydfil to be submitted to Trust Board in December.
- some resource currently allocated on ongoing projects for which timescales have slipped and further recruitment ongoing. In the meantime, following paper submitted to SOT for prioritisation of business cases , Operations have confirmed that Swansea is the priority
- Delivery of the vehicle replacement scheme as per the approved business justification case is in progress. Delays anticipated on some lines due to suppliers. (EAs on track, Some smaller vehicles delayed)
- The Trust has approved its first Environmental Strategy. This Strategy highlights the ongoing work, future requirements, plus a commitment to retaining the ISO14001 accreditation. The impact on the environment will be reduced with an ambition to be carbon neutral by 2030. Board development day session 8th Nov and update to F&P Committee 18th Nov. Decarbonisation action plan in draft will be presented to Board in January 2022 for approval
- Due to WG investment we will be completing four renewable energy projects this year , Installing PV and renewable energy heating systems at various sites across Wales and a biodiversity project in North Wales which include planting 1500+ trees.
- Purchase of 15 PHEV RRVs has been accelerated this year and ordered E.V plug in ULEV RRVs for delivery in March 2022. next focus is on EV infrastructure. This work will be ongoing and will link into the development of further work around decarbonisation in the context of the recent PAR review.
- For Fleet SOP BJC approved in time for 21/22 full year implementation. Robust project management arrangements in place and managed through FSDG/CMB. External circumstances outside of WAST control will influence the need to consider strategies to deliver the BJC. Revised programme confirmed with WG and on target for new plan. BJC document submitted to WG

## **Partnerships & Engagement**

### **University Status**

- Following significant progress in the last year in developing the Trust's proposition in relation to securing university trust status, application was due to be submitted to Welsh Government in November following approval by Trust Board. Draft built on the baseline assessment undertaken in March, and feedback from Academic Partnerships Committee (APC) and key staff, who were involved in discussions to inform the submission was supported by Trust Board in September

## **RIIC Hub**

- The WAST hub continues to engage with partners, stakeholders, and others, opening additional opportunities for research, innovation, and improvement (RI&I) collaboration.
- A RIIC hub Sustainability Plan (beyond 2022) has been submitted to Welsh Government and the funding stream has now been confirmed for 2022-23. Information on specific delivery plans and alignment areas in line with investment objectives submitted will be available in quarter 4.

## **ODU**

- WAST is supporting the review of national, regional and local escalation arrangements through Urgent and Emergency Care Delivery Group workstream led by NCCU. BCUHB and Grange identified as pilot sites for ED Site Specific Escalation Actions, continuing the work of EDQDF programme USC dashboard being updated to be able to reflect ED Escalation Level, ED Staffing Level, ED Risk Level and associated Mitigating Actions aligned to levels of escalation. Escalation actions being made available to ODU in order to support delivery of the actions locally. Power BI dashboard now available across all HB areas and being used to inform management of escalation and risk across the system. A series of ODU virtual roadshows being scheduled for Autumn to continue to raise awareness of purpose, scope of ODU as we transition to a 24/7 service. NEPTS dashboard being developed and will focus on the areas where ODU can support putting capacity back into the system particular focus on discharge and transfer and job cycle efficiencies.

## **MTU**

- The contract to provide 4 x WAST Welsh Reserve MTU's was extended till end of February 2022. Further extension beyond this is still under consideration and WAST team is engaged with the Pan Wales Task and Finish groups to consider the infrastructure requirements for testing going forward. Team continues to work in partnership with TTP Wales and the Welsh Government to provide CoVID-19 testing support across Wales to meet the evolving needs of the Welsh testing infrastructure and ensure we continue to provide flexibility required from the reserve MTU teams. WAST MTU Teams have now been deployed in a variety of settings including prisons, sporting events, festivals, fun fairs, car parks, council buildings etc. undertaking both PCR and LFD testing. Since June 2021, the WAST Welsh Reserve MTU teams have been utilized for 33 deployments; 14 in North Wales & 19 in South Wales, in total conducting 33236 PCR tests and 815 LFD tests.

## **Volunteer Strategy**

- Volunteer strategy was approved by the Trust Board in September 2021. There are three key priorities in the strategy, building awareness and embedding a culture of volunteering, enhanced training, support, communication and involvement of volunteers and increasing volunteer contribution and diversity. Further update on recruitment and implementation of strategy will be available in quarter 4.

## **Working Safely Programme**

- Working safely action group is making good systematic progress with the prioritised urgent actions with leads and task and finish groups taking responsibility of each action. Considering the operational pressures current work programme is focusing on

areas that can be progressed without much involvement required from the operational teams but will get the actions in a state of readiness to engage with the teams later in the year.

### **Quality Fundamentals**

- Following approval of **quality strategy an implementation plan** to support the Trust to self-assess progress with Quality Governance has been drafted. A small Quality, Safety & Patient Experience (QSPE) Working Group has been initiated in November 2021 to accelerate progress, ahead of wider organisational consultation on actions proposed. Draft Implementation plan is due to be submitted in ADLT on 10<sup>th</sup> January 2022, ahead of QUEST Committee in Feb 2022. **key staff sickness, in addition to pandemic response is highly likely to delay this work further (Highlighted as Red).**
- Cross-directorate working on a Quality and Performance Management Framework has commenced, with support for a final version to be presented by financial year end. The Framework will provide a basis on which local frameworks/measures will be developed. The Clinical and Quality Governance Group has been established with sub-group reports being received. REAP 4 and Covid response are impacting on the delivery of sub-groups. On-going review of all sub-group ToRs is required. Local quality structures will be designed/developed over Quarter 3 and Quarter 4.

## **Management of overarching areas of risks to delivery**

### **Securing stakeholder support**

As recognised in the IMTP the importance of the stakeholder support required to achieve the Trust's ambition which applies both to external system partners such as WG, commissioners, health boards and clinical leaders, but also to our people and Trade Union Partners. The Trust continues to engage with all stakeholders at all levels for executing the in-year actions and long-term ambitions. "Voice of the stakeholder" currently being scoped to influence engagement framework moving forward. Stakeholder briefing issued August 2021 with a slew of political engagement either undertaken or in hand with MPs, MSs, local government councillors and officers/CEOs. Trust engages regularly with commissioners (NCCU) and Health Boards and Welsh Government through different forums on progress and performance issues. Internally all key stakeholders including Trade Union partners have membership on all key IMTP delivery programme boards.

### **Ongoing impacts or potential future waves of the COVID-19 pandemic**

The key area of concern was the anticipated impact on staff Health and Wellbeing and sickness levels remain high ( **CRR ID 160** ) . At the beginning of the 2021-22 one of the key actions was to encourage the organisation to take time to pause and support a process of healing as we recover from the pandemic response. Staff feedback that the concept of pause was not helpful and this has been reframed as a reset and being explored through the culture work being carried alongside year one actions of Health and Wellbeing Strategy and sickness action plan.

### **Capacity within the organisation to deliver the change required**

This will be mitigated in part by the growth in the corporate infrastructure to mirror the growth in front line services, which will provide some additional capacity, Example 2 x FTE additional project managers recruited into Transformation Support office . Additionally, this is being managed on case by case basis where change resource required is raised as part of funding request example ECNS Project.

Acknowledging additional resource there will still be pressure points and constrains due to timeline of various projects (Planned & Slippage) and ask on enabling functions to support delivery in different areas. Any such constrains on enabling functions will need escalated to STB and will need direction to prioritise resources.

### **Demand for our services increasing**

Considering current service escalation levels and anticipating further pressure on services due to winter demand this is an area of concern. There is a need to prioritise IMTP deliverables to balance out time, resource and energies spent in dealing with today's problem and making steady progress in long term strategic direction. (**Prioritisation exercise completed**)

### **Pressures on the service arising from external factors**

Handover delays remain an area of concern with crews waiting outside emergency department. WAST Improvement & Innovation Network (WIIN) has been collating ideas from staff on how WAST can influence and improve this partly.

### **Policy change as a result of the election**

Welsh Parliament elections concluded in May 2021 and the results have not had any major change on overall policy and direction of NHS Wales that could have had impacted the submitted IMTP. The new Health Minister has outlined ministerial priorities and most actions in Trusts IMTP are within the envelope of these.






### **Financial Risk -**

#### **Revenue– (CRR ID 109)**

The organisation has an ambitious IMTP which cannot be delivered in its totality without appropriate level of revenue income from EASC and other sources and associated staffing resources. There are deliverables waiting to make further progress as decision on funding is pending, Example **Level 2 Falls Response Model across Wales**

#### **Capital – (CRR ID 424)**

If capital investment is not available from the Welsh Government from the all Wales Capital programme or sufficient for our discretionary capital internal programme then IMTP deliverables requiring capital funding may not be funded or prioritised, thus resulting in delay or non-delivery of IMTP deliverables which will impact on our ability to deliver our strategic ambitions and improvements in digital, equipment, fleet and estate to enhance staff wellbeing and their ability to provide quality patient care. The likelihood of this risk is low as verbal assurance of funding requirements being met has been received but formal confirmation is still to be received. This is reflected in the corporate risk register and other programme board risk registers (EMS OPS Transformation – Capital Risk).

Deliverables in 2021-24	Actions in 2021-22	Time
 <p>We will work with partners to promote and expand use of 111 across Wales</p>	<ul style="list-style-type: none"> <li>• Roll-out core 111 service to BCU Health Board</li> <li>• Roll out core 111 service to C&amp;V Health Boards</li> <li>• Complete the roll out of Contact First across Wales, including robust governance agreements</li> <li>• Take the first steps in implementation of 111 as access point for Mental Health crisis response</li> </ul>	<ul style="list-style-type: none"> <li>• End Q1</li> <li>• End Q4</li> <li>• End Q2</li> <li>• End Q4</li> </ul>
 <p>We will increase accessibility, content and user experience of the 111 Digital front end, which can offer increasingly personalised advice</p>	<ul style="list-style-type: none"> <li>• Establish a 111 Digital Programme, inclusive of funding request for a standalone 111.wales team to deliver; <ul style="list-style-type: none"> <li>• Improved Directory of Services</li> <li>• Improved Website with digital patient pathways.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Q1-Q4</li> </ul>
 <p>We will increase the capacity and capability of the clinical team, increasing clinical information available to them and we will create one integrated national team</p>	<ul style="list-style-type: none"> <li>• Develop within commissioners a remote clinical support strategy and commence implementation of recommendations from the CCC Clinical Review</li> <li>• Develop plans and commence implementation of video consultation / consultant connect (or replacement)</li> <li>• Introduce mental health practitioners, integrated across 111/999 clinical teams (subject to funding)</li> <li>• Develop a case for change for discussion with stakeholders on the integration of clinical teams</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-Q4</li> <li>• Q3</li> <li>• Q2</li> <li>• Q2</li> </ul>
 <p>We will work with partners to increase the number of seamless 24/7 pathways from the 111 clinical team to appropriate face to face consultations</p>	<ul style="list-style-type: none"> <li>• Implement the new 111 system: SALUS</li> <li>• Work with health boards to improve the Directory of Service</li> <li>• Pilot and implement a booking system for patients requiring an ED appointment, to improve seamless experience for patients</li> </ul>	<ul style="list-style-type: none"> <li>• End Q2</li> <li>• Q1-Q4</li> </ul>
 <p>We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience</p>	<ul style="list-style-type: none"> <li>• Recruit the agreed level of additional call takers and clinicians recruited to meet demand and to ensure that calls are answered promptly and call backs within agreed timeframes</li> <li>• Recruit to operational and clinical leadership and governance structures and embed them fully</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-Q3</li> <li>• End Q2</li> </ul>



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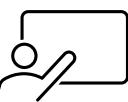



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# Metrics –111

<p><b>Quality, Patient Safety and Outcomes</b></p>	<p>Safety - 111 call handling abandonment rate (target 5%)          Experience - Proportion of calls answered within 60 seconds          Safety - 111 clinical triage call back times – proportion of call backs within specified times          Patient experience – other measures –To be developed          Concerns          Serious / adverse incidents</p>	<p><b>Partnerships / System Contribution</b></p>	<p>Numbers of callers to 111 service          Proportion of patients who receive advice, prescription or booked appointment for face to face service increases (i.e. consult or close) NEW</p>
<p><b>Our People</b></p>	<p>Abstractions including sickness level          Hours produced by type</p>	<p><b>Value</b></p>	<p>Achieving financial balance          Number of handoffs (to reduce) NEW – to be developed</p>



Deliverables in 2021-24	Actions in 2021-22	Time
 <p>We will increase the capacity and skill mix of the mobile urgent care service</p>	<ul style="list-style-type: none"> <li>Develop with commissioners an optimising conveyance improvement plan to analyse and identify the optimal response to safely reduce hospital conveyance and increase care delivered closer to home or in the community</li> <li>Complete roll out of the national Respiratory pathway and refresh of the national Falls pathway</li> <li>Develop a forward-looking workforce plan to deliver this service, including consideration of expansion of APP workforce</li> <li>Consolidate the CCC rotation for the APP model and explore the most effective dispatch model</li> <li>Business case to support Falls Response Model across Wales</li> <li>Review response to 111 calls that require a face-to-face clinical assessment in addition to wider community-based care capacity.</li> </ul>	<ul style="list-style-type: none"> <li>End Q4</li> <li>Q1-Q4</li> <li>Q1-Q3</li> <li>Q1-Q2</li> <li>Q2</li> <li>Q4</li> </ul>
 <p>We will increase the capability and skill-set of the mobile urgent care service</p>	<ul style="list-style-type: none"> <li>Increase our Independent Prescribing capacity (min 5 new IPs funded)</li> <li>Evaluate and further develop the band 6 paramedic skills and competencies</li> </ul>	<ul style="list-style-type: none"> <li>Q1-Q4</li> <li>Q1-Q4</li> </ul>
 <p>We will work with partners to develop this service as an integral part of the wider urgent and emergency care system</p>	<ul style="list-style-type: none"> <li>Establish a programme for delivery for “Care Closer to Home”</li> <li>Recruit clinical leadership and project management resources to support roll out of the Care Closer to Home programme across Wales</li> <li>Formalise our relationship with national urgent &amp; emergency and primary care programmes and develop collaborative plans to maximise contribution WAST makes to the system</li> <li>Develop a specialist Mental Health See and Treat offer for consideration by commissioners</li> <li>Embed preferred technical platform to access senior clinical support</li> </ul>	<ul style="list-style-type: none"> <li>Q1</li> <li>Q1</li> <li>Q1-Q4</li> <li>Q1</li> <li>Q1-Q4</li> </ul>
 <p>We will implement our Older Peoples Framework including our response to falls</p>	<ul style="list-style-type: none"> <li>Develop a business case to support Level 2 Falls Response Model across Wales</li> <li>Scale up and spread the use of frailty scoring across service areas including development of the education/training for internal and external audiences</li> <li>Review and Mature the Falls Response Model</li> </ul>	<ul style="list-style-type: none"> <li>Q1</li> <li>Q1-Q4</li> <li>Q3-Q4</li> </ul>
 <p>Take action to improve the safety and quality of the service, and improve patient experience</p>	<ul style="list-style-type: none"> <li>Continue evaluation of the impact of Independent prescribing</li> <li>Deliver an evaluation /visionary document of the all Wales opportunities to improve the health and care system for Older People from a WAST &amp; system –partner perspective</li> <li>Establish a user involvement infrastructure to ensure co-production in service development for Older People</li> </ul>	<ul style="list-style-type: none"> <li>Q2</li> <li>Q4</li> <li>Q4</li> </ul>

Deliverables in 2021-24	Actions in 2021-22	Time
 <p>We will increase and balance response capacity and capability across urban and rural areas of Wales</p>	<ul style="list-style-type: none"> <li>Implement second year of EMS D&amp;C programme including recruitment of 127 WTE to close the relief gap and rosters aligned to demand for each area</li> <li>Develop a rural model and pilot in one area of Wales, aimed at improving red response times</li> <li>Approve and take forward year 1 actions of our volunteering strategy</li> <li>In partnership, implement a range of modernisation practices to increase productivity</li> <li>Develop demand and capacity strategy for the future</li> </ul>	<ul style="list-style-type: none"> <li>End Q4</li> <li>End Q2</li> <li>Q1-Q4</li> <li>Q1-Q4</li> <li>Q2</li> </ul>
 <p>We will increase resources (information, equipment and technology) available to clinicians on scene to allow them to most effectively assess and treat patients</p>	<ul style="list-style-type: none"> <li>Continue actions to implement Duty Operation Manager / Senior Paramedic roles</li> <li>Pilot or extend use of video / phone consultation to improve advice</li> <li>Operationally implement the electronic Patient Care Record system for frontline response staff</li> <li>OnClick Major Incident training and Everbridge communication platform rolled out</li> </ul>	<ul style="list-style-type: none"> <li>Q1-Q4</li> <li>End Q4</li> <li>End Q3</li> <li>Q1</li> </ul>
 <p>We will work with partners to increase number of seamless 24/7 referral pathways as alternatives to ED conveyance and improve hospital handover</p>	<ul style="list-style-type: none"> <li>Complete a phased roll out of the national respiratory pathway to all Health Boards across Wales</li> <li>Work with partners to develop other referral pathways, using linked data, for example through Lightfoot, to inform where possible (plan to be developed further in collaboration)</li> <li>Scope our pathways development work for mental health and dementia</li> <li>Work with partners to significantly reduce handover delays, including collaborating in EDQDF work programme and using WIIN as a mechanism for improvement</li> </ul>	<ul style="list-style-type: none"> <li>Q2</li> <li>Q1-Q4</li> <li>Q2</li> <li>Q1-Q4</li> </ul>
 <p>We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience</p>	<ul style="list-style-type: none"> <li>Implement concept of Cymru High Acuity Response Units (CHARU) in order to secure improvement in Return on Spontaneous Circulation (ROSC) rates</li> <li>Develop a clinical indicator plan and audit cycle</li> <li>Review of clinical response model (comparison with England)</li> <li>Deliver new Mental Health and Dementia Plan setting out in detail how we will improve WAST services</li> </ul>	<ul style="list-style-type: none"> <li>Q3</li> <li>Q2</li> <li>Q1</li> <li>Q2</li> </ul>



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# Metrics –Trust Board

<b>Our Patients</b>	999 call handling time Red and amber response times 111 call handling abandonment rate 111 clinical triage call back times Key clinical indicators	<b>Our People</b>	Abstractions including sickness level Vaccination rates Statutory Training Rate PDR rate
	<ul style="list-style-type: none"> <li>Call to door times for STEMI / stroke <b>(new)</b></li> <li>ROSC</li> </ul> NEPTS renal journey performance Transfer and Discharge response times Patient experience – <b>To be developed</b> Complaints Serious / adverse incidents	<b>Value</b>	3 statutory duties (breakeven, capital, invoices) Utilisation metric EMS - <b>New</b> Post production lost hours EMS Hand-off metrics 111 - <b>New</b>
		<b>Partnerships / System Contribution</b>	Consult and close (111) <b>(new)</b> Hear and treat rates (999) Conveyance rates See and treat rates Hospital handover lost hours






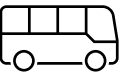


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# Metrics –All

<p><b>Quality, Patient Safety and Outcomes</b></p>	<p>Safety - 999 call handling time Safety – red and amber response times Concerns Serious / adverse incidents Call to door times for STEMI / stroke ROSC</p>	<p><b>Partnerships / System Contribution</b></p>	<p>Conveyance rates Hear and treat rates See and treat rates Hospital handover lost hours</p>
<p><b>Our People</b></p>	<p>Abstractions including sickness level Hours produced by type</p>	<p><b>Value</b></p>	<p>Utilisation metric Post production lost hours</p>

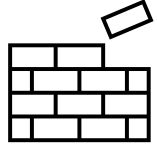


Deliverables 2021-24	Actions in 2021-22	Time
 <p>We will develop and deliver an improvement plan for NEPTS and increase capacity where required to meet demand</p>	<ul style="list-style-type: none"> <li>Bring all non-emergency healthcare transport services in Wales under WAST management and oversight by completing transfers from ABUHB and BCUHB</li> <li>Establish a NEPTS Transformation Programme Board</li> <li>Review recommendations from the NEPTS Demand &amp; Capacity Review and agree action plan with commissioners</li> <li>Deliver business case to Welsh Government for procurement of a new CAD</li> <li>Increase the efficiency of our service, maximising use of resources to meet demand</li> </ul>	<ul style="list-style-type: none"> <li>Q1</li> <li>Q1</li> <li>Q1-Q4</li> <li>Q3</li> <li>Q1-Q4</li> </ul>
 <p>We will continue to deliver against our Transport Solutions Programme to embed as a business as usual approach to service delivery</p>	<ul style="list-style-type: none"> <li>Identify the transport needs of non-eligible patients across Wales</li> <li>Work in partnership with the patient and alternative service providers to deliver solutions that meet patient transport needs</li> </ul>	<ul style="list-style-type: none"> <li>Q1</li> <li>Q2</li> </ul>
 <p>We will develop and implement with partners an All Wales Transfer and Discharge Service</p>	<ul style="list-style-type: none"> <li>Undertake a review of the transfer and discharges services in Aneurin Bevan</li> <li>Undertake an evaluation of the first year of the Major Trauma network</li> <li>Develop in partnership with the NCCU a sustainable model to meet the needs of the future system for Transfer and Discharge across Wales</li> <li>Support the NCCU in the development of the business case for the delivery of National Transfer and Discharge Services by the end of 2021</li> <li>Work with WG and NCCU to design a National Mental Health Conveyancing Service for Wales</li> </ul>	<ul style="list-style-type: none"> <li>Q1</li> <li>Q2</li> <li>Q2-Q3</li> <li>Q4</li> <li>Q1-Q4</li> </ul>
 <p>We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience</p>	<ul style="list-style-type: none"> <li>Work in collaboration with Health Boards to implement improvements to booking systems which reduce aborted journeys</li> </ul>	<ul style="list-style-type: none"> <li>Q1-Q4</li> </ul>

Deliverables 2021-24	Actions in 2021-22	Our people	Time
 <p>We will take actions to increase the level of resources and support available to our people in relation to their well-being</p>	<ul style="list-style-type: none"> <li>Encourage the organisation to take time to pause and support a process of healing as we recover from the pandemic response</li> <li>Implement Year 1 of the Wellbeing Strategy with focus on plans to support staff with long COVID and mental wellbeing</li> <li>Prepare ourselves to support the vaccination programme delivery</li> </ul>		<ul style="list-style-type: none"> <li>Q1</li> <li>Q1-Q4</li> <li>Q3-Q4</li> </ul>
 <p>We will reset our Culture, Leadership and Behaviours to foster an engaged and inclusive workforce</p>	<ul style="list-style-type: none"> <li>Engage colleagues across WAST in conversations to enable us to reset our culture, leadership and behaviours learning from the pandemic</li> <li>Review and refresh out Partnership Working arrangements building on the achievements of Go Together Go Far (GTGF)</li> <li>Increase change management capacity and skills across the Trust to support the organisation to deliver the benefits of service transformation programmes of work</li> <li>Deliver our strategic equality objectives to enable an inclusive culture across the organisation</li> </ul>		<ul style="list-style-type: none"> <li>Q1-Q4</li> <li>Q2</li> <li>Q3</li> <li>Q1-Q4</li> </ul>
 <p>We will plan and deliver a modern workforce across our current and future service offers</p>	<ul style="list-style-type: none"> <li>Scope the development of a strategic workforce plan that defines the shape of the workforce to deliver our long-term ambitions</li> <li>Deliver the front line and corporate workforce changes emerging from the EMS Capacity and Demand Growth / NEPTS D&amp;C / Contact First / Mobile Testing / CCC growth / Ministerial Ambulance Availability Taskforce to deliver a modern ambulance service</li> <li>Shape the plan for a technology enabled workforce (as part of Strategy delivery), to include agile working model</li> <li>Enable and support transformational learning throughout the organisation with modern well equipped education facilities at Matrix House, Cardiff MRD and Ty Elwy</li> <li>Deliver the organisational change required to support the restructure of the Operations Directorate</li> </ul>		<ul style="list-style-type: none"> <li>Q3-Q4</li> <li>Q1-Q4</li> <li>Q2</li> <li>Q1-Q4</li> <li>Q2</li> </ul>
 <p>We will develop our leaders</p>	<ul style="list-style-type: none"> <li>Refresh our Leadership Strategy and reset our leadership ambitions enabled through the delivery of accessible leadership resources</li> <li>Deliver the Duty Operations Manager development programme to support new leadership model in operations supporting our front-line colleagues</li> <li>Produce a succession plan for the Trust, identifying key posts and opportunities and develop and approach to identify and manage talent</li> </ul>		<ul style="list-style-type: none"> <li>Q1-Q4</li> <li>Q1-Q2</li> <li>Q2-Q3</li> </ul>

Deliverables 2021-24	Actions in 2021-22	Time
 <p>We will deliver the <b>Digital Strategy</b></p>	<ul style="list-style-type: none"> <li>• Develop and transition towards a new operating model</li> <li>• Develop a Strategic Outline Programme</li> <li>• Deliver pilot activity to test new technology for each of the digital missions</li> </ul>	<ul style="list-style-type: none"> <li>• Q3</li> <li>• Q2</li> <li>• Q3</li> </ul>
 <p>We will empower the <b>digital patient</b></p>	<ul style="list-style-type: none"> <li>• Deliver the electronic Patient Care Record (ePCR) solution into live service</li> <li>• Deliver new interactive services to the 111 website via SALUS</li> <li>• Develop and pilot video for patient and clinical interaction</li> </ul>	<ul style="list-style-type: none"> <li>• Q4</li> <li>• Q3</li> <li>• Q4</li> </ul>
 <p>We will build the <b>digital workplace</b></p>	<ul style="list-style-type: none"> <li>• Deliver the new Control Room Solution as part of ESMCP</li> <li>• Submit the full business case (FBC) for Mobile Data Vehicle Solution</li> <li>• Roll out improved corporate communications, including Yammer</li> </ul>	<ul style="list-style-type: none"> <li>• Q3</li> <li>• Q3</li> <li>• Q2</li> </ul>
 <p>We will provide <b>intelligence through data</b></p>	<ul style="list-style-type: none"> <li>• Build an improved single data portal, based on user need</li> <li>• Design and procure the WAST Local Data Resource as part of the National Data Resource</li> <li>• Transform our interaction with data and provision of information</li> </ul>	<ul style="list-style-type: none"> <li>• Q3</li> <li>• Q4</li> <li>• Q4</li> </ul>
 <p>We will stabilize our <b>digital foundations</b></p>	<ul style="list-style-type: none"> <li>• Upgrade the 999 and 111 call platform resilience</li> <li>• Develop a service improvement plan and an infrastructure improvement plan as part of the SOP</li> <li>• Implement the recommendations of the Target Operating Model review</li> </ul>	<ul style="list-style-type: none"> <li>• Q3</li> <li>• Q4</li> <li>• Q3</li> </ul>

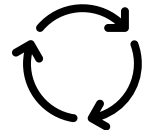
**Deliverables 2021-24**      **Actions in 2021-22**      **Time**



We will deliver the Estates Strategic Outline Plan

- Commission Cardiff Make Ready Depot (MRD) facility, October/November 2021
- Develop OBC for Swansea MRD Replacement
- Develop and implement plan for our CCC pan Wales in light of the changes made as a result of the pandemic, resulting in increased 111 capability and the introduction of contact first.
- Full Business Case approval for the South East Fleet Workshop solution.
- Longer term solution for GUH transfer service commissioned including corporate administrative capacity in South East
- Identification of appropriate corporate facilities to support agile working
- Consider implications of NEPTS D&C Review and alignment with SOP
- Implementation of 111 solution for BC UHB (Ty Elwy)
- Secure additional C&E resources to support delivery of significantly increased work programme
- Development of business case for Llanelli solution (emerging ESOP priority)
- Development of business case for Newport solution (emerging ESOP priority)
- Development of business case for Llandrindod Wells (emerging ESOP priority)
- Development of business case for Bangor Fleet Workshop (emerging ESOP priority)

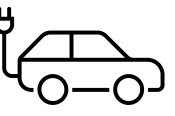
- Q3
- Q2
- Q2
- Q3
- Q3
- Q4
- Q4
- Q1
- Q2
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- Q4
- Q4
- Q4



We will implement the Environmental and Sustainability Strategy

- Further progression of the decarbonisation agenda and embedding this within the Trust in line with WG Decarbonisation Strategy
- Develop an Electric Vehicle Strategy including a charging network
- Deliver on our commitments to modernise our fleet including the increase in the number of Hybrid vehicles and roll out of vehicle solar panels.
- Access funding to commence initiatives as part of the decarbonisation of the estate and also our travel which will enable us to implement a Sustainable Travel Plan

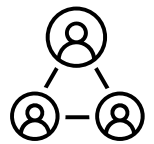
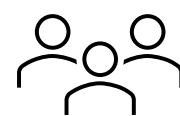
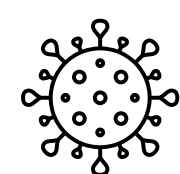

- Q4
- End Q4
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- End Q4


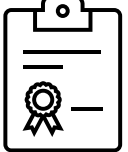






We will deliver the Fleet Strategic Outline Plan

- Deliver the vehicle replacement scheme as per the approved Business Justification Case

- End Q4

Deliverables 2021-24	Actions in 2021-22	Time
 <p>We will engage with a range of stakeholders to ensure that we are well placed to influence system thinking / strategy development</p>	<ul style="list-style-type: none"> <li>• Develop a plan for engaging on our strategic ambition statements with system partners, with formalised links into primary care and key programmes of work around urgent and emergency care</li> <li>• Revise the organisational Engagement Framework, testing the approach with stakeholders and the public prior to Board</li> <li>• Consolidate existing position and endeavour to secure at least one additional RPB seat</li> <li>• Engage with new Government and opposition party representatives post 2021 Senedd elections</li> </ul>	<ul style="list-style-type: none"> <li>• Q2-3</li> <li>• Q2-3</li> <li>• Q1-Q4</li> <li>• Q2</li> </ul>
 <p>We will continue to develop and embed system working including escalation (e.g. continuing use of ODU)</p>	<ul style="list-style-type: none"> <li>• Support the review of national, regional and local escalation arrangements</li> <li>• Secure recurrent funding for continuation of the Operational Delivery Unit (ODU) in support of future escalation arrangements</li> <li>• Extend existing contracts and recruit to fill vacancies in ODU (subject to funding)</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-Q2</li> <li>• Q1</li> <li>• Q1-Q2</li> </ul>
 <p>We will continue to deliver and further develop the capabilities, scope and functions of the WAST Mobile Testing Unit (MTU) service to meet the requirements of the Welsh Testing infrastructure.</p>	<ul style="list-style-type: none"> <li>• Continue to deliver safe and efficient Welsh reserve MTU operations up till 31st August 2021</li> <li>• Potentially extend the contract in agreement with the Welsh Government, Test Trace Protect (TTP) wales and Department of Health and Social Care (DHSC) if service is required beyond August 2021</li> <li>• Further develop the capabilities of the WAST MTU service at request of the Welsh Government in agreement with the DHSC</li> </ul>	<ul style="list-style-type: none"> <li>• Q2</li> <li>• Q2</li> <li>• Q1</li> </ul>
 <p>Finalise our organisational position on achieving University Trust Status in collaboration with WG</p>	<ul style="list-style-type: none"> <li>• Develop an initial assessment for review by WG. Dependent on feedback, determine our position on submission of a full application for UTS in September 2021</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-Q4</li> </ul>

Deliverables 2021-24	Actions in 2021-22	Time
 <p>We will implement the Trust's Quality Strategy</p>	<ul style="list-style-type: none"> <li>Revise the Trust Quality Strategy to align with the Bill.</li> <li>Develop a Quality Strategy Implementation Plan to support us to self-assess our progress with Quality Governance</li> </ul>	<ul style="list-style-type: none"> <li>Q1</li> <li>Q3</li> </ul>
 <p>We will secure and implement Quality Management and control systems</p>	<ul style="list-style-type: none"> <li>Develop the Trust Quality Management System (Quality Planning, Quality Improvement, Quality Control and Quality Assurance).</li> <li>Develop and implement a Quality Governance sub structure to our Quality, Experience and Safety Committee (QuEST)</li> <li>Develop &amp; implement a sustainable "Working Safely" Health and Safety Transformation Plan incorporating Health and Safety and Infection Prevention and Control (IPC)</li> </ul>	<ul style="list-style-type: none"> <li>Q1-Q4</li> <li>Q4</li> <li>Q1-Q4</li> </ul>
 <p>We will transform the way we work and engage with people</p>	<ul style="list-style-type: none"> <li>Implementation of the Once for Wales Service User Experience System</li> </ul>	<ul style="list-style-type: none"> <li>End Q3</li> </ul>
 <p>We will revisit and implement the Public Health Plan</p>	<ul style="list-style-type: none"> <li>Making Every Contact Count (MECC) is built into the CPD programme for Paramedics/EMTs /Nurses and NEPTS</li> <li>Continue to have discussions in partnership with Velindre Trust and PHW regarding a joint appointment to lead the public health plan</li> <li>Continue to make improvements to increase uptake of the workforce having the Influenza vaccine</li> <li>Lead the implementation of online symptom checkers as part of the new 111 integrated information system and widen accessibility through the 111 app</li> </ul>	<ul style="list-style-type: none"> <li>End Q4</li> <li>Q1</li> <li>Q3-Q4</li> <li>End Q4</li> </ul>
 <p>We will implement the Clinical Strategy to support developments across our service ambitions</p>	<ul style="list-style-type: none"> <li>Reviewing the Clinical Strategy and incorporating learning from the Covid-19 pandemic</li> <li>Needs assessment for the implementation of the Clinical Strategy including Care Closer to Home and ePCR</li> <li>Implementation, planning and delivery of the strategy</li> </ul>	<ul style="list-style-type: none"> <li>Q1</li> <li>Q1-4</li> <li>Q1-4</li> </ul>
 <p>We will deliver a value based approach</p>	<ul style="list-style-type: none"> <li>Work with the NCCU and Finance Delivery unit to develop a strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources</li> <li>Improvement in ability to identify areas of unwarranted variation in service delivery across Wales</li> </ul>	<ul style="list-style-type: none"> <li>End Q2</li> <li>Q3-Q4</li> </ul>



<b>AGENDA ITEM No</b>	<b>11</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

<b>RISK MANAGEMENT &amp; BOARD ASSURANCE FRAMEWORK REPORT</b>
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<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	20 <sup>th</sup> January 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Julie Boalch, Head of Risk and Corporate Governance
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

<b>EXECUTIVE SUMMARY</b>
<p>1. The purpose of this report is to provide the Finance &amp; Performance Committee (FPC) with a general overview and a position statement in respect of Corporate Risks that are assigned to Committee for review.</p> <p><b>RECOMMENDATION:</b></p> <p>2. <b>The Finance &amp; Performance Committee is asked to receive assurances on the report and specifically:</b></p> <ul style="list-style-type: none"> <li>a) <b>Note and discuss the contents of the report.</b></li> <li>b) <b>Highlight any specific aspects or concerns that need to be raised to Senior Management and/or Audit Committee.</b></li> </ul>

<b>KEY ISSUES/IMPLICATIONS</b>
<p>3. The Assistant Directors Leadership Team (ADLT) reviewed the existing and proposed new corporate risks at regular intervals during the period.</p> <p>4. The Risk Management and Board Assurance Framework improvement programme was presented to the Audit Committee in December 2021 and supported.</p> <p>5. The immediate priority is a detailed review of each of the Corporate Risks and the development, testing and implementation of the Once for Wales Risk Datix Module.</p> <p>6. A programme of work has commended to strengthen the articulation of the Corporate Risks including title and descriptions, the controls, assurances and any additional actions required with the priority focus being on the Trust's highest scoring risks and all new risks.</p>

7. The Executive Management Team (EMT) received feedback from ADLT in January 2022 on activity relating to the Corporate Risks.

### REPORT APPROVAL ROUTE

8. The report has been considered by:

- ADLT – 10<sup>th</sup> January 2022
- EMT – 19<sup>th</sup> January 2022

### REPORT APPENDICIES

9. An SBAR report is attached to this Executive Summary.

10. A short summary table describing each of the 8 Corporate Risks assigned to FPC for oversight is contained in Annex 1.

11. The extract from the BAF Report is detailed in Annex 2.

### 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

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

**SITUATION**

- 1 The purpose of this report is to provide the Finance & Performance Committee (FPC) with a general overview and a position statement in respect of Corporate Risks that are assigned to Committee for review.
- 2 An extract from the Corporate Risk Register (CRR) is detailed in Annex 1 as a short summary report.
- 3 A further extract from the Board Assurance Framework (BAF) report is included in the paper in Annex 2 for review by Members; the full report will be presented to the Trust Board on the 27<sup>th</sup> January 2022.
- 4 A 'live' review of each of the Corporate Risks is available through the electronic Datix Register.

**BACKGROUND**

- 5 The Risk Management and Board Assurance Framework improvement programme was presented to the Audit Committee in December 2021 and supported. The immediate priority is a detailed review of each of the Corporate Risks and the development, testing and implementation of the Once for Wales Risk Datix Module.
- 6 A programme of work has commenced to strengthen the articulation of the highest scoring Corporate Risks including title and descriptions, the controls, assurances and any additional actions required with the priority focus being on the Trust's highest scoring risks and all new risks.
- 7 The Governance Team are continuously working with the Assistant Directors Leadership Team (ADLT) to review and report Corporate Risks to the Executive Management Team (EMT), each of the Committees and Trust Board through the mechanism of the BAF report alongside the electronic Datix E-Risk module.
- 8 The ADLT continue to undertake risk assessments on all new risks in addition to reviewing changes to existing risks and mitigating actions.

**ASSESSMENT**

Corporate Risks

- 9 There are 8 of 15 Corporate Risks currently assigned to FPC which are described in the summary table in Annex 1 as at 4<sup>th</sup> January 2022; these have been extracted from the Datix E-Risk module.
- 10 A new risk relevant to FPC has been developed during the period which is Risk ID 458 - Confirmed commitment from EASC and/or Welsh Government required

regarding funding for recurrent costs of commissioning. This is undergoing assessment and consideration by ADLT and EMT and will be presented to FPC in March 2022.

- 11 Risk ID 343 (Failure to undertake tactical seasonal planning) and Risk ID 229 (Impact of Brexit) have been managed to within the tolerance levels for these risks. The Board approved the request to close these risks during the meeting on 25th November 2021 and these have been removed from the Corporate Register following noting by Audit Committee on 2<sup>nd</sup> December 2021.
- 12 No risks have been de-escalated to Directorate Registers or escalated to the Corporate Register during this period and there have been no changes to the scores since the last meeting in November 2021.
- 13 The refreshed BAF report is included in Annex 2 and work continues across the Trust to further align sources of assurance against each of the Corporate Risks in addition to identifying actions and gaps in controls and assurances.

#### **RECOMMENDED:**

- 14 **Members are asked to receive assurances on the contents of the report; specifically:**
  - a) **Note and discuss the contents of the report.**
  - b) **Highlight any specific aspects or concerns that need to be raised to Senior Management and/or Audit Committee.**

## Appendix 1 – Corporate Risk Register Summary

<b>CORPORATE RISK REGISTER: Summary</b>					
RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Operations Directorate	<b>16 (4x4)</b>	Finance and Performance Committee
311	Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH	Resource Availability	Finance & Corporate Resources	<b>16 (4x4)</b>	Finance and Performance
245	Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs.	Service Delivery	Operations Directorate	<b>15 (3x5)</b>	Finance & Performance Committee
100	Failure to collaborate and engage with EASC on developing ambitions and plans for WAST.	Service Developments	Planning and Performance	<b>12 (3x4)</b>	Finance and Performance Committee
139	Non delivery of financial balance	Statutory Duties	Finance and Corporate Resources	<b>12 (3x4)</b>	Finance and Performance Committee
283	EMS Demand and Capacity Review Implementation Programme	Service Delivery	Planning and Performance	<b>12 (3x4)</b>	Finance and Performance Committee
424	Resource Availability (capital) to deliver the organisation's IMTP	Service Developments	Planning & Performance	<b>12 (3x4)</b>	Finance and Performance Committee
109	Resource availability (revenue) to deliver the organisations IMTP	Service Developments	Planning and Performance	<b>8 (2x4)</b>	Audit Committee; Finance and Performance Committee

Appendix 2 – Board Assurance Framework

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			<i>What measures are already in place to mitigate the risk?</i>	<i>What evidence is available to show that the controls are effective?</i>	<i>What additional actions need to be or can be taken to mitigate this risk</i>
	Title and Description	Initial	Current	Target			
244	Impact on EMS CCC service delivery due to estates constraints  ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: OPERATIONS	20 5x4  QTR 3 19/20	16 4x4  QTR 2 21/22	8 2x4  QTR 4 21/22	1. Full review of CCC room configuration completed. 2. CCC Management team prioritise how the space is used on each shift to align it to priorities associated with safe service delivery.	1. Risk Assessments have been undertaken on all three sites. 2. VPH Reconfiguration plans in progress - action 3. Temporary capacity 2nd floor Llangunnor 4. Logistics cell review 5. Use of the major incident room to facilitate social distancing in Bryn Tyrion 5. Use of Ty Elwy in North Wales for 111	
311	Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH.  ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: FINANCE & CORPORATE RESOURCES	16 4x4  QTR 2 20/21	16 4x4  QTR 2 21/22	8 2x4  QTR 2 20/21	1. Estates SOP Delivery Group. 2. EMS D&C Programme Board. 3. NEPTS D&C Review. 4. GUH Programme Team and development of a "mega" s/sheet that is combining all the information into the total cumulative impact on estate (and fleet), led by AD Commissioning & Performance.	1. Development of the refreshed Estates SOP is progressing, good engagement with Operational colleagues. Further engagement with EMT planned in March and onward to F&P and Trust Board for approval and onward to WG. 2. A detailed programme has been developed by the Estates team for the staff increases identified within the D&C data and subsequent megasheet. 3. Further resources have been agreed to commence the delivery of the programme as part of the Capital and Estates team.	
245	Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs  ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: OPERATIONS	15 3x5  QTR 3 19/20	15 3X5  QTR 2 21/22	6 2X3  QTR 3 19/20	1. National EMS CCC Business Continuity Plan. 2. Clinical remote working. 3. Single instance CAD allowing virtualisation 4. ITK (Interoperability Toolkit) technology in place which provides connectivity with other UK ambulance Trusts	1. Senior manager on duty capacity increased through the ODU 2. Business continuity plans and outbreak management SOP activated during recent Covid-19 outbreaks in North Wales ( EMS and 111); resilience and Trust's ability to maintain service upheld. 3. Increased cleaning provision has been provided as a result of recent outbreaks especially within the CCC environment although not solely at CCC buildings. 4. Management teams are also reinforcing the principals social distancing, cleanliness, temperature testing and masking.	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			<i>What measures are already in place to mitigate the risk?</i>	<i>What evidence is available to show that the controls are effective?</i>	<i>What additional actions need to be or can be taken to mitigate this risk</i>
	Title and Description	Initial	Current	Target			
100	<p>Failure to collaborate and engage with EASC on developing ambitions and plans for WAST</p> <p>ASSIGNED TO: COMMITTEE: FINANCE &amp; PERFORMANCE DIRECTORATE: PLANNING &amp; PERFORMANCE</p>	<p>12 3x4</p> <p>QTR 1 19/20</p>	<p>12 3x4</p> <p>QTR 2 21/22</p>	<p>8 2x4</p> <p>QTR 3 20/21</p>	<ol style="list-style-type: none"> <li>EASC/WAST Forward Plan.</li> <li>EASC Management Group (replacement for PDEG/JMAG/ NEPTS DAG, 111 engagement and Mental Health engagement - with NCCU and HBs).</li> <li>Monthly catch up between CASC/CEO.</li> <li>Collaboration on specific projects e.g. Amber Review, EMS D&amp;C Programme Board.</li> <li>There is also now a monthly CASC Assurance Quality &amp; Delivery meeting.</li> <li>A two weekly "touch point" meeting for the commissioning intentions/IMTP has been introduced in Jan-21.</li> <li>Collaborative Programme Board for EMS D&amp;C and one being established for Ambulance Care (NEPTS).</li> <li>There are strong committee mechanisms in place and NCCU have also appointed an officer to support with their governance.</li> </ol>	<ol style="list-style-type: none"> <li>EASC Management Group agendas and minutes.</li> <li>CASC Assurance Q&amp;D agendas and minutes.</li> <li>EMS D&amp;C PB agenda and minutes.</li> <li>Ambulance Care (NEPTS) programme governance map</li> <li>NEPTS DAG agenda and minutes</li> <li>111 First Programme docs</li> <li>Correspondence with the IMTP on 111 roll out Cases for investment.</li> </ol>	
139	<p>Non delivery of financial balance</p> <p>ASSIGNED TO: COMMITTEE: FINANCE &amp; PERFORMANCE AND AUDIT COMMITTEE DIRECTORATE: FINANCE &amp; CORPORATE RESOURCES</p>	<p>12 3x4</p> <p>QTR 1 19/20</p>	<p>12 3x4</p> <p>QTR 2 21/22</p>	<p>8 2x4</p> <p>QTR 4 21/22</p>	<ol style="list-style-type: none"> <li>Financial reporting to EFG &amp; FPC, policies in respect of financial management.</li> <li>Regular engagement with commissioners of our services.</li> <li>Ensuring good governance and compliance with Trust Standing Orders.</li> <li>Welsh Government Reporting.</li> <li>Regular review of savings targets via ADLT.</li> <li>Diarised dates for EFG and FPC.</li> <li>Budget management meetings. Approval of hierarchies.</li> <li>ADLT.</li> <li>EASC management meetings. Fortnightly meetings with EASC. DAG meetings for NEPTS.</li> <li>Monthly Monitoring Returns.</li> </ol>	<ol style="list-style-type: none"> <li>Discretionary capital planning group</li> <li>IA review of Fuel Spend (19/20)</li> <li>IA review of Discretionary Capital (19/20)</li> <li>IA review of Lessons Learned from Losses &amp; Special Payments (18/19)</li> </ol>	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			<i>What measures are already in place to mitigate the risk?</i>	<i>What evidence is available to show that the controls are effective?</i>	<i>What additional actions need to be or can be taken to mitigate this risk</i>
	Title and Description	Initial	Current	Target			
283	<p>EMS Demand and Capacity Review Implementation Programme</p> <p>ASSIGNED TO: COMMITTEE: FINANCE &amp; PERFORMANCE DIRECTORATE: PLANNING &amp; PERFORMANCE</p>	<p>16 4x4</p> <p>QTR 4 20/21</p>	<p>12 3x4</p> <p>QTR 2 21/22</p>	<p>8 2x4</p> <p>QTR 2 20/21</p>	<p>1. Implementation Programme Board firmly established. 2. Executive SRO in place. 3. Programme Manager and programme support office functioning. 4. Programme documentation in place and developing. 5. Clear links to EASC Management Group and EASC. 6. Ambulance Availability Taskforce restarted. 7. Programme budget. 8. Agree funding from EASC for 21/22 recruitment and training programme with possible further uplift.</p>	<p>1. D&amp;C Programme Board highlight report and Minutes 2. Executive Programme Review undertaken on 18 Jan-21.</p>	
424	<p>Resource availability (capital) to deliver the organisation's IMTP</p> <p>ASSIGNED TO: COMMITTEE: FINANCE &amp; PERFORMANCE DIRECTORATE: PLANNING &amp; PERFORMANCE</p>	<p>12 3x4</p> <p>QTR 1 21/22</p>	<p>12 3x4</p> <p>QTR 2 21/22</p>	<p>4 1x4</p> <p>QTR 4 23/24</p>	<p>1. Regular Capital Management Board meetings 2. Prioritisation process 3. Regular CRM meetings with WG 4. Capital Business case process through ADLT for small discretionary 5. Finance &amp; Performance Committee scrutiny 6. Standing Financial Instructions for levels of sign off 7. WG processes are strong to ensure full scrutiny across the 5 step model</p>		
109	<p>Resource availability (revenue and capital) to deliver the organisations IMTP</p> <p>ASSIGNED TO: COMMITTEE: FINANCE &amp; PERFORMANCE DIRECTORATE: PLANNING &amp; PERFORMANCE</p>	<p>12 3x4</p> <p>QTR 1 19/20</p>	<p>8 2x4</p> <p>QTR 2 21/22</p>	<p>4 1x4</p> <p>QTR 2 21/22</p>	<p>1. EASC governance structure whereby the performance and wider scrutiny of the organisations IMTP delivery and proposed funding requirements are discussed. 2. Strategic Transformation Board oversight of delivery 3. Set up Transformational Boards 4. Gap analysis of capacity being undertaken by each transformation board 5. Focus on product delivery with aligned resources 6. Discretionary capital planning group. 7. Finance and Performance sub committee. 8. FRC Executive group.</p>	<p>1. IA review of IMTP (19/20) 2. IA review of Performance Management LDPs (18/19) 3. STB governance map 4. Transformation programme documentation</p>	



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

<b>AGENDA ITEM No</b>	<b>12</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

## AUDIT REPORT

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	20 <sup>th</sup> January 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Julie Boalch, Head of Risk and Corporate Governance
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. The purpose of the report is to provide the Finance & Performance Committee (FPC) with an up to date position in relation to the outstanding recommendations from Internal Audit and external reviews.

**RECOMMENDATION:**

2. The Finance & Performance Committee is asked to:
- a. Note the contents of the report and following a “live” presentation of the tracker at the FPC meeting on 20<sup>th</sup> January 2022:
  - b. Consider the Trust’s proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to FPC, and
  - c. Agree any specific items that the Committee wishes to see raised to Senior Management and Audit Committee.

### KEY ISSUES/IMPLICATIONS

3. Each of the 83 internal audit recommendations have been reviewed by the Assistant Directors Leadership Team (ADLT) since the last Audit Committee to ensure that any new completion dates are assigned with realistic timescales and a strong narrative and rationale to support any extension.

### REPORT APPROVAL ROUTE

4. The report has been submitted to:
- ADLT – 10<sup>th</sup> January 2022

### REPORT APPENDICIES

5. The Audit Tracker has been circulated as a separate appendix.

### REPORT CHECKLIST

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

**WELSH AMBULANCE SERVICES NHS TRUST  
FINANCE & PERFORMANCE COMMITTEE  
INTERNAL AUDIT TRACKER**

**SITUATION**

1. The purpose of this paper is to provide the Finance & Performance Committee (FPC) with a position statement in respect of recommendations resulting from internal audit reviews that are assigned to the Committee for oversight.

**BACKGROUND**

2. The organisation was carrying a slightly higher number of recommendations as a direct consequence of key staff being redeployed due to the CoVID-19 pandemic when there was no real activity in respect of the audit recommendation tracker during the period 5<sup>th</sup> March 2020 to 30<sup>th</sup> June 2020.
3. However, the numbers have returned to pre-pandemic levels with high level focus on completing recommendations within agreed timeframes and continued efforts to bring any overdue recommendations up to date.
4. The Executive Management Team (EMT) agreed a pragmatic approach to allow the organisation time to address all recommendations by extending the agreed deadlines by 6 months which was applied to all current recommendations up to and including recommendation number 333 19/20, being the last recommendation added to the tracker following the Audit Committee in March 2020.

**ASSESSMENT**

5. The Trust continues to face significant operational pressures resulting from the pandemic at REAP level 4 and as such expects to be carrying a higher number of overdue recommendations during this period.
6. At the time of issuing the paper, there were a total of 83 current internal audit recommendations on the tracker. 32 recommendations were marked as complete at the December 2021 Audit Committee and removed from the tracker.
7. 15 recommendations were added to the tracker resulting from 3 Internal Audit Reports which were presented to the Audit Committee in December 2021. 5 of these recommendations were assigned to FPC and were from Reasonable Assurance rated reports.
8. The status of each of the current internal audit recommendations is described in the table below.

Status	Total Number of Recommendations on the tracker	Those directly relevant to FPC	High Priority FPC	Medium Priority FPC	Low Priority FPC
Overdue	36	30	4	14	12
Not yet due*	33	20	5	7	8
Complete	14	7	0	2	5
<b>Total</b>	<b>83</b>	<b>57</b>	<b>9</b>	<b>23</b>	<b>25</b>

\* accepting extensions have been applied in line with the agreed pandemic arrangements.

9. Of the 4 high priority recommendations showing as overdue these relate to the 20/21 Clinical Contact Centres Performance Management Reasonable Assurance review.
10. The total number of recommendations, separated by financial year, and status this period is described below.

Financial Year	Total Number of Recommendations on the tracker	Those directly relevant to FPC	Complete FPC	Overdue FPC	Not Yet Due FPC
2018/19	4	0	0	0	0
2019/20	4	2	0	2	0
2020/21	32	30	1	25	4
2021/22	43	25	6	3	16
<b>Total</b>	<b>83</b>	<b>57</b>	<b>7</b>	<b>30</b>	<b>20</b>

11. Of the 30 recommendations that are showing as overdue, these relate to the following reports:
- 19/20 Information Systems Security Leavers Reasonable Assurance Follow Up Review
  - 20/21 Fleet Disposal - Reasonable
  - 20/21 Clinical Contacts Centre Performance Management - Reasonable
  - 20/21 111 Service Governance Arrangements - Reasonable
  - 20/21 NEPTS Journey Booking - Reasonable
  - 20/21 IM&T Control Risk Assessment - Not Rated
  - 20/21 ICT Disaster Recovery - Limited
  - 21/22 Financial Planning & Budgetary Control – Reasonable
  - 21/22 IMTP
12. The number of recommendations by assurance rating and level of priority are detailed below.

Assurance Ratings	Total No. of Recommendations on the tracker	Those directly relevant to FPC	High Priority FPC	Medium Priority FPC	Low Priority FPC
Limited	10	2	1	1	0
Reasonable	60	43	8	22	13
Substantial	1	0	0	0	0
Not Rated	12	12	0	0	12
<b>Total</b>	<b>83</b>	<b>57</b>	<b>9</b>	<b>23</b>	<b>25</b>

13. Of the 2 Limited Assurance recommendations these are not yet due until April 2022.
14. The Governance team continue to seek assurance from Senior Management relating specifically to each report that:
- Recommendations have been considered and completed within agreed timeframes and;
  - All is being done to ensure that the follow up of recommendations will not result in further *Limited* or *No Assurance* rated reports.

**RECOMMENDED:**

- 15. The Finance & Performance Committee is asked to:**
- a) Note the contents of the report and following a “live” presentation of the tracker at the FPC meeting on 20<sup>th</sup> January 2022:**
  - b) Consider the Trust’s proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to FPC, and**
  - c) Agree any specific items that the Committee wishes to see raised to Senior Management and Audit Committee.**



<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>

## Decarbonisation and Sustainability update

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	20 <sup>th</sup> January 2022
<b>EXECUTIVE</b>	Chris Turley - Executive Director of Finance and Corporate Resources
<b>AUTHOR</b>	Nicola Stephens - Estates Officer Environmental Specialist Jo Williams, Head of Capital Development
<b>CONTACT</b>	Nicola.stephens@wales.nhs.uk

EXECUTIVE SUMMARY
<ul style="list-style-type: none"> <li>To update the Committee on progress with the decarbonisation and sustainability agenda</li> </ul> <p><b><i>Recommendation – Committee asked to note this update</i></b></p>

KEY ISSUES/IMPLICATIONS
<p>This paper provides an update on the following:</p> <ul style="list-style-type: none"> <li>- Welsh Government (WG) NHS Wales decarbonisation strategic delivery plan 2021-2030</li> <li>- National Programme for Climate Change &amp; Decarbonisation for Health and Social Care</li> <li>- current energy and future decarbonisation projects</li> <li>- Fleet</li> <li>- Strategic Outline Programme development and resources</li> </ul>

REPORT APPROVAL ROUTE

REPORT APPENDICES

<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 AMBULANCE SERVICES NHS TRUST

### FINANCE & PERFORMANCE COMMITTEE

#### DECARBONISATION AND SUSTAINABILITY UPDATE – JANUARY 2022

#### SITUATION

1. This paper provides an overview of progress against the decarbonisation and sustainability agenda work currently ongoing across the Trust.

#### BACKGROUND

2. Members of the Trust Board participated in a Board Development Session held on 8<sup>th</sup> November 2021. The Board received a presentation outlining the opportunities and challenges, and noted the requirement for ownership of the decarbonisation and sustainability agenda by all teams across the Trust.
3. This paper provides an overview of the progress to date, providing details of how the Trust is engaging in the wider all Wales work programmes in support of this rapidly emerging agenda.

#### ASSESSMENT

4. In line with the previous discussions at Finance and Performance Committee and Trust Board, work continues on the WAST response to the Welsh Government (WG) NHS Wales decarbonisation strategic delivery plan 2021-2030. It is recognised now, and following the Programme Assessment Review completed in late 2021, that this action plan needs to reflect the ongoing work progressing on the development of a Decarbonisation and Sustainability SOP for the Trust, and the timescales for this will need to be aligned. It is suggested that, as outlined below and dependent on resource, the development of the WAST action plan is in line with this SOP development. In the meantime, the WG action plan guides the actions taken by teams and some progress against delivery is outlined further in this paper.
5. Further to this, WAST is fully participating in a range of activities underway via the Welsh Government National Programme for Climate Change & Decarbonisation for Health and Social Care. To drive delivery of this programme five project Boards have been established tasked with identifying areas of priority and focus and WAST has representation on two boards, namely *Transport* and *Buildings, Estate Planning and Land Use* as demonstrated in the chart below.

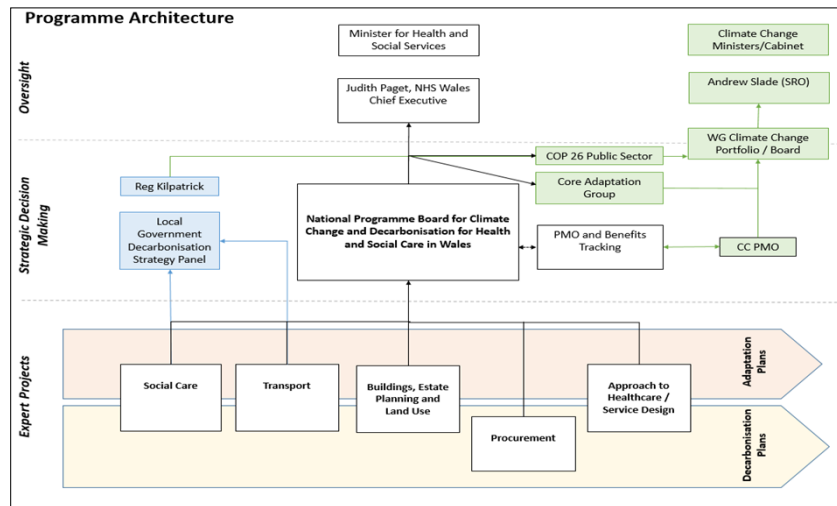


Fig 1 - The National Programme for Climate Change & Decarbonisation for Health and Social Care

6. Support from WG Energy Services is ongoing to identify current energy and future decarbonisation projects. Current projects are underway and targeted for completion by end of February 2022. At the Flintshire AAC site (Dobshill – see photos below), development of two hectares of land for planting trees, plus the installation of a substantial PV array, battery storage and of an air source heat pump should see our aspiration for our first Net Zero Carbon facility to be realised.



7. Fleet transition to ULEV vehicles has commenced with the purchase of three full E.V 3.5 tonne workshop vans and fifteen hybrid RRV's, due for delivery before the end of this financial year accelerating the deliverables of the 2022/23 Fleet BJC. In addition to this, the Trust will be purchasing 3 3.5 tonne EAs within this year, for further design and commissioning in 22/23, which further demonstrates the Trust's commitment to reducing emissions wherever possible, by looking toward innovative solutions in line with wider Trust challenges and strategic direction.
8. The Programme Assessment Review identified the need for the development of a Strategic Outline Programme, and it was identified at this point that a further resource would need to be put in place to support this. in line with wider Trust methodology, a programme and project management approach is suggested which will sit within the Finance and Corporate Resources Directorate. The details of this are being worked through, but it is acknowledged that financial resource will need to support this in 22/23 and on a recurrent basis. given the centrality of the climate change agenda within Welsh Government policy, and given its strategic importance to the Trust. It is hoped that a reasonably modest resource can be supported in the next financial year, to enable this work to be

delivered. Further detailed work will take place over this quarter, and the inclusion of actions within the IMTP for 22/25 will further support this.

## **RECOMMENDATION**

9. The finance and performance committee is asked to **NOTE** this update.